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Form 990-EZ

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: HURON HOUSE INC. Number and street: 3525 24TH STREET. City or town: PORT HURON, MI 48060

D Employer identification number: 38-2265671. E Telephone number: (810) 984-8781. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [] Accrual [x] Other (specify)

I Website: N/A

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): 501(c)(4) [x], 4947(a)(1) [], 527 []

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 734,441

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

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events (6a-c) and inventory (7a-c).

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets (lines 22-27) comparing (A) Beginning of year and (B) End of year for assets and liabilities.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

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

What is the organization's primary exempt purpose?
HURON HOUSE, INC PROVIDES ALTERNATIVES TO INCARCERATION FOR FELONY OFFENDERS THE HURON HOUSE PROVIDES EVALUATION AND REFERRAL TO MENTAL HEALTH AND SUBSTANCE TREATMENT AGENCIES FOR OFFENDERS IN NEED FOR SUCH SERVICES THROUGH A STATE OF MICHIGAN CONTRACT WITH THE OFFICE OF COMMUNITY CORRECTIONS

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, or other relevant information for each program title

28 HURON HOUSE, INC PROVIDES ALTERNATIVES TO INCARCERATION FOR FELONY OFFENDERS THE PRIMARY ACTIVITY IS THE OPERATION OF A SUPERVISED RESIDENTIAL PROGRAM THAT PROVIDES A STRUCTURED SETTING IN WHICH PARTICIPANTS CAN MEET THEIR OBLIGATIONS TO THE COURT, OVERCOME OBSTACLES TO SUCCESSFUL PARTICIPATION IN THE COMMUNITY AND ATTAIN SKILLS THAT WILL LEAD TO LONG-TERM EMPLOYMENT HURON HOUSE, INC PROVIDES EVALUATION AND REFERRAL TO MENTAL HEALTH AND SUBSTANCE TREATMENT AGENCIES FOR OFFENDERS IN NEED FOR SUCH SERVICES

(Grants \$) If this amount includes foreign grants, check here **28a** 632,465

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (attach schedule) **31a**

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 632,465

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
See Additional Data Table				

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35 <i>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, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____			
b Did the organization file Form 1120-POL for this year?	37b		No
38a 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 unpaid at the start of the period covered by this return?	38a	Yes	
b If "Yes," complete Schedule L, Part II and enter the total amount involved <input checked="" type="checkbox"/>	38b		83,389
39 <i>501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i> <input checked="" type="checkbox"/>	40b		No
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> MI _____			
42a The books are in care of <input type="checkbox"/> CHRISTY PAULUS _____ Telephone no <input type="checkbox"/> (810) 984-8210 3525 24TH STREET Located at <input type="checkbox"/> PORT HURON, MI _____ ZIP + 4 <input type="checkbox"/> 48060			
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	43		
44 Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44		No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

Please Sign Here

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.

Signature of officer: ***** Date: 2010-08-12

Type or print name and title: MS CHRISTY PAULUS DIRECTOR

Paid Preparer's Use Only

Preparer's signature: CHRISTINE I LATOUR CPA MST Date: 2011-01-21 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: STEWART BEAUVAIS & WHIPPLE PC, 1979 HOLLAND AVE, PORT HURON, MI 480601519

Preparer's PTIN (See Gen Inst X): EIN: Phone no: (810) 984-3829

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Department of the Treasury Internal Revenue Service

Name of the organization HURON HOUSE INC

Employer identification number 38-2265671

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

TY 2008 Compensation Explanation

Name: HURON HOUSE INC

EIN: 38-2265671

Person Name	Explanation
CYNTHIA LANE	
SHARON LINEHAN	
ROBERT EPPLEY	
KEN LORD	
JIM NEVISON	
MATT EARLY	

Person Name	Explanation
TIM DONNELLON	
DONALD PORRETT	
DAVID SCHWARTZ	
CHARLES MCCORCLE	
MIKE HIGGINS	
CHRISTY PAULUS	

TY 2008 Other Assets Schedule

Name: HURON HOUSE INC

EIN: 38-2265671

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	45,366	25,903
PREPAID EXPENSES AND DEFERRED CHARGES	1,202	2,568
	46,568	28,471

TY 2008 Other Expenses Schedule

Name: HURON HOUSE INC

EIN: 38-2265671

Description	Amount
EXPENSES	
TRAVEL	29
SEMINARS AND DUES	229
INTERST AND FEES	24,110
INSURANCE	20,480
RESIDENTIAL CONSUMABLES	35,991
RESIDENTIAL SUPPORT SERVI	38,490
RESIDENTIAL-GENERAL EXPEN	987
MISCELLANEOUS	2,441

TY 2008 Other Liabilities Schedule

Name: HURON HOUSE INC

EIN: 38-2265671

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	258,234	168,685
DEFERRED REVENUE	49,733	43,937
ACCRUED VACATION AND SICK	76,659	24,498
LOANS FROM OFFICERS	45,889	83,389
MORTGAGE AND OTHER NOTES PAYABLE	284,455	264,774
	714,970	585,283













TY 2008 Other Revenues Schedule**Name:** HURON HOUSE INC**EIN:** 38-2265671

Description	Amount
COMMISSIONS ON TELEPHONE AND	626
MISCELLANEOUS	94

Additional Data

Software ID:
Software Version:
EIN: 38-2265671
Name: HURON HOUSE INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
CYNTHIA LANE  3525 24TH STREET PORT HURON, MI 48060	PRESIDENT 1	0		
SHARON LINEHAN  3525 24TH STREET PORT HURON, MI 48060	VICE PRES 1	0		
ROBERT EPPLEY  3525 24TH STREET PORT HURON, MI 48060	DIRECTOR 1	0		
KEN LORD  3525 24TH STREET PORT HURON, MI 48060	SECRETARY 1	0		
JIM NEVISON  3525 24TH STREET PORT HURON, MI 48060	DIRECTOR 1	0		
MATT EARLY  3525 24TH STREET PORT HURON, MI 48060	TREASURER 1	0		
TIM DONNELLON  3525 24TH STREET PORT HURON, MI 48060	DIRECTOR 1	0		
DONALD PORRETT  3525 24TH STREET PORT HURON, MI 48060	DIRECTOR 1	0		
DAVID SCHWARTZ  3525 24TH STREET PORT HURON, MI 48060	DIRECTOR 1	0		
CHARLES MCCORCLE  3525 24TH STREET PORT HURON, MI 48060	DIRECTOR 1	0		
MIKE HIGGINS  3525 24TH STREET PORT HURON, MI 48060	EXEC DIR -EX 40	26,808		
CHRISTY PAULUS  3525 24TH STREET PORT HURON, MI 48060	EXEC DIR 40	29,558		