

Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form header section A through K, including organization name (HUMANE SOCIETY OF YOUNG COUNTY INC), EIN (75-1692067), and tax-exempt status (501(c)(3)).

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$181,969

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Table with 3 columns: Description, Line Number, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,978	22 15,702
23 Land and buildings	232,966	23 225,478
24 Other assets (describe in Schedule O)		24
25 Total assets	244,944	25 241,180
26 Total liabilities (describe in Schedule O)	1,618	26 2,815
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	243,326	27 238,365

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

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

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

What is the organization's primary exempt purpose? CARE AND SHELTER OF ANIMALS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SPAY/NEUTER ALL PETS ADOPTED FROM SHELTER TO HELP PREVENT OVERPOPULATION OF UNWANTED AND ABANDONED ANIMALS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 121,445
29 RESCUE, CARE AND PROVIDE SHELTER FOR HOMELESS, INJURED, LOST AND ABANDONED ANIMALS. PROVIDE A SAFER ENVIRONMENT FOR CITIZENS.	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 46,711
30 EDUCATE PUBLIC. ENCOURAGE SPAY AND NEUTER OF PETS. ENFORCE RABIES VACCINATIONS. PREVENT CRUELTY TO ANIMALS.	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 18,683
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)		32 186,839

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHRISTY LANHAM 549 TIMBERRIDGE DRIVE GRAHAM TX 76450	Title PRES Hr/WK .00	0		
CATHIE McDANIEL 907 AUSTIN ROAD GRAHAM TX 76450	Title VP Hr/WK .00	0		
SHARLA QUALLS P.O. BOX 488 NEWCASTLE TX 76372	Title SEC Hr/WK .00	0		
DR KENT GLENN 1851 OLD BUNGER ROAD GRAHAM TX 76450	Title VET Hr/WK .00	0		
MARTHA BENNETT 925 AUSTIN ROAD GRAHAM TX 76450	Title DIR Hr/WK .00	0		
JUDITH WITTE 2700 OLD BUNGER ROAD GRAHAM TX 76450	Title DIR Hr/WK .00	0		
GAIL FULTZ PO BOX 330 GRAHAM TX 76450	Title DIR Hr/WK .00	0		
JUNIOR MATNEY 2044 FM ROAD 3003 GRAHAM TX 76450	Title DIR Hr/WK .00	0		
TERESA MATNEY 2044 FM ROAD 3003 GRAHAM TX 76450	Title DIR Hr/WK .00	0		
MARY ANN RANKIN 914 PLUM STREET GRAHAM TX 76450	Title DIR Hr/WK .00	0		
CHUCK ROWAN PO BOX 330 GRAHAM TX 76450	Title DIR Hr/WK .00	0		
JERRY TAYLOR PO BOX 1394 GRAHAM TX 76450	Title DIR Hr/WK .00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ _____		
42a	a The organization's books are in care of ▶ <u>HUMANE SOCIETY OF YOUNG COUNTY</u> Telephone no. ▶ <u>(940) 549-1692</u> Located at ▶ <u>417 RODEO ROAD</u> City <u>GRAHAM</u> ST <u>TX</u> ZIP + 4 ▶ <u>76450-1342</u>		
42b	b 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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.		
45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00			

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

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

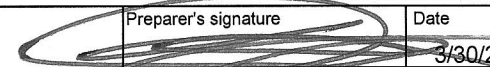
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

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

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

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

Sign Here
 Signature of officer _____ Date _____
 Type or print name and title. _____

Paid Preparer's Use Only
 Print/Type preparer's name: DON JONES
 Preparer's signature: 
 Date: 3/30/2011
 Check if self-employed:
 PTIN: _____
 Firm's name: DON JONES, CPA
 Firm's EIN: _____
 Firm's address: 444 OAK STREET, GRAHAM, TX 76450
 Phone no.: (940) 549-3863

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