Form **990**

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. By law,
the IRS generally cannot reduct the information on the form

	artment of t rnal Revenu				► Inform			990 and its i					n990.			pect	ion
Ā	For the	2013 c	alenda	r yea	r, or tax	year beginr	ning			, 20	13, and e	nding				, 20	
В	Check if applicable:	,	C Nam	ne of o	rganizatio	Aubu	rn V	alley H	Humane	Soc	iety	D Em	ployer id	entifica	tion numl	ber	
	Address ch				ness As								45-	-063	8467		
	Name char	nge	Num	nber & s	street (or F	P.O. box if ma	il is not de	elivered to stree	et address)	Roon	n/suite	E Tele	ephone nu	ımber			
	Initial return	m L	49	10	A St	reet S	E							3-24	9-78		
	Terminated	d						ZIP or foreign p	oostal code			G Gro	ss eipts	\$		538	394.
	Amended r		AU	BUR	AW N	98092						H(a)	Is this a	group r	eturn _		
	Application pending	י [of principal o			ard Oli				for subo	rdinates	s? _	Ye	s $oxed{X}$ No
_					SE W	ax R C	OVIN	GTON	WA 98	3042		H(b)			ates inclu	ded?	
1.	Tax-exem	<u> </u>			(c)(3)) ∢ (in:		4947(a)(1)	or	527		If "No," at (see instr		t.	Ye	s No
J	Website:	▶ V	www.	aub	urnv	alleyh	s.or	g					Group ex	emption r	number	>	
K	Form of org	ganization:	Χc	Corporat	ion T	rust Ass	ociation	Other ▶		L	Year of fo	rmation: 4	2011	M St	ate of legal	domicile	: WA
F	art I		mary														
	1 B	Briefly de	escribe	the or	ganizatio	n's mission	or most	significant ac	tivities: <u>Ar</u>	nima	1 She	elte	r				
Φ																	
Governance																	
Ē																	
Š	2 C	Check thi	is box	▶ [if the o	ganization o	discontin	ued its opera	tions or dispo	osed of	more tha	n 25% (of its net	assets	i.		
Ğ	3 N	Number o	of voting	g men	nbers of	the governin	ig body (Part VI, line 1	1a)					. 3		9	
ος (γ	4 N	Number o	of indep	pende	nt voting	members of	f the gov	erning body (Part VI, line	1b)				. 4		9	
Activities &	5 T	otal nun	mber of	indivi	duals em	ployed in ca	alendar y	ear 2013 (Pa	rt V, line 2a)					. 5		17	
÷	1															100	
ĕ								lumn (C), line									
	1							990-T, line 34						7b			
					- 10.10.010			.,					r Year		Curr	ent Ye	ar
•	8 c	Contribut	tions an	nd grai	nts (Part	VIII line 1h	١				-		65989	96.			394.
une	l .																
Revenue	1					-		, and 7d) .									
æ								c, 9c, 10c, and									
								Part VIII, col					65989	36		538	394.
_												<u>`</u>	0000			330	
								A), lines 1-3) (A), line 4)			_	······					
								Part IX, colum					809	7 +		263	260.
Ses	1			-			-)-10) .			- 00.			205	200.
Expenses	i							line 11e) .		 2618		E W. W.	617 (62-74)	7/3 (F) (S)		A,815.0	. 10000
ă	II.		-			art IX, colum						THE NAME OF	5184	1 2		218	633.
	1	-	-					l, 11f-24e) . X, column (A)					5994				893.
													59995				501.
		kevenue	e less ex	xpense	es. Subi	ract line 16	irom ime	12		<u></u>	· · · E		g of Curr ear		F		
Net Assets or Fund Balances		4-1	- 4- (D-		: 40\						· ·	,	ear 7893	7.5	End	7 Q 1	124.
ssef Bala	20 T	otal ass											15730		_,		548.
et Pet	21 T		-		, line 26)						· · · ·		6320				576.
_						ubtract line	21 from	line 20	<u> </u>	· · · ·			3320	7.5.		000	576.
	art II		ature														
								ncluding accon her than officer								9	
	Deliei, it i	1 . (onest, ai		ipiete. Det	- aration of pre	eparer (or	ner than onicer	/ 13 Dasca On e		Tation or wi					1	
٠.			AM	V)	\sim										/201	4	
Si	_	1 '	Signature						т.				Dat	е			
He	ere	🚍 –				veira			T. I.	eas	urer						
_					me and tit	le							T	चि			
Pa		1	/Type pro	•		- 057		Preparer's si	gnature		Date	/ 2 0 1	Check		PTIN		217
	eparer			OTI		a CPA	CD*				1/13/				P01		
Us	e Only		s name				CPA	D 1					n's EIN	<u>91</u>	-186	4/5	4
		Firm's	s addres	s Þ		24 SE							one no.		0.50		
								98042-				2	53-63	39-3	-	_	1
Ma	y the IRS	S discus	ss this r	eturn	with the	oreparer sho	own abov	e? (see instr	uctions) .						X Y6	es L	No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in			
	effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian			
	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation			
	services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	77.77		
	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statement 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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance			
	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Auburn Valley Humane Society Part IV Checklist of Required Schedules (continued)

	Cnecklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	204	-	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			İ
	200 F70 WW. Warmen late Oaks white I Don't	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current	250		
	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?			v
	If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		140	3.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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 Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1000		
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
38		20	Χ	
	19? Note. All Form 990 filers are required to complete Schedule O	38) (2013

_	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>	<u>.</u>	<u>.</u>	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	-1-1-1	ACC AND A	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble			
	gaming (gambling) winnings to prize winners?			. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			V. 100 A		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	17			k
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	le O		. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acco	ount)?	. 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 Financia	I Acco	unts.		8.4	
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 transa	action?		. 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 as charitable contributions?			. 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	gifts were not tax deductible?			. 6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	5			
	and services provided to the payor?	-		. 7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b	X	
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		A		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		. 7f		X
g	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form	8899	as required?.	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a			
	Form 1098-C?			. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					(× 3,).
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ing or	ganization,			
	have excess business holdings at any time during the year?			. 8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			. 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12			4	Mar.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			4		
11	Section 501(c)(12) organizations. Enter:					
а	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)			_	Z 4	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	rm 104	17	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			. 13a	Name of the second	
	Note. See the instructions for additional information the organization must report on Schedule O.					1. 1. 1. 1.
b	Enter the amount of reserves the organization is required to maintain by the states in which			145.5		3763300
	the organization is licensed to issue qualified health plans					
	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 Schedu	ıle O		. 14b		

Form 990 (2013)

sec	tion A. Governing Body and Management			
10	Enter the number of voting members of the governing body at the end of the tax year	75 ng 178	Yes	No
ıa	and the manual of terming members of the got of the 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.			
h	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	220
_	any other officer, director, trustee, or key employee?	2	500 BB 648	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	Ť		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons			
	other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			51,65.4
	the year by the following:			ř
а	The governing body?	8a	Χ	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue (Code.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Giller H		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	V V C 100041 DAG	Х
15	Did the process for determining compensation of the following persons include a review and approval by		30.0	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			SAL TO
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		a regio	
	with a taxable entity during the year?	16a	1.042	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website U Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
22	policy, and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	205	_	

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

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

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

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

 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 organizations compensated any current officer, director, or trustee. (C) Position (do not check more than one (D) (F) (A) (B) box, unless person is both an (E) Name and Title Average officer and a director/trustee) Reportable Reportable **Estimated** compensation compensation amount of hours per Officer Highest compensated employee Former Individual trustee or director Institutional trustee Key employee week from from related other (list any the organizations compensation hours for related organization (W-2/1099-MISC) from the organiza-(W-2/1099-MISC) organization tions below and related dotted line) organizations (1)See Statement 0 0 0 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

Form **990** (2013)

c 7			_
67	P	age	<u>8</u>
(con	linuec	l)	_
	(F)		
Est	imated		
am	ount of	:	
	other		
	ensatio	on	
	om the		
	nizatio related		
	nization		
organ	inzation	13	_
			_
			_
			_
			_
			_
	0		_
	$\frac{0}{0}$		_
	0		_
pens	ation		
	Yes	No)
3	E. S. F. F. S. S. F.	X	7.11
		ž.,	
	1.5 62	₹.7	59.5 5
4	i v	X	70-
der de		V	M.
3		_^	_

(A) Name and title	(B) Average hours per week (list any	(do r	not che unless er and	(C) Positi ck mo perso	on ore thon	han one both ar /trustee	∋	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Es ar	(F) stimated mount of other	f
	hours for related organiza- tions below dotted	trustee	Institutional trustee		oyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the anizatio	n d
(15)	line)									orga	anizatior	ns
(16)												
•												
(17)												
(18)												
(19)												
(20)												
(21)	-											
(22)	_											
(23)												
(24)												
(25)	1											
1b Sub-total				• • •			>	0	0		0	
c Total from continuation sheets to Part								0	0		0	
d Total (add lines 1b and 1c)								0 eived more than \$100	0.000 of reportable	e compens		
from the organization >		10 1110	JO 11010	,u u	,,,,,	,		orved more than \$100		o oompon		
2 Did the committee list on forward office	. dina atau		4== le				h.:			1 2000 -	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S				-	-	-		gnest compensated		3		Х
4 For any individual listed on line 1a, is the s											73.8	Ž.
the organization and related organizations	-						-					v
individual										4		X
services rendered to the organization? If					-			-		5	1 Scholiebull	Х
Section B. Independent Contractors												
1 Complete this table for your five highest or	•		•									
compensation from the organization. Repo	ort compen	sation	TOT THE	e cai	ena	ar yea	ren	(B)	e organization's ta		(C)	
Name and business	address							Description of se	rvices		ensation	
None												
										gew. skeets a		
2 Total number of independent contractors (\$100,000 in compensation from the organ	-	ut not	limited	d to t	thos	e liste	d ab	ove) who received m	nore than			

Form 990 (2013) Auburn Valley Humane Society 45-0638467 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Total revenue Related or Unrelated Revenue exempt excluded from tax business function revenue under sections revenue 512 - 514 Gifts, Grants Federated campaigns 1a b Membership dues 1b 143309. Fundraising events 1c Contributions, Giff and Other Similar Related organizations 1d d Government grants (contributions) · · · · 240000. 1e All other contributions, gifts, grants, and similar amounts 155085. Noncash contributions included in lines 1a-1f: 1f \$ 538394 Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) · · · · . 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory Less: cost or other basis and sales expenses . . c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other b Less: direct expenses . . . b c Net income or (loss) from fundraising events . . . ▶ 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . a b Less: cost of goods sold . . b c Net income or (loss) from sales of inventory . . . ▶ Miscellaneous Revenue 11a

538394.

d All other revenue e Total. Add lines 11a-11d . .

12 Total revenue. See instructions

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 (B) Program service (C) Management and Do not include amounts reported on lines 6b. (A) Total expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the US. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) . . . 238004. 179858. 29705. 28441. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 25256. 19134. 3101. 3021. 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal Accounting C Prof. fundraising services. See Part IV, line 17 . . Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 311. 311 col. (A) amount, list line 11g expenses on Sch O.) 1864. 238. 1626. 12 7185. 2710. 4475. 13 Office expenses 14 Information technology 15 Royalties 31653. 31653. 16 Occupancy 400. 400. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings 20 21 41905. 41905. 22 Depreciation, depletion, and amortization 1035. 1035. 23 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.) 3222. 3222. Bank Fees Business Lic & Permi 25783. 25783. Dues & Subscriptions 1984. 1984. Sales Tax 10184. 10184. 93107. 68052. 25055. All other expenses е 481893. 378553. 40722. 62618. Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)

	(Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	110832.	1	70513.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5438.	4	
	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			
		contributing employers and sponsoring organizations of section 501(c)(9)			
		voluntary employees' beneficiary organizations (see instructions). Complete	•		
Assets		Part II of Schedule L		6	
Yss	7	Notes and loans receivable, net		7	
`	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		9	At 1 The state of
		basis. Complete Part VI of Schedule D 10a 78161	0.		
	b	Less: accumulated depreciation 10b 6099		10c	720611
	11	Investments - publicly traded securities		11	720011
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	· · · · · · · · · · · · · · · · · · ·		14	
	15	Intangible assets Other assets. See Part IV, line 11		15	
1	16		500055	16	791124
	17	Total assets. Add lines 1 through 15 (must equal line 34)		17	131124
ļ		Accounts payable and accrued expenses			
- 1	18	Grants payable		18	· · · · · · · · · · · · · · · · ·
ŀ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	• •	20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		<u> </u>	
-		disqualified persons. Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	100510
1	24	Unsecured notes and loans payable to unrelated third parties	102548.	24	102548
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	4005.0
	26	Total liabilities. Add lines 17 through 25		26	102548
1		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	·	Ž.	
Se		complete lines 27 through 29, and lines 33 and 34.		8, 2, 6. 8, 1, 1, 1, 1	
a	27	Unrestricted net assets	632075.	27	688576
ga	28	Temporarily restricted net assets		28	
ᅙᅵ	29	Permanently restricted net assets		29	
준		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Net Assets or Fund Balances		and complete lines 30 through 34.		A5.	
\$	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>ا</u> پړ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		33	688576
	34	Total liabilities and net assets/fund balances		34	791124

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	383	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	818	93.
3	Revenue less expenses. Subtract line 2 from line 1	3			565	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	320	75.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		6	885	76.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.		i i			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or		5			Apr. 17
	reviewed on a separate basis, consolidated basis, or both:		34		30.00	
	Separate basis Consolidated basis Both consolidated and separate basis		10.			
b	Were the organization's financial statements audited by an independent accountant?			2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					K.A.
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selected process during the tax year, explain in					is ice
	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 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u> .		3b		

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number

200000000000000000000000000000000000000	Auburn Va	ттей	numane 50	JCIECA				45	-063	846/			
P	art I Reas	on for	Public Charity	/ Status (All organizations m	iust com	plete this	s part.) S	See instr	uctions.				
The	organization is not	a private	foundation becau	ise it is: (For lines 1 through 11	, check c	nly one	box.)						
1	A church, conv	ention of	churches, or asso	ciation of churches described i	n sectio	n 170(b)	(1)(A)(i)).					
2	A school descr	ribed in s	ection 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3	A hospital or a	cooperat	tive hospital servic	e organization described in sec	tion 170	0(b)(1)(A	(iii).						
4	A medical rese	earch orga	anization operated	in conjunction with a hospital of	lescribed	d in sect	ion 170	(b)(1)(A)	(iii). Ent	er the ho	spital's	name	,
	city, and state:												
5	An organizatio	n operate	ed for the benefit of	f a college or university owned	or opera	ted by a	governr	mental u	nit descr	ibed in s	ection		
	170(b)(1)(A)(iv												
6				vernmental unit described in s	ection 1	70(b)(1)	(A)(v).						
7	7.7			substantial part of its support fro				r from th	e genera	al public			
			0(b)(1)(A)(vi). (Co		Ü				J				
8				70(b)(1)(A)(vi). (Complete Part	11.)								
9) more than 33 1/3 % of its sup		contribu	utions n	nembers	hip fees	and gro	SS		
				ot functions - subject to certain						•			
				d unrelated business taxable in									
), 1975. See section 509(a)(2)				٠٠٠, ١٠٠٠٠					
10				exclusively to test for public safe				1)					
11		-	•	exclusively for the benefit of, to					rv out th	e			
				ed organizations described in se									
				ne type of supporting organizati									
	a Type I		b Type II	c Type III - Functi					ype III - I	Non-func	tionally	intear	ated
е				anization is not controlled direct	•	•							
- 1				and other than one or more pub									
	509(a)(1) or se		-	and a man and a man a part			. 3						
		CHOIL SUS	$\theta(a)(2)$.										
f				rmination from the IRS that it is	a Type I	Type II	or Type	e III supp	ortina				
f	If the organizat	tion recei	ved a written deter	rmination from the IRS that it is			, ,						
	If the organization, c	tion recei heck this	ved a written deter										
f g	If the organization, construction, construct	tion recei heck this 17, 2006,	ved a written deter boxhas the organizati	on accepted any gift or contribu	ution fror	n any of	the follo	wing pe				Yes	No
	If the organization, conganization, conganization, conganization, conganization (i) A person v	tion recei heck this 17, 2006, vho direc	ved a written deter boxhas the organizati	on accepted any gift or contributors, either alone or together v	ution fron	n any of	the follo	wing pe	rsons?			Yes	No.
	If the organization, organization, organization, or Since August 1 (i) A person wand (iii) be	tion recei theck this 17, 2006, who direction, the g	ved a written deter boxhas the organizati tly or indirectly con governing body of	on accepted any gift or contributrols, either alone or together vithe supported organization?	ution fror	n any of	the follo	wing pe (ii)	rsons?	1	11g(i)	Yes	No
	organization, c Since August 1 (i) A person v and (iii) be (ii) A family m	tion recei theck this 17, 2006, who direct low, the g ember of	ved a written deter boxhas the organizatitly or indirectly congoverning body of a person describe	on accepted any gift or contributrols, either alone or together vothe supported organization?	ution fron	n any of	the follo	wing pe (ii)	rsons?		11g(ii)		No
g	If the organization, conganization,	tion receitheck this 17, 2006, who direction, the genther of attrolled er	ved a written deter box	on accepted any gift or contributors, either alone or together value the supported organization? and in (i) above?	ution fron	n any of	the follo	wing pe (ii)	rsons?				No
g h	If the organization, organization, organization, organization, organization organization (i) A person wand (iii) be (ii) A family material (iii) A 35% con Provide the following and organization organi	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributors, either alone or together value supported organization? ed in (i) above? escribed in (i) or (ii) above?	ution fron	n any of	the follo	wing pe (ii)	rsons?		11g(ii) 11g(iii)		
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box	on accepted any gift or contributors, either alone or together value supported organization? ad in (i) above? escribed in (i) or (ii) above? supported organization(s). (iii) Type of organization	ution from	n any of	the follo	wing pe (ii)	rsons?	s the	11g(ii) 11g(iii) (vii)	Amour	nt of
g h	If the organization, organization, organization, organization, organization organization (i) A person wand (iii) be (ii) A family material (iii) A 35% con Provide the following and organization organi	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed, either alone or together value supported organization? d in (i) above? escribed in (i) or (ii) above? supported organization(s). (iii) Type of organization (described on lines 1-9	(iv) Is the ization	n any of ons desc	the follo	owing pe (ii)	(vi) I	s the	11g(ii) 11g(iii) (vii)		nt of
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti	n any of ons describe organin col.	the follo	id you y the	(vi) l organiz	s the zation in	11g(ii) 11g(iii) (vii)	Amour	nt of
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed, either alone or together value supported organization? d in (i) above? escribed in (i) or (ii) above? supported organization(s). (iii) Type of organization (described on lines 1-9	(iv) Is ti ization (i) listed gove	n any of ons desconnected the organin col. in your rring	(V) D notifi	id you by the cation in	(vi) I organiz col orga	s the ration in (i)	11g(ii) 11g(iii) (vii)	Amour	nt of
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove	n any of ons desconnected the organin col. in your rring	(V) D notifi	id you by the cation in	(vi) I organiz col orga	s the ration in (i)	11g(ii) 11g(iii) (vii)	Amour	nt of
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B) (C)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B) (C)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring enert?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B) (C)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring ment?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B) (C)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring ment?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of
g h (A) (B) (C)	If the organization, organizat	tion receitheck this 17, 2006, who direction, the gember of atrolled er lowing information.	ved a written deter box has the organizatitly or indirectly congoverning body of a person describentity of a person deformation about the	on accepted any gift or contributed in the supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is ti ization (i) listed gove docun	n any of ons desconnected in col. in your rring ment?	(v) D notif organiz col. (i)	id you y the cation in of your port?	(vi) I organiz col orga in the	s the zation in (i) nized U.S.?	11g(ii) 11g(iii) (vii)	Amour	nt of

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

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

Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			40222.	659896.	538394.	1238512.
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			40222.	659896.	538394.	1238512.
	The portion of total contributions by each			1747.5 (\$275.5)			
_	person (other than a governmental unit	** ***********************************					
	or publicly supported organization)						
	included on line 1 that exceeds 2% of						
	the amount shown on line 11,	100	1000				
	column (f)						
6	Public support. Subtract line 5 from line 4.	1 7 Sec. 2 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3		E. Astronomical Company	1238512.
	tion B. Total Support		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 4-32 13-44			1230312.
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4		(8) 2010	40222.	659896.	538394.	1238512.
8	Gross income from interest, dividends,			10222.	- 003030.	0000011	1200012.
·	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
٩	Net income from unrelated business	•					
•	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or	•					
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	•		1 2575 2 377			1238512
	Gross receipts from related activities, etc. (s					12	1230312.
	First five years. If the Form 990 is for the o	•					
13	organization, check this box and stop here	•				, , , ,	▶ [文]
Sec	tion C. Computation of Public Su	nnort Percenta					21
	Public support percentage for 2013 (line 6,			n (f))		14	0.00 %
	Public support percentage from 2012 Sched						0.00 %
	33 1/3% support test - 2013. If the organiz						
	and stop here. The organization qualifies a						
h	33 1/3% support test - 2012. If the organization						
~	and stop here. The organization qualifies a						
172	10% facts-and-circumstances test - 2013		-				
	is 10% or more, and if the organization mee	=					
	in Part IV how the organization meets the "f				<u> </u>	•	
	organization						▶□
h	10%-facts-and-circumstances test - 2012						
b		=					
	15 is 10% or more, and if the organization n Explain in Part IV how the organization mee				•		
	supported organization			=	-	•	. □
40	Private foundation. If the organization did						
10	-						⊾ □
BCA	instructions			• • • • • • • • • • • • • • • • • • • •			or 990-FZ) 2013

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.

OMB No. 1545-0047

Employer identification number

2013

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

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

Open to Public Inspection

Αι	burn Valley Humane Society			4	45-0638467
Pa	rt I Organizations Maintaining Donor Ad	vised Funds or Othe	r Similar Fund	s or A	Accounts.
	Complete if the organization answered	"Yes" to Form 990, Pa	rt IV, line 6.		
		(a) Donor advised		(b) F	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		eld in donor advise	d funds	
	are the organization's property, subject to the organizatio	_			
6	Did the organization inform all grantees, donors, and don for charitable purposes and not for the benefit of the dono impermissible private benefit?	or or donor advisor, or for ar	y other purpose co	onferring	y Yes No
Pa	rt II Conservation Easements. Complete	if the organization ans	swered "Yes" to	Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	ization (check all that apply)	·		
	Preservation of land for public use (e.g., recreation of	r education)	Preservation of	of an his	storically important land area
	Protection of natural habitat		Preservation	of certifi	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a q	ualified conservation contrib	ution in the form of	a cons	ervation easement on the
	last day of the tax year.				
				1	Held at the End of the Tax Yr
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic				
d	Number of conservation easements included in (c) acquir	red after 8/17/06, and not or	a historic		
	structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred			organiza	ation 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		tion, handling of vic	olations	
	and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	-		
6	Staff and volunteer hours devoted to monitoring, inspection	ng, and enforcing conservat	ion easements duri	ing the	year ▶
7	Amount of expenses incurred in monitoring, inspecting, a	-		-	
8	Does each conservation easement reported on line 2(d) a	-	•	•	
	and section 170(h)(4)(B)(ii)?	•	•		∵
9	In Part XIII, describe how the organization reports conser				
	include, if applicable, the text of the footnote to the organ		•		
	conservation easements.				
Pa	t III Organizations Maintaining Collection	ns of Art, Historical T	reasures, or C	ther S	Similar Assets.
	Complete if the organization answered				
1 a	If the organization elected, as permitted under SFAS 116			ent and	balance sheet works of art.
	historical treasures, or other similar assets held for public				
	in Part XIII, the text of the footnote to its financial stateme			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	,				
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its r	evenue statement a	and bala	ance sheet works of art.
	historical treasures, or other similar assets held for public				
	following amounts relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				.▶ \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical				The state of the s
-	required to be reported under SFAS 116 (ASC 958) relati		and the second	3~, PI	The same is a same and a same a s
2	Revenues included in Form 990, Part VIII, line 1	•			▶ \$
	Assets included in Form 990. Part X				. > \$

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):	Pa	(continued)	Collections of Art,	Historical Treasur	es, or Other Simila	ar Assets	
Canada Public combiblion d	3		n, and other records, che	ck any of the following th	at are a significant use o	f its collection	n items
a Public exhibition d Loan or exchange programs			,	,,			
b	а	The state of the s		d Loan or exchange	ge programs		
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold 7 To raise funds rather than to be maintained as part of the organization's collection? Part IV. Rescrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part IV. Line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, it rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1	b			—			
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV. Intel 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if Yes, "explain the arrangement in Part XIII and complete the following table: Amount 1c Amount							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?			lections and explain how	they further the organiza	tion's exempt purpose in	Part XIII.	
to raise funds rather than to be maintained as part of the organization's collection?							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? Yes No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id Id Id Id Id Id Id I	_						. □ No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7	Pa	rt IV Escrow and Custodial Arra	angements. Comp	lete if the organizati	on answered "Yes"		
on Form 990, Part X?							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	та	-				□ v	
d Additions during the year	L					Tes	NO
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 bit 1/2	D	ii res, explain the arrangement in Part Alli a	and complete the following	g table.		Λ	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and users of Garans or scholarships d Garans or scholarships f Administrative expenses a Board designated or quasi-endowment ▶ 0.00 % b Permanent endowment ▶ 0.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by in the prescription of property Land, Buildings, and Equipment. Complete if the organizations is equived on Schedule R? 2 Provide the administrative expenses (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations is listed as required on Schedule R? 2 Provide the part XIII the intended uses of the organization's endowment funds Description of property (ia) Cost or other basis (investment) Description of property (ia) Cost or other basis (investment) Description of property (ia) Cost or other basis (investment) Buildings c Leasehold improvements 678,844, 21,146, 657,698, degipment C Easehold improvements 678,844, 21,146, 657,698, degipment 102,766, 39,853, 62,913, ender the Other C Description of property A Description of property B Description of	_	Paginning balance			10	Amo	unt
e Distributions during the year							
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217							
2a Did the organization include an amount on Form 990, Part X, line 21? Part V							
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in part XIII. In 10. Part V						□ Van	V Na
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back labeliance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 0.00 % b Permanent endowment ▶ 0.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) Depreciation 1a Land							
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back balance South the policy of the policy of the prior year balance South the policy of th							··
1a Beginning of year balance	Га						vears back
b Contributions	10		(b) Phot year	(C) TWO years back	(u) Tillee years back	(e) rour	years back
b Contributions c Net investment earnings, gains, and losses							
c. Net investment earnings, gains, and losses d. Grants or scholarships c. Other expenditures for facilities and programs f. Administrative expenses g. End of year balance year balan	h						
earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of year balance g End of year balance The percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0.00 % b Permanent endowment 0.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) b Buildings c Leasehold improvements 678,844. 21,146. 657,698. d Equipment c Leasehold improvements d Equipment 102,766. 39,853. 62,913.							
d Grants or scholarships e Other expenditures for facilities and programs		earnings, gains,					
e Other expenditures for facilities and programs	А						w ·
for facilities and programs							
programs	C						
f Administrative expenses							
expenses	f						
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment D.00 % b Permanent endowment O.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	•						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 0.00	~						
a Board designated or quasi-endowment	_		nt year end halance (line	1a column (a)) held as:	1		
b Permanent endowment ▶ 0.00				rg, column (a)/ nela as.			
c Temporarily restricted endowment ▶ 0.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations							
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated Depreciation 1a Land b Buildings c Leasehold improvements 678,844. 21,146. 657,698. d Equipment 102,766. 39,853. 62,913. e Other							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) In elated organization in elated organizations is endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) Depreciation 1a Land b Buildings c Leasehold improvements 678,844 21,146 657,698 d Equipment 102,766 39,853 62,913 e Other	·	· · · · · · · · · · · · · · · · · · ·					
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) b Buildings c Leasehold improvements 678,844. 21,146. 657,698. d Equipment 90, Part X, line 10. 102,766. 39,853. 62,913.	3a			nat are held and administ	ered for the organization	bv:	Yes No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) Depreciation 1a Land b Buildings c Leasehold improvements 678,844. 21,146. 657,698. d Equipment 102,766. 39,853. 62,913. e Other			=				100 110
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) Depreciation 1a Land Descriptions Description See Form 990, Part X, line 10. 1b Buildings See Form 990, Part X, line 10. Cost or other basis (other) Depreciation 1c Leasehold improvements See Form 990, Part X, line 10. 1c Accumulated Depreciation Depreciation 1a Land See Form 990, Part X, line 10. 1b Accumulated Depreciation Depreciation 1c Leasehold improvements See Form 990, Part X, line 10. 1c Accumulated Depreciation Depreciation Depreciation 1a Land See Form 990, Part X, line 10. 1b Accumulated Depreciation Depreciation Depreciation Depreciation 1a Land See Form 990, Part X, line 10. 1b Accumulated Depreciation Depreciat		.,					
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated Depreciation 1a Land Depreciation (d) Book value Depreciation b Buildings Form 990, Part X, line 10. 1a Land Form 990, Part X, line 10. 1a Land Form 990, Part X, line 10. 1b Buildings Form 990, Part X, line 10. 1a Land Form 990, Part X, line 10. 1b Buildings Form 990, Part X, line 10. 1a Land Form 990, Part X, line 10. 1b Book value Depreciation Part XIII the intended uses of the organization's endowment funds.	b	.,					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated Depreciation 1a Land Depreciation (d) Book value Depreciation b Buildings Calcasehold improvements (678,844 21,146 657,698 42,913 42) d Equipment 102,766 39,853 62,913 42			·				
Complete if the organization answered "Yes" to Form 990, PartIV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated Depreciation 1a Land b Buildings 5 c Leasehold improvements 678,844. 21,146. 657,698. d Equipment 102,766. 39,853. 62,913. e Other 0 0 0							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) Depreciation 1a Land				Form 990. PartIV. lir	ne 11a. See Form 9	90. Part X	. line 10.
basis (investment) basis (other) Depreciation 1a Land 5 5 6 7 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 7 6 7 7 6 7 7 6 7 9 1 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			· · · · · · · · · · · · · · · · · · ·				
1a Land b Buildings c Leasehold improvements 678,844. 21,146. 657,698. d Equipment 102,766. 39,853. 62,913. e Other		1	1 ' '		1 ' '	(-,	
b Buildings 678,844 21,146 657,698 c Leasehold improvements 102,766 39,853 62,913 e Other 0ther 0ther <td>1a</td> <td>Land</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>, ,</td> <td>Mag-</td> <td></td> <td></td>	1a	Land	· · · · · · · · · · · · · · · · · · ·	, ,	Mag-		
c Leasehold improvements 678,844. 21,146. 657,698. d Equipment 102,766. 39,853. 62,913. e Other							
d Equipment 102,766. 39,853. 62,913. e Other					21,146.	657	,698.
e Other							
		• •					
				lumn (B), line 10(c).)		720	,611.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Auburn Valley Humane	e Society	7					638467	
Eundraising Activities (on answe	ered ``Yes" to Form 990), Part IV, line		-	
Form 990-EZ filers are no								
1 Indicate whether the organization a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writter Form 990, Part VII) or entity in cor b If "Yes," list the ten highest paid in at least \$5,000 by the organization	n or oral agreemonnection with production with production dividuals or entit	e f g ent with a fessional	Solicita Solicita Specia ny indivi fundrais	ation of non-government ation of government gran al fundraising events idual (including officers, ing services?	t grants nts directors, trus	stees or key	Yes No	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custod contro contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount retained by)	fundraiser	(vi) Amount paid to (or retained by) organization	
1		-						
1		Yes	No					
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			▶					
3 List all states in which the organization is re	gistered or licensed	d to solicit of	contribution	ons or has been notified it is	s exempt from r	egistration or	licensing.	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event#1 Internet Don	(b) Event #2 Calendars	(c) Other events	(d) Total events (add col.(a) through		
			(event type)	(event type)	(total number)	col. (c)		
Revenue	1	Gross receipts	111,734.	16,075.	15,500.	143,309.		
	2	Less: Contributions						
	3	Gross income (line 1	111 704	16.075	15 500	1.42.200		
		minus line 2)	111,734.	16,075.	15,500.	143,309.		
	4	Cash prizes						
uses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs			:			
Öİğ	7	Food and beverages						
	8	Entertainment			-			
	9	Other direct expenses	:					
	10	•		mn (d)		1.42.200		
	11			ımn (d)		143,309.		
Ρđ	rt II	line 6a.	e if the organization answered	"Yes" to Form 990, Part IV, line	e 19, or reported more than \$	15,000 on Form 990-EZ,		
		inio da.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
ğ				bingo/progressive bingo	.,, .	col. (a) through col. (c)		
Revenue	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs	Many many many and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se					
	5	Other direct expenses						
	6	Volunteer labor	Yes0.0%	Yes0.0%	Yes%			
	7	Direct expense summary	v. Add lines 2 through 5 in colu	mn (d)				
	8	Net gaming income sum	mary. Subtract line 7 from line	1, column d	>			
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states?								
		ere any of the organization Yes," explain:	's gaming licenses revoked, so	uspended or terminated during	the tax year?	Yes No		

4562

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

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

179 Sequence No. Identifying number

Auburn Valley Humane Society Form 990, Part IX, Line 22 45-0638467 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 40,281. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (d) Recovery (g) Depreciation (a) Classification of property (business/investment use year placed in (f) Method Convention period deduction service only - see instructions) 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L MM S/L property 27.5 yrs. i Nonresidential real 04/2013 89,411. 1,624. ММ 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L c 40-year 40 yrs. мм S/L Part IV Summary (See instructions.) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . 41,905. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Page: 1 45-0638467

2013 ASSET DETAIL REPORT

	Description	
 	Acqd	Date
1 1 1 1	Cost	
	Use	Bus.
1 1 1	Spec.	Bus. 179+
1 1 1 1	Basis	
1 1 1 1 1	Method Per. Cv Depr.	
1 1 1	Per.	Rec.
i	СА	
1 1 1	Depr.	Prior
1 1 1	Depr.	Current
 	Year	Next
1	AMT	Prior
!!!!!!!!	AMT	c Current
1 1 1 1 1	Price	Gain/
1	Price	Sales
!	Sold	Date

Form: Form 990, Part IX, Line 22
Rental Property: N/A
Depreciation Class: N/A

Deprectation Class: N/A	S: N/A							
In Service Year: 2012	2012							
Furniture & 06/12	3743 100	3743 MACRS	7.0 HY	535	917	655	401	716
Kennels 07/12	99023 100	99023 MACRS	7.0 HY	14150	24251	17319	10605	18943
Leasehold Im 09/12	589433 100	589433 MACRS	39.0 MM	4409	15113	15113	4409	15113
	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1	1	1 1 1 1	
	692199	692199		19094	40281	33087	15415	34772
In Service Year:	2013							
Leasehold Im 04/13	89411 100	89411 MACRS	39.0 MM		1624	2292		1624
	1 1 1 1 1	1 1 1 1 1		1 1 1 1	1 1 1	1 1 1	1 1 1 1	†
Form Totals:	781610	781610		19094	41905	35379	15415	36396

Form 8868 ((Rev. 1-2014)					Page 2	
If you ar	re filing for an Additional (Not Automatic) 3-Mont	h Extension	, complete only Part II and che	ck this box		▶ X	
	complete Part II if you have already been granted						
If you ar	re filing for an Automatic 3-Month Extension, con	nplete only l	Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the	original (no cop	ies neede	d).	
			Enter fi	ler's identifying n	umber, see i	instructions	
Type or print	Name of exempt organization or other filer, see in Auburn Valley Humane Soc			Employer identif		er (EIN) or	
File by the	Number, street, and room or suite no. If a P.O.		ructions.	Social security n	·)	
due date for filing your return. See instructions.	4910 A Street SE City, town or post office, state, and ZIP code. For AUBURN WA 98092	or a foreign a	address, see instructions.				
Enter the Re	eturn code for the return that this application is for (file a separa	te application for each return):			0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or	Form 990-EZ	01					
Form 990-B	L	02	Form 1041-A			08	
Form 4720 ((individual)	03	Form 4720 (other than individual	ual)		09	
Form 990-P	F	04	Form 5227			10	
					11		
Form 990-T (trust other than above) 06 Form 8870					12		
STOP! Do n	not complete Part II if you were not already gran	ited an auto	matic 3-month extension on a	previously filed F	orm 8868.		
	oks are in the care of $ ightharpoons$ Richard Olive	eira					
Telephone No. ► 253-639-3252 Fax No. ►							
	ganization does not have an office or place of busi					▶ 🔲	
	for a Group Return, enter the organization's four d						
	ox ▶ . If it is for part of the group, check this be	ox ▶ aı	nd attach a list with the names ar		bers the exte	nsion is for.	
	t an additional 3-month extension of time until		NOV	15_,20_ <u>14_</u>	·		
	endar year 2013 , or other tax year beginning		, 20, and end		, 2	0	
	x year entered in line 5 is for less than 12 months, ange in accounting period	check reasor	n:	inal return			
	detail why you need the extension Additio				third p	parties	
<u>in</u>	order to file a complete	and ac	curate income ta	x return			
							
8a If this ar	polication is for Form 990-BL 990-PF 990-T 4720	or 6069 en	ter the tentative tax less any no	nrefundable			
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						
		enter any r	efundable credits and estimated	tax payments			
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.						
	e due. Subtract line 8b from line 8a. Include your						
	FFTPS (Electronic Federal Tax Payment System)				8c \$		
			st be completed for Part	Il only	10011		
	Ities of perjury, I declare that I have examined this is true, correct, and complete, and that I am autho	form, includir	ng accompanying schedules and	•	the best of r	my knowledge	
					00/45	/001:	
Signature ▶		Title	• •		▶08/15,		
BCA				Fo	rm 8868 (R	Rev. 1-2014)	

Name: Auburn Valley Humane Society	ID: 45-0638467
Description: Form 990, Prt IX, Stmt of Functl Exp-Ln	
Туре	Amount
Line 24e - Other Expenses	
Program Service Expenses (Column B)	
77 a. L. D.	14 457
Vet Fees Animal Supplies	14,457. 49,303.
Mileage Expense	1,823.
Web Site Expense	297.
Miscellaneous Expenses	2,172.
Total Other Expenses - Program Service Exps	68,052.
Fundraising Expenses (Column D)	
Bank Fees	782.
Fundraising Expenses	23,544.
Miscellaneous Expenses	729.
Total Other Expenses - Fundraising Expenses	25,055.

Total.....