Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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,,			ar year, or tax year beginr				nung			Employer identification no.
B ch	eck if ap	oplicable:	C Name of organization FRA	NKLIN COUNTY	HUMANE SOCIET	Y			1	
Ad Ad	dress ch	nange	Doing Business As							01-2171475
Na	me char	nge	Number and street (or P.O.	box if mail is not deli-	vered to street addres	s)	Room	/suite		Telephone number
L Ini	tial retur	rn	PO BOX 187							
Te	rminated	d	City or town, state or countr	y, and ZIP + 4						. 229,409
[] Ап	nended a	return	WINCHESTER, TN 37	398					G	Gross receipts \$
Ap	plication	n pending	F Name and address of print	cipal officer:AMAND	CURTY		u/a	a le thin a ar	oue ret	urn for 🗀 🗀
		-	SAME AS C ABOVE				H(a	 Is this a gr affiliates? 	oup rer	Yes X No
l Ta	v-evenu	pt status: X) 🗹 (insert no.)	4947(a)(1) or	527	H(t) Are all affi	liates in	st. (see instructions)
	ebsite:		3 3 3 1 2 1 2 1	<u> </u>			H(c	If "No," att Group exe	ach a li mption	st. (see instructions) number
		ganization: X	Corporation Trust Ass	ociation Other	<u> </u>	L Year of formation:	2001	M State	of lega	I domicile: TN
	*****			ociation (Other	<u> </u>	L TOUT OF TOTAL				
Parl		Summar			4	THE COLOR OF THE C	3 307	A DODMTON	OF U	OMETICO
	1 1	Briefly descri	ibe the organization's mission	n or most significar	it activities:	TEMPORARY SHELTER	AND	ADOPTION	OF D	OMEDESS
٨		PETS								
A C G										
t o i v										
V e	2	Check this b	ox 🕨 🗌 if the organization	discontinued its op	erations or dispose	ed of more than 25% of i	its net a	issets.	,	
t n	3	Number of v	oting members of the govern	ing body (Part VI, I	ine 1a)				3	8
i a	4	Number of in	dependent voting members	of the governing b	ody (Part VI, line 1b	o)			4	8
s c	1		r of individuals employed in o						5	12
e &	1		r of volunteers (estimate if ne						6	
~	1		ed business revenue from P						7a	0
			d business taxable income fr						7b	0
u	Ω	ivet unrelate	o business taxable income ii	Offir Gilli 990-1, in	10 04		· · · ·	Prior Year		Current Year
R							:	Prior rear		
e			s and grants (Part VIII, line 1							192,626
v e		Ų	vice revenue (Part VIII, line 2			· · · · · · · · ·				36,644
n	10	Investment i	ncome (Part VIII, column (A)	, lines 3, 4, and 7d)					139
u	11	Other revent	ue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10d	c, and 11e)	. <i></i>				0
	12	Total revenu	ie - add lines 8 through 11 (m	nust equal Part VIII	, column (A), line 1	2)				229,409
	13	Grants and s	similar amounts paid (Part IX	, column (A), lines	1-3)					0
			to or for members (Part IX,			. <i></i>				0
E x		,	er compensation, employee			10)				96,478
p	t		fundraising fees (Part IX, co			1				0
e n	1		= :			3,753	08(98)		SASSES I	
s	1		ising expenses (Part IX, colu		<u> </u>		I towns, he are			93,920
e			ises (Part IX, column (A), line							
	18	Total expens	ses. Add lines 13-17 (must e	equal Part IX, colur	nn (A), line 25)					190,398
	19	Revenue les	s expenses. Subtract line 1	8 from line 12						39,011
Net							Beginn	ing of Current '		End of Year
Assets or	20	Total assets	(Part X, line 16)					216	,674	256,015
Fund	21	Total liabilitie	es (Part X, line 26)				ļ	9	,445	9,775
Bal- ances	1		or fund balances. Subtract lin	ne 21 from line 20		<i></i>		207	,229	246,240
Par			re Block							
Undor	nanaltia	s of periury 1	declare that I have examined thi Declaration of preparer (other th	s return, including ac	companying schedule	s and statements, and to the	ne best d	of my knowled	ge and	belief, it is
			- //	# D					T	
			Same II	Iles/						06-19-2012
Sigr	1	Signal	ure of officer						Date	
Here	,	ANNE	GILES, TREASURER							
	-	BD	or print name and title		***************************************					
		<u>, </u>		Proparation	a	Date		Check	if 6	PTIN
n -:			preparer's name	Preparer's signatur	"-L	06-19-2012				P01414169
Paic		Benjami	n Vance		X	NO-13-2012	T_:	self-emplo	yeu	- V - I - I - I - I - I - I - I - I - I
	oarer	Firm's nam		l Associates	Tt.			's EIN		
Use	Only	Firm's addr	ess 178 Honey	/ Hollow Lane			Phor	ne no.		
			Belvider	e TN 37306						850-236-7433
N. Acres	ha IDC	dicause this	return with the preparer show	un ahove? (see in	structions)					Yes X No

Forn	n 990 (2011) Franklin county humane society	91-2171475	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		. <i>.</i>
1	Briefly describe the organization's mission:		
	TEMPORARY SHELTER AND ADOPTION OF HOMELESS PETS		
2	Did the organization undertake any significant program services during the year which were not listed on the	□ v	x No
	prior Form 990 or 990-EZ?	res	X) NO
2	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	Vos	V No
	If "Yes," describe these changes on Schedule O.		E 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l hv	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	•	
	5. a		
4a	(Code:) (Expenses \$ 144,066 including grants of \$) (Revenue	ue \$)
	OPERATED ANIMAL SHELTER FOR HOMELESS PETS IN FRANKLIN COUNTY, TN. BENEFITS ENTIRE CO		······································


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			······································
4b		NATIONAL PROPERTY OF THE PROPE	)
	ADOPTION PROGRAM - PROVIDED MEDICAL CARE, VACCINATIONS AND SEXUAL ALTERATION. PLACE	D ANIMALS	
	IN PERMANANT HOMES.		
		<del></del>	
4	/Code: \/Evenness \( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		١
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue)	ue \$	,
			· · · · · · · · · · · · · · · · · · ·
		***************************************	
			······································
		***************************************	
4d	Other program services. (Describe in Schedule O.)	***************************************	
ти	(Expenses \$ including grants of \$ ) (Revenue \$	,	
40	Total program service expenses 175.248		

Part IV

**Checklist of Required Schedules** 

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ X 2 2 ts the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? 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 Χ 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 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 8 complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D. Parts XI, XII, and XIII 12a 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, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetht, and program service activities outlisde the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Χ to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Χ 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Χ 23 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 X 24a through 24d and complete Schedule K. If "No," go to line 25 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 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b If "Yes." complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 Χ Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the Χ 35b meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Χ related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Χ 19? Note. All Form 990 filers are required to complete Schedule O ...... 38

Par	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response to any question in this Part V	• • • •	<del></del>	<u>- L.</u>
4	Fator the number reported in Pay 2 of Form 1006. Enter A if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	1	3655
40	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ĺ	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? , , ,	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		\$3.50	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Stairt.	A SEA
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1000000	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	450 (500)	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	0	ASSESSED OF	Section 6
	organization, have excess business holdings at any time during the year?	8		1000
9	Sponsoring organizations maintaining donor advised funds.	9a	19879079	Tables.
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
b 10	Section 501(c)(7) organizations. Enter:	30		MAG
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
.,	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100000	200	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	16 (V. 10) (10) (V. 10)		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

FRANKLIN COUNTY HUMANE SOCIETY Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 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 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ **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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the

132 KIRBY SMITH ROAD SEWANEE, TN 37375

organization: ANNE GILES (931)598-0368

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

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

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

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

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

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

(A)	(B)				) C)			(D)	(E)	(F)
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					e	compensation	compensation from related	amount of other
	(describe						an	from the organization	organizations	compensation
	hours for						e)		(W-2/1099-MISC)	from the
	related organizations in Schedule O)	dur i se v t c i e t d e o	n ru t s t e t e e	f c e	K e y e m p l o	Hce i om gmp hpl eeo sny t se	Former	(W-2/1099-MISC)		organization and related organizations
		a o I r	i o n a l		y e e	t e d				
(1) ANDIE PATE										
DIRECTOR	2.00	X						0	0	0
(2) CECILIA BRODIOI										
DIRECTOR	2.00	X						0	0	0
(3) DR SUSAN RIDYARD										
DIRECTOR	5.00	X		L	<u> </u>			0	0	0
(4) SUSAN RUPERT		١								
DIRECTOR	5.00	Х		ļ	ļ			0	0	0
(5) AMANDA CURTY										
PRESIDENT	9.00	ļ		X				0	0	0
(6) ANNE GILES										
TREASURER	50.00	ļ		X	ļ			0	0	0
(7) CAROLYN MAHER										
VICE PRESIDENT	2.00			X				0	0	0
(8) PATRICIA THOMPSON										
SECRETARY	10.00			X				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	990 (2011) FRANKLIN COUNTY HUMAN									91-21714	75 Page 8
Par	Section A. Officers, Directors, Trustees,	T T	yees,	and			t Com	per	1		
	(A) Name and Title	(B) Average hours per week (describe	box,	unle	Pos neck i ss pe	rson	than or is both trustee)	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	nri dur i s e vt c	t s i t t e	i c e	K e y e m p l o y e e	employee compensated	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)			· ·········							**************************************	
	Sub-total										
c	Total from continuation sheets to Part VII, Section A	٠						•		:	
	Fotal (add lines 1b and 1c)								0 3100,000 in	0	0
	reportable compensation from the organization					•				0	Yes No
3	Did the organization list any <b>former</b> officer, director or	trustee, key	emplo	уеє	, or	high	est co	mpe	ensated		
	employee on line 1a? If "Yes," complete Schedule J for s										3 X
	For any individual listed on line 1a, is the sum of reportab organization and related organizations greater than \$150 ndividual	,000? If "Yes	," comp	olete	Sch	edu	le J for	suc	h		4 X
5	Did any person listed on line 1a receive or accrue compe for services rendered to the organization? If "Yes," compl	nsation from	any ur	rela	ted c	orgai		n or i	individual		5 X
	tion B. Independent Contractors	ele Sorieduse	3 101 8	uci	pers	OFT		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Complete this table for your five highest compensated incompensation from the organization. Report compensation rear.									tax	
	(A) Name and business addres	s							(B) Description of	services	(C) Compensation
***********	Name and pusiness addites	~							Description of	201 4100 d	Compensation
							*********				

(A)	(B)	(C)
Name and business address	Description of services	Compensation
		7

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

91-2171475 Part VIII Statement of Revenue (D) (B) (C) Related or exempt function Unrelated business revenue Revenue excluded from tax Total revenue under sections 512, 513, or 514 revenue Federated campaigns . . . . . . . . 1a 173,967 b Membership dues . . . . . . . . . . . . . . . . 1b 504 Contri-1c C 14,413 butions, Gifts, d Related organizations ..... 1d Grants Government grants (contributions) . . 1e e 2,100 and All other contributions, gifts, grants, Other Similar and similar amounts not included above 1f 1,642 Amounts Noncash contributions included in lines 1a-1f: \$ Total, Add lines 1a-1f ....... 192,626 **Business Code** 2a ADOPTION FEE INCOME 900099 36,644 36,644 b Program Service Revenue f All other program service revenue . . . . . . . 36,644 Investment income (including dividends, interest, and other similar amounts) ...... 139 139 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6a Gross rents b Less: rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses 0 c Gain or (loss) h е 8a Gross income from fundraising events (not including 14,413 R of contributions reported on line 1c). e See Part IV, line 18 . . . . . . . . . . a v е **b** Less: direct expenses n c Net income or (loss) from fundraising events u e 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . . . a **b** Less: direct expenses . . . *. . .* . . . . c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . **b** Less: cost of goods sold c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 11a b C d All other revenue . . . . . . e Total, Add lines 11a-11d

Total revenue. See instructions . . . . . . .

229,409

36,783

Page 10

#### 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question	n in this Part IX .			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,250	88,250		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,228	8,228		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	3,025		3,025	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees			***************************************	
g	Other		:		
12	Advertising and promotion				
13	Office expenses	1,348	1,348	<u> </u>	
14	Information technology				
15	Royalties	***			
16	Occupancy	11,580	11,580		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,372		8,372	
23	Insurance	3,624	3,624		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING EXPENSE	3,753		***************************************	3,753
b	VET SERVICES	31,182	31,182		
С	SUPPLIES	14,606	14,606		
d	POSTAGE AND PRINTING	9,135	9,135		
е	All other expenses	7,295	7,295	· · · · · · · · · · · · · · · · · · ·	
25	Total functional expenses. Add lines 1 through 24e .	190,398	175,248	11,397	3,753
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

33

34

Total net assets or fund balances

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 2,450 153,751 2 2 114,470 7,967 3 3 Pledges and grants receivable, net 4 4 1,365 723 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing Α employers and sponsoring organizations of section 501(c)(9) voluntary s s employees' beneficiary organizations (see instructions) е 7 Notes and loans receivable, net 7 ŧ 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 1,505 1,278 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . 10a 139,870 Less: accumulated depreciation . . . . . . . . . . . . 10b 10c b 96,884 92,296 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) ....... 16 16 256,015 216,674 17 9,445 17 9,775 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 e 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 9,445 9,775 NF lines 27 through 29, and lines 33 and 34. е u 27 145,095 27 143,274 t n 28 Temporarily restricted net assets 62,134 28 102,966 d 29 Permanently restricted net assets ............ 29 В s Organizations that do not follow SFAS 117, check here 

ightharpoonup and and in the state of t s а 1 e complete lines 30 through 34. а 30 30 Capital stock or trust principal, or current funds n 31 Paid-in or capital surplus, or land, building, or equipment fund 31 C 0 32 Retained earnings, endowment, accumulated income, or other funds 32

246,240

256,015

207,229

216,674

33

34

Total liabilities and net assets/fund balances ...........

Form	1990(2011) FRANKLIN COUNTY HUMANE SOCIETY 91-21714	75	Pá	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		229,4	109
2	Total expenses (must equal Part IX, column (A), line 25)		190,3	398
3	Revenue less expenses. Subtract line 2 from line 1		39,0	)11
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	***********************	207,2	229
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	-	246,2	240
Pa	rt XII Financial Statements and Reporting			<b>,</b> ,
	Check if Schedule O contains a response to any question in this Part XII			.Ш_
	printy printy	,	Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a		2a		X
b	,	2b	X	
C	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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	X Separate basis			BECK!
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
_	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required sudit or audits, explain why in Schadula O and describe any stone taken to undergo such audits.	ી રીત	l .	1

EEA

Form **990** (2011)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

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

OM8 No. 1545-0047

2011

Open to Public Inspection

		0, 80.11221.011							Linployer	acataneaton	luitibet		
		N COUNTY HUMANE	······································		'					171475			
Pai			***************************************	/ Status (All organiza		······································	······	ee instructi	ons.				
The o	orgar			e it is: (For lines 1 through		-							
1	Ц			ssociation of churches d		section 1	170(b)(1)(	A)(i).					
2				I)(A)(ii). (Attach Schedu									
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in <b>sec</b>	tion 170(b	)(1)(A)(iii)	).					
4	Ш	A medical research	organization opera	ted in conjunction with a	hospital d	escribed ir	section	170(b)(1)(	A)(iii). Ent	er the hosp	oital's na	ame,	
		city, and state:											
5		An organization opera	ated for the benefit o	of a college or university o	wned or op	erated by a	governme	ental unit d	escribed in				
		section 170(b)(1)(A	(iv). (Complete Pa	art II.)									
6		A federal, state, or k	ocal government or	governmental unit desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(v	<i>r</i> ).					
7				substantial part of its supp					neral public	0			
		described in section				<b>,</b>			Transfer production				
8	П			170(b)(1)(A)(vi). (Com	nlete Part	H )							
9	$\overline{\mathbf{x}}$			i) more than 33 1/3% of its			ifions mei	mhershin fr	nn hne sae	nee			
•				pt functions - subject to co						000			
				nd unrelated business tax									
								() IIOIII bus	11162262				
10	П			30, 1975. See section				(=)(A)					
10	H			ed exclusively to test for					.4.41				
11	LI			exclusively for the benefit									
				orted organizations desc						section			
		- Land	· · · · · · · · · · · · · · · · · · ·	s the type of supporting			-		-	m			
		a 📙 Typel	<b>b</b> 📙 Тур		Type III-				d	Type I	II-Other		
е			-	anization is not controlled	•			•					
		persons other than fo	undation managers	and other than one or mo	re publicly	supported	organizatio	ns describ	ed in sectio	n			
		509(a)(1) or section 5	` ' ' '										
f		If the organization red	ceived a written dete	rmination from the IRS th	at it is a Ty	e I, Type I	l, or Type i	II supportir	ng				
		organization, check the	nis box										🗌
g		Since August 17, 200	06, has the organizat	tion accepted any gift or c	ontribution	from any o	f the						
		following persons?											
		(i) A person who d	irectly or indirectly o	ontrols, either alone or tog	ether with	persons de	scribed in	(ii)				Yes	No
		and (iii) below, t	he governing body o	of the supported organizat	ion?						11g(i)		
			er of a person descri								11g(ii)		
				described in (i) or (ii) abov	/e?						11g(iii)		
h		• •		e supported organization							[*18(117)		L
	(i) N	ame of supported	(ii) EIN	(III) Type of organization	1	rganization	(v) Did v	ou notify	(vi)	ls the	(vii)	Amount	of
		organization		(described on lines 1-9	in col. (i) lis	_		rization in		ion in col.		support	
				above or IRC section (see instructions)	governing	document?		of your port?	(i) organi:	zed in the S.?			
				(add stott doctorio) /	Yes	No	Yes	No	Yes	No			
(A)					163	110	100	110	163	110			
(~)													
(B)													
(0)													
(C)								-				······	
(C)													
					ļ						***************************************		
(D)													
					1					1			
								<del> </del>					
(E)													
(E)													

91-2171475

Part II Support Sc

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support			<del> </del>			
Caler	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			rth, or fifth tax year	r as a section 501(	c)(3)	▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2011 (line 6, co	•	. 117				%
15	Public support percentage from 2010 Schedu	le A, Part II, line 14				15	%
16a	33 1/3% support test - 2011. If the organize	cation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this box	
	and stop here. The organization qualifies a	is a publicly suppo	orted organization				▶ 📙
b	33 1/3% support test - 2010. If the organize	ation did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check this	
	box and stop here. The organization qualif	ïes as a publicly s	upported organizat	ion			▶□
17a	10%-facts-and-circumstances test - 2011	<ol> <li>If the organization</li> </ol>	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumsta	nces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pai	t IV how the	
	organization meets the "facts-and-circumstan	ces" test. The orga	nization qualifies as	a publicly supporte	d organization		▶□
b	10%-facts-and-circumstances test - 2016	). If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fac-	cts-and-circumsta	nces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t IV how the	
18	organization meets the "facts-and-circumstan <b>Private foundation</b> . If the organization did		•	. ,	•	instructions	*******

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						***
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,251	167,028	170,414	194,609	190,984	855,286
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	23,463	20,570	26,037	31,103	36,644	137,817
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	155,714	187,598	196,451	225,712	227,628	993,103
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						993,103
	ction B. Total Support			T	1		
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	155,714	187,598	196,451	225,712	227,628	993,103
100	payments received on securities loans, rents, royalties and income from similar sources	334	268	562	484	139	1,787
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	334	268	562	484	139	1,787
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	568	2,163	1,529	2,033	1,642	7,935
13	Total support. (Add lines 9, 10c, 11, and 12.)	156,616	190,029	198,542	228,229	229,409	1,002,825
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	<i></i>			e)(3) • • • • • • • • • • • • • • • • • • •	▶ □
***********	ction C. Computation of Public Su		<del></del>			4	
15	Public support percentage for 2011 (line 8, co		* * * *			15	99.03 %
16	Public support percentage from 2010 Schedu	······································				16	99.10 %
	ction D. Computation of Investme	*************************		actume (f)		17	0.18 %
17 18	Investment income percentage for 2011 (lin Investment income percentage from 2010 S	, .				18	0.18 %
	· •					L	0.20 /
	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	cand <b>stop here.</b> T	he organization qu	alifies as a publicly	y supported organi	zation	▶ 🏻
b	33 1/3% support tests - 2010. If the organ line 18 is not more than 33 1/3%, check this	ization did not ched s box and <b>stop her</b>	ж a box on line 14 e. The organization	or line 19a, and lir n qualifies as a pul	ne 16 is more than blicly supported or	ਤਤ 1/ਤ%, and ganization	▶ □
20	Private foundation. If the organization did	•	<del>-</del>			=	▶ 🗍

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 **2011** 

Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MELIN COUNTY HUMANE COCTETY

Employer identification number

	ANKLIN COUNTY HUMANE SOCIETY	91-21/14/5					
Pai	<del></del>	Accounts. Complete if					
	the organization answered "Yes" to Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
	funds are the organization's property, subject to the organization's exclusive legal control?	∐ Yes ∐ No					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be						
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other						
	purpose conferring impermissible private benefit?						
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or education)	mportant land area					
	Protection of natural habitat Preservation of a certified history	ric structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservat	ion					
	easement on the last day of the tax year.						
		Held at the End of the Tax Year					
а	Total number of conservation easements	2a					
b	Total acreage restricted by conservation easements	2b					
С	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic						
	structure listed in the National Register.	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	during					
	the tax year						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year						
	•						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year						
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section						
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?						
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, a						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descr						
	the organization's accounting for conservation easements.						
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	nnce sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	sheet works of art,					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:	·					
	, and the second	• \$					
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$					
b	Assets included in Form 990, Part X	<b>&gt;</b> \$					
	The state of the s						

Pai	till Organizations Maintaining	Collectio	ns of A	rt, Hist	orical T	reasures	<u>, or Ot</u> l	<u>her Similar Ass</u>	ets (continu	ied)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	Loan	or exchar	ige prograi	ms				
b	Scholarly research	e	ld							
С	Preservation for future generations									
4	Provide a description of the organization's collection	nns and expla	ain how the	ev further	the organi	zation's exem	not numo	se in		
,	Part XIV.	one and onpic	JIII 7 10 17 11 11	oy rainior	ano organi	Lation o onon	ibi baiba	00 m		
5	During the year, did the organization solicit or rece	sive donation	e of art his	storical tre	asuras or	other similar				
J	assets to be sold to raise funds rather than to be n								. 🗌 Yes	No
Pai	tilV Escrow and Custodial Arra	***************************************				······			165	140
T al	Part IV, line 9, or reported an amount	_			ariizauori a	inswered re	:5 (010)	11 330,		
12	Is the organization an agent, trustee, custodian or				ne or otho	r accote nat				
1a	-		-						. Yes	□No
l.									. Li tes	□ NO
b	If "Yes," explain the arrangement in Part XIV and of	complete the	tollowing t	iable:			[		. 1	
	5						-	Amo	ount	
¢	Beginning balance							_		
ď	Additions during the year									
е	Distributions during the year						}			
f	Ending balance									<del></del>
2a	Did the organization include an amount on Form 9	990, Part X, li	ne 21?						. L Yes	∐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.			·····			,			
Pai	tV Endowment Funds. Complete	if the organiz	ation ansv	vered "Ye	s" to Form	990, Part IV,	line 10.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		(a) Curren	it year	(b) Pri	ог уеаг	(c) Two yea	rs back	(d) Three years back	(e) Four year	s back
1a	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									
g	End of year balance						•			
2	Provide the estimated percentage of the current years	ear end balar	nce (line 1	g, column	(a)) held a	as:				
а	Board designated or quasi-endowment		%							
b	Permanent endowment		•							
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should eq									
3a	Are there endowment funds not in the possession		ization tha	t are held	and admir	nistered for th	e			
	organization by:		,				-		Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	<b>-</b>
b	If "Yes" to 3a(ii), are the related organizations liste	d as renuiren	ton Scher	tule R?					3b	-
4	Describe in Part XIV the intended uses of the organizations								<u> </u>	
	t VI Land, Buildings, and Equip				( line 10					
	Description of property		Cost or othe			st or other	(c)	Accumulated	(d) Book valu	
	business of property	(4)	(investme			s (other)	· '	epreciation	(d) Dook vale	16
1a	Land					32,247			3 '	2,247
b	Buildings	• • •				51,859		21,294		0,565
C	Leasehold improvements					,0		/2/-	J.	-,
d	Equipment	• • • •				55,764		26,280	2	9,484
e	04					~~, i V*		23/200		- / 101
	I. Add lines 1a through 1e. (Column (d) must eq		n Part V	column (	R) line 10	)(c) )			0	2,296
TOTA	i. Add intes ta dirough te. (Coldinin (d) must ed	uai i Uiii 99	υ, ⊏αιι∧,	COMMITTEE (	א, ווופ ונ	<u> </u>			Э.	~, ~ > 0

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Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial o	lerivatives		
(2) Closely-he	ld equity interests	•	
(3) Other		***************************************	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)		<u> </u>	
(l)		_	
	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)		·	
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, line	e 15.	
	***************************************	) Description	, (b) Book value
(1)			
(2)		-	
(3)			
(4)		······································	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	and the second flower 000. That March (ID) the	45)	
Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X,		
1.	(a) Description of flability	(b) Book value	
	income taxes	(b) Book value	
(2)	TIOOTIO WAXOO		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

-	FRANKLIN COUNTY HUMANE SOCIETY	91-2171475	Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	229,409
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	190,398
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	39,011
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	39,011
Pai	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	229,409
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		229,409
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		229,409
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		223,103
1	Total expenses and losses per audited financial statements		190,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	49353	
а	Donated services and use of facilities		
b	Prior year adjustments	<b></b>	
c	Other losses		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		190,398
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
h			
c	Other (Describe in Part XIV.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***************************************	190,398
_	t XIV Supplemental Information		130,336
·	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	art to provide any additional information.		
u iio p	art to provide any additional intomitation.		······································

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

FRANKLIN COUNTY HUMANE SOCIETY	91-2171475
01. Members or stockholder classes and rights (Part VI, line 6)	
ONE CLASS OF MEMBER	
02. Member election for additional members (Part VI, line 7a)	-
ALL DIRECTORS ELECTED BY MEMBERSHIP AT ANNUAL MEETING IN APRIL	
03. Form 990 governing body review (Part VI, line 11)	
REVIEW BY TREASURER	
04. Governing documents, etc, available to public (Part VI, line 19)	
ALL DOCUMENTS AVAILABLE AT PHYSICAL LOCATION UPON REQUEST	
	***************************************
	·······