Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

_			C Name of organization The Humane Society of Baltimore County Inc	ing 0	0/30	, 20 13						
В	er identification number											
	Address	change	Doing Business As Baltimore Humane Society			52-0623165						
	Name cl	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephoi	ne number						
	Initial ret	turn	1601 Nicodemus Road			410-833-8848						
	Termina	ted	City, town or post office, state, and ZIP code									
	Amende	d return	Reisterstown, MD 21136		G Gross re	ceipts \$ 1,942,484						
	Applicat	ion pending	F Name and address of principal officer: Andrew Levine	H(a) Is this	a group return	for affiliates? Yes Vo						
			1601 Nicodemus Road, Reisterstown, MD 21136	H(b) Are a	ll affiliates in	cluded? Yes No						
L	Tax-exe	mpt status:	√ 501(c)(3)	If "No," a	attach a list.	(see instructions)						
J	Website	:: ► htt	p://www.bmorehumane.org	H(c) Grou	p exemption	number >						
K	Form of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	ation: 1927	M State	of legal domicile: MD						
Р	art I	Summ	nary		- 0	2001 - 0 2002 - 3						
	1	Briefly de	escribe the organization's mission or most significant activities: Prov	ide a tempora	ry home, a	safe refuge and care						
m		for stray	unwanted and homeless animals. The Organization works aggressively to	place each a	nimal in a	loving, permanent						
20	1	home. The Organization offers spay and neuter services, cremation and internment.										
E												
Activities & Governance	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more tha	n 25% of	its net assets.						
ğ	3		of voting members of the governing body (Part VI, line 1a)			14						
90 90	4		of independent voting members of the governing body (Part VI, line 1)			14						
iţi	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)			42						
훒	6		mber of volunteers (estimate if necessary)			250						
⋖	7a		related business revenue from Part VIII, column (C), line 12		. 7a	0						
	b		lated business taxable income from Form 990-T, line 34		. 7b	0						
				Prior Y		Current Year						
	8	Contribu	tions and grants (Part VIII, line 1h)		990,391	1,398,218						
Revenue	9		service revenue (Part VIII, line 2g)		384,583	403,787						
946	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		5,693	2,500						
Ĕ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,198	88,971						
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,386,865	1,893,476						
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0						
	14		paid to or for members (Part IX, column (A), line 4)		0	0						
S	ll are		other compensation, employee benefits (Part 1X, column (A), lines 5-10)		896,187	938,404						
156	16a		onal fundraising fees (Part IX, column (A), line 11e)		3,560	3,747						
Expenses	Ь		draising expenses (Part IX, column (D), line 25) 103,341	4 0 0								
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		648,808	632,296						
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11	1,548,555	1,574,447						
	19	•	less expenses. Subtract line 18 from line 12		-161,690							
2.3	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Too on a state of the state of	Beginning of C		End of Year						
seets or	20	Total ass	sets (Part X, line 16)		824,963	1,110,046						
\$ E	21		pilities (Part X, line 26)		132,780	99,575						
Wet As	22		ets or fund balances. Subtract line 21 from line 20		692,183	1,010,471						
STREET, SQUARE,	art II		ture Block		002,100	1,010,1777						
_			ary, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of	my knowledge, and belief, it is						
			lete. Declaration of preparer (other than officer) is based on all information of which prepa									
		T	JUM SAMM SAM	T	21	9 14						
Si	an	Sign	nature of officer	D	ate	11.1						
	ere	ler	nnifer Swanson. Executive Director									
			e or print name and title									
<u></u>	. 20	1		Date ,	A	_ " PTIN						
	aid		Scholtes CPA	2/14/14	Check self-em	□ "[]						
	epare	-		11	m's EIN ▶	03-0483170						
Use Only Firm's name ► CEA Scholtes and Associates ' Firm's EIN ► 03-0483170 Firm's address ► 106 Tunbridge Road, Baltimore, MD 21212 Phone no. 410-323-0010												
Ma	v the II		s this return with the preparer shown above? (see instructions)	Pr	wite IID.	410-323-0010						

0	and from the first that the first th	raye &
Part		
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	Provide a temporary home, a safe refuge and care for stray unwanted and homeless animals. The Organization works	
	aggressively to place each animal in a loving, permanent home. The Organization offers spay and neuter services, cremation a	and
	internment.	

2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	✓ No
	If "Yes," describe these new services on Schedule O.	<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
_	services?	☑ No
	If "Yes," describe these changes on Schedule O.	<u>• 140</u>
4		
**	Describe the organization's program service accomplishments for each of its three largest program services, as meas	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	oiners,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 655,651 including grants of \$ 0) (Revenue \$ 55,042	.)
	Adoption - provide a temporary home, a safe refuge and care for stray unwanted and homeless animals. The Organization wor	ks
	aggressively to place each animal that comes to the shelter in a loving, permanent home.	
	444440040000000000000000000000000000000	

4b	(Code: \/Expenses \$ 400.000 including sympto of \$ 0 \/Expenses \$ 70.000	. \
413	(Code:) (Expenses \$ 109,983 including grants of \$ 0) (Revenue \$ 72,245	-
	Cemetery - to ensure a peaceful final resting place for beloved companion animals through the operation of animal shelter.	

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	484444944499999999999999999999999999999	

4c	(Code:) (Expenses \$ 575,013 including grants of \$ 0) (Revenue \$ 263,600))
	Spay/Neuter Services - to strive to end an euthanasia of healthy adoptable animals by promoting and offering affordable spay	and
	neuter services to control the population of unwanted animals.	-0.703-701.0143
	######################################	

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4d	Other program senious (Describe in Schedula O.)	
₩U.	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
An		
4 e	Total program service expenses ► 1,340,647	

Form 99	0 (2012)			Page 3
Part	V Checklist of Required Schedules			
	In the construction does the data and a great New Appendix of the day on the state of the state		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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			1
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	/	Ť
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
a	Third also a country of the country	440	1	
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	11a	Ť	1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d		11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	00000
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b		14a	-	1
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part iX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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	1	
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		1
20 a	• • • • • • • • • • • • • • • • • • • •	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and 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		1
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		1
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 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
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	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		Fort	n 99 0	(2012

art				
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		100	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		8 16	2011
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		:	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	3		
5-	* 1	E.		/
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		6 3	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.		9 119	-
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			177
a	initiation fees and capital contributions included on Part VIII, line 12	1 5	100	80
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			500
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1 78	
a b	Gross income from members or shareholders	1		
_	against amounts due or received from them.)			8.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 2		7
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
þ	Enter the amount of reserves the organization is required to maintain by the states in which		NAME OF	100
	the organization is licensed to issue qualified health plans	20	3121	
C	Enter the amount of reserves on hand	2 -		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Check if Schedule O contains a response to any question in this Part VI 2 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 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 any other orificer, director, trustee, or key employee have a family relationship or a business relationship with any other orificer, director, trustee, or key employee have a family relationship or a business relationship with any other orificer, director, trustee, or key employee to a management company or other person? 3 Did the organization have members or stockholders? 5 Did the organization become aware during the year of a significant diversion of the organization's assests? 6 V 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization have interesting the year of the governing body? 7 Did the organization on the proventing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If VFey, Provide the names and addresses in Schedule O. 9 VESENTIAL SECTION B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10a Did the organization have a writhen whistleblower policy? 11b Tyes, "did the organization have a	Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes						
In Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Deforming body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Deforming body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Deforming the programment of the programment of the programment of the direct supervision of officer, furstee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fustees, or key employees to a management company or other person? Did the organization bar y significant changes to its governing documents since the prior form 980 was filed? Did the organization bar was reported under the programment of the programment of the governing document since the prior form 980 was filed? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization make members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization on the management of the governing body? Did the organization on the management of the governing body? Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). Section S. Policies (This Section B requests information about policies not required by the Internal Revenue Code). The organization have one sure their operations are consistent with the organization by the following persons includ		Check if Schedule O contains a response to any question in this Part VI						
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 1b 1d 2 Did any officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing body? 7 Beach committee with authority to act on behalf of the governing body? 8 By Hord Committee with submitive to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures sometimes the scenario of the process in schedule O. 9 Committee with authority to act on behalf of the governing body? 10 Each committee with actives of the governing body? 11 Has the organization have a written policie	Secti	on A. Governing Body and Management						
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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee bave a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Uld the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 5 Did the organization bave members or stockholders? 7a Did the organization bave members, stockholders, or other persons who had the power to elect or appoint one or ornor members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 List the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 List the organization and subject to approval by) members, stockholders, or persons other than the governing body? 9 List there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have will authority to act on behalf of the governing body? 9 List the organization have local chapters, branches, or affiliates? 10 List the organization have local chapters, branches, or affiliates? 11 List is the organization have local chapters, branches, or affiliates? 12 List the organization have a written policies and procedures governin					Yes	No		
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1	18		18	14				
be Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? 2								
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Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ MD 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. □ Own website □ Another's website ☑ 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 policy and financial statements available to the public during the tax year. 20 State the name, physical address, and telepho				113	1 1			
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official					_	1		
describe in Schedule O how this was done 12c ✓ 13 Did the organization have a written whistleblower policy? 13 ✓ 14 Did the organization have a written document retention and destruction policy? 14 ✓ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a	С			_		Ť		
Did the organization have a written document retention and destruction policy?		describe in Schedule O how this was done			:			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	13					_		
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		Did the organization have a written document retention and destruction policy?		14	-	1		
a The organization's CEO, Executive Director, or top management official	15	Util the process for determining compensation of the following persons include a review a	and approval t	У				
b Other officers or key employees of the organization	a			15		1		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?					_			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?								
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?	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi		nt 📗				
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?					9	1		
organization's exempt status with respect to such arrangements?	b							
 List the states with which a copy of this Form 990 is required to be filed ► MD 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. Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 		participation in joint venture arrangements under applicable federal tax law, and take steps to such arrangements?	to safeguard th			100		
 List the states with which a copy of this Form 990 is required to be filed ► MD 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. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 	Secti			161	3	4		
 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. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 						_		
available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the		Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Sec	tion 50	1(c)(3)	s only		
 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 		available for public inspection. Indicate how you made these available. Check all that apply.	,		/			
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								
20 State the πame, physical address, and telephone number of the person who possesses the books and records of the	19		uments, conflic	t of int	erest	policy		
	90	· · · · · · · · · · · · · · · · · · ·	a alsa asi d					
	20	organization: Cathy Rose, (410)833-8848	ooks and recor	us of ti	16			

Form 990 (201	2)					Pa	

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

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t_officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck is pe d a d	ition more rson lirect	e than o is both or/trust	one an (ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Andrew Levine	2.00									
President	0	✓ .		V	1			0	0	0
Ann Russell Ashton	2.00									
Executive Vice President	0	✓		<				0	0	0
Gary Zipper	2.00							i i		
Vice President	0	1		✓				0	0	0
Brent Baron	2.00									
Treasurer	0	✓		1				0	0	0
Cara Cohen	2.00									
Secretary	0	1		1				0	0	0
Todd Cioni	2.00									
Director	0	✓						0	0	0
Heather Friedman	2.00									
Director	0	✓	L		_			0	0	0
Bob Kessler	2.00									
Director	0	1						0	0	0
Harry Korotki	2.00									
Director	0	1						a	0	0
Dan Morhaim	2.00									
Director	0	1	-					0	0	0
Joel Segall	2.00									
Director	0	1						0	0	0
Deb Winkler	2.00									
Director	0	1						0	0	0
Jill Bloom	2.00									
Director	0	1						0	0	0
Fran Rifkin	2.0									
Director	0	✓						1 0	0	0

Part	VII Section A. Officers, Directors, Trust	tees Key F	mplos	/00S	: or	vd H	liches	+ C	ompensated E	molovees /cont	inued)		1 ago o
T Carr	Geodoli A. Ollicers, Directors, Trus	lees, Ney L	IIIpios	/663	, aı		ignes	31.0	ompensated E	mpioyees (com	inded)		
	(A) Name and title	(B) Average hours per week (list any	box, ι	unles	s pe	more rson	than c is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated n amount of other		
		hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompensa from the organizati and relati organization	ed
					-								
					_								

					_								
++													
											-		
					_						_		
								L					
1b c d	Sub-total	VII, Sectio	n A				•	>	0		D .		0
2	Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th					e) w	ho received m	1	000 of		0
3	Did the organization list any former of			or tr	ruste	ee,	key e	emp	oloyee, or high	nest compensa	ted [Ye	s No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	sum of re	portal	ble	соп	npei	nsatio					3	1
	organization and related organizations individual										. [4	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	-	5	1
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	dress							(B) Description of s	ervices	Com	(C) pensation	n
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	Boll		

Part	: VIII	Statement of Revenue		ian in Abia Dank Mil			_
		Check if Schedule O contains a respo	nse to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns 1a	0				
ira i	b	Membership dues 1b	0				
S, C	С	Fundraising events 1c	6,004	= 111 231	3411-12		
E i	d	Related organizations 1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	0				
to s	f	All other contributions, gifts, grants,	1				
후		and similar amounts not included above 1f	1,392,214				
t d	g	Noncash contributions included in lines 1a-1f: \$	13,000				
	h	Total. Add lines 1a-1f		1,398,218			
울	_	(1)	Business Code				and the second
9.46	2a	Adoption Center	900099	55,042	55,042	0	0
D.	b	Cemetery	900099	72,245	72,245	0	0
Š	C	Spay-Neuter Center and Medical Service	900099	263,600	263,600	0	0
Se	d			_			
Program Service Revenue	e	A M — AL					
<u>6</u>	[All other program service revenue.		12,900	12,900	0	0
- n.	3	Total. Add lines 2a–2f		403,787		- T	
	"			2,500	0		2.500
	4	Income from investment of tax-exempt be		2,500	0	0	2,500
	5	Royalties		0	0	0	0
	"	(i) Real	(ii) Personal		<u> </u>	0	
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss) 0	D			- X - 6	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				E RITH A
		assets other than inventory					
	Ь	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss) 0	0				
	d	Net gain or (loss)	>				
venue	8a	Gross income from fundraising					
Other Reve		events (not including \$ 6,004 of contributions reported on line 1c).					
ě		See Part IV, line 18 a	124,882				
5		Less: direct expenses b					
		Net income or (loss) from fundraising	events . >	75,874		0	75,874
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming acti	vities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a	$\overline{}$				
		Less: cost of goods sold b					
	C	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code	الكراسيس			
	11a						
	b	***************************************					
	C	All Alexander					
	d	All other revenue		13,097	13,097	0	0
	12	Total revenue. See instructions		13,097	440.004		70.44

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 to any question in this Part IX . (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0

3 (3 (4 E	Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, proganizations, and individuals outside the	0	0		
3 (((4 (Grants and other assistance to governments, organizations, and individuals outside the	-	•	-	
4 E	organizations, and individuals outside the				THE RESERVE CHIEF
4 8			l		
	United States. See Part IV, lines 15 and 16	0	o		
5 (Benefits paid to or for members	0	0		
	Compensation of current officers, directors,				
t	trustees, and key employees	0	0	0	0
F	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 (Other salaries and wages	798,426	736,846	24,756	36,824
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
	Other employee benefits	62,003	60,918	239	846
	Payroll taxes	77,975	74,773	706	2,496
	Fees for services (non-employees):				
	Management	0	0	0	0
	Legal	10,864	0	10,864	0
	Accounting	47,985	0	47,985	0
	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	3,747			3,747
	Investment management fees	0	0	0	0
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
,		84,160	84,160	0	0
	Advertising and promotion	4,545	2,824	676	1,045
	Office expenses	36,899	22,927	5,487	8,485
	Royalties	10,054	5,065	1,535	3,454
	Occupancy	53,037	45,739	5,676	1,622
	Travel	0	43,739	0,070	1,022
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	o	0	0
19	Conferences, conventions, and meetings .	239	0	239	0
	Interest	346	0	346	0
	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	44,525	38,398	4,765	1,362
23	Insurance	20,878	6,096	12,525	2,257
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.)				
-	Adoption Center Food and Supplies	71,929	71,929	0	0
-	Cemetery Supplies	15,003	15,003	0	0
	Medical Supplies, Labor and Spay Neuter	134,831	134,831	0	0
	Repairs and Maintenance	26,050	16,185	3,874	5,991
	All other expenses Total functional expenses. Add lines 1 through 24e	70,951	24,953	10,786	35,212
	Joint costs. Complete this line only if the	1,574,447	1,340,647	130,459	103,341
	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)				
	— st			-	Form 990 (2012)

Part X Balance Sheet

Cach—non-interest-bearing End of year End of year			Check if Schedule O contains a response to any question in this Part X			
2 Savings and temporary cash Investments 3 Pledgoss and grants receivable, net 5 Icara and other receivables from current and former officers, directors, trustees. Key employees, and highest compensated employees. Competer Part II of Schedule L 6 Loars and other receivables from other discuslified persons (as defined under section 4956(f)(I), persons described in section 4956(f)(I), persons and 5956(f)(II), persons described in section 4956(f)(II), persons and 4956(f)(II), persons described in file 4956(f)(II), persons and 5956(f)(III), persons and 5956(f)(III), persons and 5956(f)(III), persons and 595						
3 Pledges and grants receivable, net 10.356 3 5.267		11	Cash—non-interest-bearing	81,831		202,811
A Accounts receivables, net 142,467 4 325,110					-	
tustesse, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(II)), persons described in section 4958(II)), persons described in section 4958(II)), persons described in section 4958(II), persons described in section 4958(III), persons described in 4958(III), persons d		3		10,356	3	6,267
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				142,467	4	325,110
Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 49580f(1)), persons described in a section 49580f(1)), persons described in 49580f(1)), persons described in 49580f(1)), persons described in 49580f(1)), persons described in 49580f(1), persons descr		5				
1			complete Part II of Schodule I			CANADA IN TAKA
4958(f)(1), persons described in section 4958(a)(8), and contributing employers all sponsoring agrarizations of section 501(6)% voluntary employees' beneficiary organizations (see instructions). Complete Part It of Schedule L		_	1-		5	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 10a 1,69,550 1,69,550 10a	S	6	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		6	
9 Prepaid expenses and deferred charges	set	7	_ · · · · · · · · · · · · · · · · · · ·			
Prepaid expenses and deferred charges 10a 1,169,550	Asi	· ·			-	
10a		*		4 536	_	11.655
Description		10a		1,000	100	11,000
11 Investments—publicly traded securities 42,946 11 48,599 12 Investments—other securities. See Part IV, line 11 13 13 14 Interstments—program-related. See Part IV, line 11 13 14 Interstments—program-related. See Part IV, line 11 15 15 15 16 Total assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 22,4953 16 1,110,046 17 Accounts payable and accrued expenses 114,548 17 76,329 18 Deferred revenue 19 10,080 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Chter 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 Total liabilities. Add lines 17 through 25 313,770 25 32,780 26 99,575 312,780 26 99,575 312,780 27 666,699 31,770 31 30 Capital stock or trust principal, or current funds 31 32,795 32,795 32,795 33 33,797 33 34 30 Capital stock or trust principal, or current funds 31 32,795 32,795 33 33 33,795 34 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34 35,795 34			other basis. Complete Part VI of Schedule D 10a 1,169,550			
12		b	Less: accumulated depreciation 10b 653,946	542,827	10c	515,604
13 Investments = program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 824,963 16 1,110,046 17 Accounts payable and accrued expenses 114,548 17 76,329 18 Grants payable 18 19 Deferred revenue 19 10,080 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 18,232 23 13,166 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 132,780 26 99,575 25 27 566,699 27 566,699 28 Temporarily restricted net assets 165,119 28 331,377 29 Permanently restricted net assets 165,119 28 331,377 29 Permanently restricted net assets 165,119 28 331,377 29 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 29 12,395 2		11		42,946	11	48,599
14		-			12	
15					-	
16					_	
17					-	
18 Grants payable 18 19 Deferred revenue 19 10,080	_					
19 Deferred revenue 19 10,080				114,548	_	76,329
Tax-exempt bond liabilities					-	
21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L						10,080
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					-	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	w	l			21	
24 Unsecured notes and loans payable to unrelated third parties	Ħ					
24 Unsecured notes and loans payable to unrelated third parties	<u>=</u>				22	
24 Unsecured notes and loans payable to unrelated third parties	=======================================	23	Secured mortgages and notes payable to unrelated third parties	18,232	-	13.166
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		24			_	
Total liabilities. Add lines 17 through 25		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	132,780		99.575
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	CBS		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	e e	27		514,669	27	666,699
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	Ba	28		165,119	28	331,377
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	P	29		12,395	29	12,395
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	or Fu		complete lines 30 through 34.			
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	ts.				30	ku v
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	25				-	
34 Total liabilities and net assets/fund balances 824,963 34 1,110,046	it A				-	
	ž				-	
	_	34	Total liabilities and net assets/fund balances	824,963	34	1,110,046 Form 990 (2012)

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Part						
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,89	3,476
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,57	4,447
3	Revenue less expenses. Subtract line 2 from line 1	3			319	9,029
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		692,183		
5	Net unrealized gains (losses) on investments	5				-741
6	Donated services and use of facilities	6			23	1,121
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-23	1,121
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			1,01	0,471
Part	XII Financial Statements and Reporting					
eyeu ne	Check if Schedule O contains a response to any question in this Part XII					
			75		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			-4		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?		. 15	2b	1	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:					3 1
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		8		3 -	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersio	ht =		_	-
•	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex		4			2 11
	Schedule O.	P14111			LL mil	5
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in F			-
36	the Single Audit Act and OMB Circular A-133?			3a		1
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ne 📙		9	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits		3b		
7.				_	000	(0010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization

Open to Public Inspection Employer identification number

	Humane Society of									23165
Pai			rity Status (All orga						nstructio	ons.
		*	ition because it is: (Fo		_		-			
1	_		hes, or association of			ed in sec	tion 170((b)(1)(A)(i)).	
2			170(b)(1)(A)(ii). (Attac		,					
3			spital service organiza							
4	hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7			receives a substantia (A)(vi). (Complete Par		its suppo	rt from a	governr	nental un	it or fron	n the general public
8	☐ A community f	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	rt II.)				
9			receives: (1) more that				m contri	butions.	members	ship fees, and gross
			d to its exempt funct							
			ent income and unrel						n 511 ta	x) from businesses
	acquired by th	e organization a	fter June 30, 1975. Se	e sectio	n 509(a)(2). (Comp	olete Parl	t III.)		
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).	
11	☐ An organization	on organized ar	nd operated exclusive	ely for th	ne benefit	of, to p	erform (the funct	ions of,	or to carry out the
			licly supported organ							
	509(a)(3). Che	ck the box that	describes the type of	supportin	ng organiz	ation and	d comple	te lines 1	1e throug	gh 11h.
	a 🗌 Type I	b 🗌 Type	II c ☐ Type III	I-Functio	nally integ	grated	d □.	Type III-N	lon-funct	tionally integrated
е	☐ By checking the	his box, I certify	that the organization				indirectl	y by one	or more	disqualified persons
	other than fou	ndation manage	ers and other than one	e or more	publicly	supporte	ed organi	izations c	lescribed	l in section 509(a)(1)
	or section 509	(a)(2).					_			
f			written determination						l, or Typ	be III supporting
g		17, 2006, has t	he organization accep						1	<u> </u>
			ndirectly controls, eiti	her alone	or toget	her with	persons	described	d in (ii) a	nd Yes No
			ody of the supported							11g(i)
			on described in (i) abo	_						11g(ii)
		•	a person described in							11g(ii)
a h			ion about the support							1 (Rfmt)
	Name of supported	(ii) EIN	(iii) Type of organization		organization	M Did v	ou notify	full (a tho	(vii) Amount of monetary
117	organization	(11) = 11	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organizat	s the tion in col.	support
			above or IRC section	governing	document?		of your oort?		zed in the S.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
400										
(A)										
		_						 	<u> </u>	
(B)										
-								†		
(C)										
(D)										
(D)										
/E)										
(E)									122	
				A CONTRACTOR				TEVEL	A COST	
Tota	1		And the second second			Samo		1 2 3 3 3	Bull and	

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						amy ander
Secti	on A. Public Support			5 === 1			
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0.70			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						230/6
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support		T #1	I (1.22.2			-
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7			-				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organizatio	n's first, secor	d, third, fourth	i, or fifth tax y	12 ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					<u>.</u> ▶ 🗀
`	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		-			14	%
15 16a	Public support percentage from 2011 Sct 331/2% support test—2012. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹		
b	331/3% support test—2011. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	012. If the orgets the "facts-acts-and-circ	anization did n and-circumsta umstances" te	ot check a box	on line 13, 16 eck this box ar ation qualifies	nd stop here. I as a publicly s	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization mesupported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the organization	nis box and ston qualifies as	top here. a publicly
18	supported organization	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec		

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

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

Secti	on A. Public Support			te e			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			1			
	received. (Do not include any "unusual grants.")	1,089,903	1,012,431	867,233	1,017,979	1,523,100	5,510,646
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	282,261	359,076	293,629	384,583	403,787	1,723,336
3	Gross receipts from activities that are not an unrelated trade or business under section 513						.,,,
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,372,164	1,371,507	1,160,862	1,402,562	1,926,887	7,233,982
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified					- 1	
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year			3			
	Add lines 7a and 7b					4	
8	Public support (Subtract line 7c from			5 = 4			
041	line 6.)						7,233,982
	on B. Total Support	430000				110010	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,372,164	1,371,507	1,160,862	1,402,562	1,926,887	7,233,982
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	12,346	17,852	24 904	E 603	2 500	70 979
Ь	Unrelated business taxable income (less	12,346	17,052	31,881	5,693	2,500	70,272
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	12,346	17,852	31.881	5.693	2,500	70,272
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			2,,227		-,040	
12	Other income. Do not include gain or						
	loss from the sale of capital assets					ľ	
	(Explain in Part IV.)		101,276	30,551	4,742	13,097	149,666
13	Total support. (Add lines 9, 10c, 11,		707,070	33,000	.,,,,,,	,,,,,,,,,	110,000
	and 12.)	1,384,510	1,490,635		1,412,997	1,942,484	7,453,920
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			-	ear as a section	* * : *
Secti	on C. Computation of Public Suppor	rt Percentage	•				
15	Public support percentage for 2012 (line 8					15	97.05 %
16	Public support percentage from 2011 Sch			<u>.</u>		16	96.45 %
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (17	0.94 %
18	Investment income percentage from 2011					18	1.54 %
19a	331/a% support tests—2012. If the organ						
	17 is not more than 331/2%, check this box		-			_	_
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this l		_				_
20	Private foundation. If the organization di	и пот спеск а І	oox on line 14.	. 19a. or 19b. c	neck this box	ano see instruc	ctions 🕨 🗀

SCREGULE A (P	orm aan or aan-E2) 5015	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	
General Ex	planation - Part III, Section B, Line 12 - Miscellaneous Revenue	
	······································	

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#### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions. Inspection Employer identification number The Humane Society of Baltimore County Inc. 52-0623165

Par		r Advised Funds or Other Similar Fu	unds or Accounts. Complete if the
	organization answered "Yes" to Fo		***
	<b>-</b>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subject	t to the organization's exclusive legal con	trol? Yes 🗌 No
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the	benefit of the donor or donor advisor, or	r for any other purpose
	conferring impermissible private benefit? .		· · · · · · · 🗌 Yes 🗌 No
Pari		lete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b		
	Preservation of land for public use (e.g., r		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation ease		
C	Number of conservation easements on a cert		
d	Number of conservation easements include historic structure listed in the National Regist		
3	Number of conservation easements modified		
•	tax year ▶	i, italiaronou, releases, extingularies, or te	striniated by the organization during the
4	Number of states where property subject to	conservation essement is located	
5	Does the organization have a written poli		espection handling of
	violations, and enforcement of the conservat	ion easements it holds?	· · · · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitor		
_	DESTRUCTION SECTION AND ASSESSMENT	g,epoomis, and onlesoning control rank	on the day in your
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	▶\$		and the state of t
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rej		
_	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures.	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIII, the text of	f the footnote to its financial statements t	hat describes these items.
b	If the organization elected, as permitted un	ider SFAS 116 (ASC 958), to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other s public service, provide the following amounts	similar assets held for public exhibition,	education, or research in furtherance of
			<b>.</b> .
	(i) Revenues included in Form 990, Part VIII,		
2	(ii) Assets included in Form 990, Part X If the organization received or held works	of art. historical transvers, as ather similar	lor spects for financial sale, perside the
-	following amounts required to be reported ur		
а	Revenues included in Form 990, Part VIII, line	a 1	<b>b</b> \$
	Assets included in Form 990 Part Y		

Schedul	e D (Form 990) 2012								Page 2
Part	III Organizations Maintaining Co	ollections of	Art. Hist	torical T	reasures.	or Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d		or exchang	e nroa	rame		
b	Scholarly research		e	Other	-				
_	☐ Preservation for future generations		8						
		محملهم ما	ما می اما	القريبية المالية	ana a Samalana a	4la.a.a.a			in Deat
4	Provide a description of the organization	rs collections a	ına expia	un now tr	ney turtner	tue org	janization's exem	ipt purpose	ın Part
_	XIII.	M 4							
5	During the year, did the organization so								_
	assets to be sold to raise funds rather the							☐ Yes	
Part	~				anization a	answe	red "Yes" to Fo	rm 990, P	art IV,
	line 9, or reported an amount of								
18	Is the organization an agent, trustee, coincluded on Form 990, Part X?							t Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fo	llowing ta	able:				
		·		_			Ai	nount	
C	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amount of							☐ Yes	□ No
b									
Pari									<del>. '''</del>
, ai		(a) Current year		or year	(c) Two year		(d) Three years back		ars back
1a	Beginning of year balance	41,818	(=) · · · ·	37,386		30,059	22.26	<del>                                     </del>	
b	Contributions	41,818		37,300 D		0.003	•	)	22,266 0
C	Net investment earnings, gains, and	u		U		U	,	<u>'</u>	
•	losses	4 400					45.50	_	_
	_	1,106		4,432		7,327	10,793	+	0
d	Grants or scholarships	0		0		0		<u> </u>	0
е	Other expenditures for facilities and programs	_						_	_
	· ·	0		0		0	-3,000		0
f	Administrative expenses	0		0		0		<u> </u>	0
g	End of year balance	42,924		41,818		37,386		9	22,266
2	Provide the estimated percentage of the	-		e (line 1g	, column (a	)) held	as:		
a	Board designated or quasi-endowment		9 %						
b	Permanent endowment ► 30	<b>%</b>							
C	Temporarily restricted endowment ▶	0 %							
	The percentages in lines 2a, 2b, and 2c s								
3a	Are there endowment funds not in the p	ossession of th	ie organi	zation tha	at are held	and ad	lministered for th	e _	
	organization by:							Y	es No
	(i) unrelated organizations						4	3a(i)	<b>V</b>
	(ii) related organizations							3a(ii)	- ✓
b	If "Yes" to 3a(ii), are the related organiza	tions listed as re	equired o	n Schedi	ule R? .			3b	
4	Describe in Part XIII the intended uses of	the organization	n's endo	owment fu	unds.				
Part	VI Land, Buildings, and Equipm	ent. See Form	1 990, P	art X, line	e 10.				
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) Book v	alue
1a	Land		0		0				0
4 64	Ruildings		- 0		- 0				- 0

0

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

940,987

219,083

9,480

c Leasehold improvements

e Other . .

d Equipment . . . . . .

388,510

125,198

515,604

1,896

552,477

93,885

7,584

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financia	d derivatives			
	held equity interests		200	
(3) Other				
(A)			Control of the contro	
(B)	~~~~~~			
(C)	***************************************			
(D)				
(E)				
(F)				
(G)	***************************************			
(H)				
(1)	Almost and Company of Cities (All b.			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related	d Soo Form 000 Bort V	line 12	
Part VIII			(c) Method of valu	_a^
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)	1007.72			
(6)				
(7)				
(8)				
(9)				
(10) Total (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X line 15		
T GITTIM		a) Description	T	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		2009 10	2/10 = 3/302 =	
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c			
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
	l income taxes			
(2)				
(3)			- USA BENEFIT OF THE PARTY OF T	
(4)	10010 200			
(5)				
(6) (7)				
(8)				
(9)			THE RESERVE OF THE PARTY OF THE	
(10)			DELINE IN MARKET STREET	
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
	SC 740) Footnote. In Part XIII, provide the		manization's financial statements that	reports the organization's
liability for u	Incertain tax positions under FIN 48 (ASC	740). Check here if the text of	of the footnote has been provided in Pa	art XIII

Schedul	le D (Form 990) 2012	Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return
1	Total revenue, gains, and other support per audited financial statements	1 2,172,86
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 279,38
3	Subtract line 2e from line 1	3 1,893,47
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,893,47
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return
1	Total expenses and losses per audited financial statements	1 1,854,57
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
¢	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 280,12
3	Subtract line 2e from line 1	3 1,574,44
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,574,44
	XIII Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 3, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2, 10, 2	
	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to nation.	provide any additional
Sched	dule D, Part V, Line 4 - To support the current and future operations of the Society.	
		***************************************
Coboo	dule D, Part XI, Line 2d - \$49,008 - Direct Fundraising Expenses netted with Fundraising Revenue on 990, Pa	
Scriet		
	dule D, Part XII, Line 2d - \$49,008 - Direct Fundraising Expenses netted with Fundraising Revenue on 990, Pa	
CONTROL	tate of t art Air, Line Lu - 4-4,000 - Direct i artifatsing Capelises lieute multi dilulaising resente dit 350, F 2	bit viii, Lilie d(b).
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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization

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. See separate instructions.

OMB No. 1545-0047

112110	u no ordenization					Cimpioyor toorione	adon nombo:
The H	lumane Society of Baltimore County						D623165
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" to F	orm 990, Part IV, I	ine 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
а	Mail solicitations				on of non-govern		
b	☐ Internet and email solicitation	ns	Pi		on of governmen		
c	☐ Phone solicitations		9 [_	fundraising events	•	
d	☐ In-person solicitations		9 _	_ opecial i	didiasing event	•	
2a	Did the organization have a writ	ten or oral agree	oment with	any individ	dual (including of	ficere directore true	tage
	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or e	entities (fun		•	_	
		THE OTHER					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3	···						
4							
5				1			
6							
7							
8							
9							
10							
Total		I					
3	List all states in which the orga	nization is regis	tered or lic	encod to s	colicit contribution	ne or hae been notifi	ed it is evernnt from
	registration or licensing.	nization is regis	norce or ne	.01.500 10 0		is of has been notifi	od it is exempt nom
	######################################						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1 Black Tie and Tails	(b) Event #2 Dog Fest	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
J.						
Revenue	1	Gross receipts	48,491	57,186	13,610	119,287
Œ	2	Less: Contributions	3,585	164	2,255	6,004
	3	Gross income (line 1 minus line 2)	44,906	57,022	11,355	113,283
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
ses	6	Rent/facility costs	4,500	0	0	4,500
Direct Expenses	7	Food and beverages	12,031	267	4,785	17,083
	8	Entertainment	2,850	0	0	2,850
	9	Other direct expenses .	2,963	18,123	2,974	24,060
	11 rt	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9	organization answer	red "Yes" to Form 99	► 0, Part IV, line 19, or i	•
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
2	1	Gross revenue	,			
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		
g	a Is		perate gaming activities	in each of these states		
10		fere any of the organization's g	aming licenses revoked	l, suspended or termina		

Schedul	e G (Form 990 or 990-EZ) 2012 Page 3
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name▶
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
The Humane Society of Baltimore County Inc	52-0623165
Form 990, Part VI, Section A, Line 8b - The Organization documents only the Board of Directors meeting	ngs.
	•##= ##################################
Form 990, Part VI, Section B, Line 11b - The Executive Director, Treasurer and President review Form	990 before it is filed.
Form 990, Part VI, Section C, Line 19 - The Organization makes its governing documents available to t	he public upon request.
need and and common to the months of the second	
Form 990, Part XI, Line 9 - \$231,121 - donated use of facilities, services and materials.	
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization			Employer identification number	
The Hun	The Humane Society of Baltimore County Inc 52-0623165			
Organiz	ation type (check or	a):		
Filers of: Section:				
Form 990 or 990-EZ		501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		☐ 527 political organization		
Form 990-PF		501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		☐ 501(c)(3) taxable private foundation		
Check if	f vour organization is	covered by the General Rule or a Special Rule.		
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	l Rule			
	For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.			
Special	Rules			
Ø	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
	during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ contributions of more than \$1,000 for use exclusively ses, or the prevention of cruelty to children or animal	y for religious, ch	aritable, scientific, literary,
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year			
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on				

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
The Humane Society of Baltimore County Inc

Employer identification number

52-0623165

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Hildegarde Anderson 7206 Belair Road Suite 1 Baltimore, MD 21206	\$211,609	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Estate of Grace Nails 401 Washington Avenue Suite 900 Towson, MD 21024	\$ <u>142,166</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US Charitable Gift Trust 1100 North Market Street 2nd Floor Wilmington, DE 19890	\$ 66,712	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Anonymous Anonymous Anonymous, MD 21136	\$ 50,560	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Strasburg Group PO Box 22339 Baltimore, MD 21203	\$ 31,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

The Humane Society of Baltimore County Inc

Employer identification number

52-0623165

Part II	Noncash Property (see instructions). Use duplicate copies of Part il if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of πoncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		

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		(a) Trans	fer of nift		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relation	ship of transferor to transferee	
	***************************************				
			***************************************		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	fer of gift		
	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee	
	***************************************				
		~~~~~~			
(a) No.	# N Pr	Z-1 02		(1) 5 1-11 (1) 10 1-1-11	
Part I	(b) Purpose of gift	(c) Use	от діт	(d) Description of how gift is held	
	««««««««««««««««««««««««««««««««««««««		~		
******	***************************************				
(e) Transfer of gift			1		
	Transferee's name, address, and ZIP + 4			nship of transferor to transferee	

- COUNTRY OF THE PARTY OF THE P		····			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	

	(e) Transfer of gift				
	Tunnataur de verve est f		-	and the set that a set to set to	
	Transferee's name, address,	and ZIP + 4	Relation	nship of transferor to transferee	
			*************	*************************	