

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2013 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 09/01/13, and ending 08/31/14

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: HUMANE SOCIETY FOR BOONE COUNTY, INC. D Employer identification number: 26-1122066. E Telephone number: 765-485-8888. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) Website: WWW.HSFORBC.ORG H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 111,499

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 94,432). Rows 10-17: Expenses (Total expenses: 35,728). Rows 18-21: Net Assets (Net assets at end of year: 341,286).

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	282,522	22	337,561
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	60	24	3,725
25 Total assets	282,582	25	341,286
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	282,582	27	341,286

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 PROVIDING VETERINARY CARE, REHABILITATION, AND SHELTER FOR ALL INJURED OR STRAY ANIMALS IN BOONE COUNTY.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		13,171
29 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		15,465
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		28,636

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GUY DAVIS DIRECTOR OF PR	6.00	0	0	0
CLINT ATKINSON DIRECTOR OF EVENTS	15.00	0	0	0
MIKE HANCOCK PRESIDENT/DIR OF IT	20.00	0	0	0
SUSAN AUSTIN VP/ DIR OF FUNDRAISI	20.00	0	0	0
DEE DEE PRATHER DIR OF SHELTERING	20.00	0	0	0
MELINNA SCHUPPE TREASURER	20.00	0	0	0
ROBBY WESTENKIRCHNER DIR OF EDUCATION	20.00	0	0	0
LORI MOORE DIR OF FOSTER/ADOPT	10.00	0	0	0
TERRI DOWNEY DIR OF FOSTER/ADOPT	20.00	0	0	0
CHERYL HANCOCK SECRETARY	20.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: GREGORY D. SIGMAN
 Preparer's signature: *Gregory D. Sigman*
 Date: 2/16/15
 Check if self-employed
 PTIN: P00652035
 Firm's name: L. M. HENDERSON & COMPANY, LLP
 Firm's address: 450 E 96TH ST STE 200 INDIANAPOLIS, IN 46240
 Firm's EIN: 20-5520612
 Phone no.: 317-566-1000

May the IRS discuss this return with the preparer shown above? See instructions Yes No