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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)

OMB No 1545-0047

2009

Dapartment of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendary year, or tax year period beginning	Δ F	or the 1	2009 calend	dar vea	r ortax vea	ar nerioc	1 beginn		<u>''</u>			2	י פחחי	21	nd ending	•		<u></u>	20	
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Part Summary				21 30 ((<u>., (0 , 1 </u>	(miserino)	<u>, , , , , , , , , , , , , , , , , , , </u>	7377(2	χ·/ Οι			1 32,		┨		-	•			
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1 Briefly describe the organization's mission or most significant activities PLAINFIELD AREA HUMANE SOCIETY WAS ORGANIZED TO PREVENT CRUETTY TO ANIMALS.			 		stion] I	rust	Associa	tion		Other -			L Ye	ear	r of formation		I IVI S	tate of legal do	nicile IV	<u> </u>
PLAINFIELD AREA HUMANE SOCIETY WAS ORGANIZED TO PREVENT CRUELTY TO ANIMALS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	Pa																			
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Total gross unrelated business revenue from Part VIII, column (C), line 12	ŧ	1																·		
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	ĕ																	` 		
8 Contributions and grants (Part VIII, line 1h)		1																		
8 Contributions and grants (Part VIII, line 1h) 209576 255509 9 Program service revenue (Part VIII, line 2g) 104319 107042 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1983 200 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Reich Sevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 13 Grants and stimilar anothis paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for Gembers (Part IX, column (A), line 4). 15 Mediantes, other Dedomice results, engage tees (Part IX, column (A), line 4). 16 Professional fundral specifies (Part IX, column (A), line 11e). 17 Other experiess (Part IX, column (A), line 11e). 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 17 Other experiess (Part IX, column (A), line 11e-11d, 11f-24f). 19 Revenue less expenses Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances Subtract line 21 from line 20. 31 Signature Block 10 Date 11 Signature Block 10 Proparer's Signature Signature Signature of officer Preparer (other than officer) is based on all information of which preparer has any knowledge and belief it is fund, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief it is fund, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature of officer 24 DAVID		-	ivet unitela	ilea ous	IIICSS IAXAD	ie incom	e iioiii i	OIIII 3	150-1	, 1116 3	+		• • •	•				* -		
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DAVID J. LESTEY President Type or print name and title Paid Preparer's Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions)	Sign			N	wy.	_/- _	<u>/ </u>	\cong	\sim									-/-/	101	<u>''</u>
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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22-1554536 PLAINFIELD AREA HUMANE SOCIETY Form 990 (2009) **Statement of Program Service Accomplishments** Part III 1 Briefly describe the organization's mission PLAINFIELD AREA HUMANE SOCIETY WAS ORGANIZED TO PREVENT CRUELTY TO ANIMALS 2 Did the organization undertake any significant program services during the year which were not listed on X No If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts any program X No If "Yes," describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported) (Expenses \$ including grants of \$) (Expenses \$ including grants of \$ 4b (Code including grants of \$) (Revenue \$ 4c (Code) (Expenses \$

) (Revenue \$

4d Other program services (Describe in Schedule O)

including grants of \$

(Expenses \$

F	orm	990 (2009)		P	age 3
	Pá	art IV Checklist of Required Schedules			
		r		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_		X
		Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		x
		candidates for public office? If "Yes," complete Schedule C, Part I	3		
•	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		Х
	_	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-		$\stackrel{\wedge}{\vdash}$
	5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
	6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
		Schedule D. Part I	6		X
	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		 -	
	•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	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	Х
	9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
		X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		complete Schedule D, Part IV	9		X
1	0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
		, ,	10		X
1	1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			1,,
		VII, VIII, IX, or X as applicable	11	<u> </u>	X
	•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	•		
	_	Schedule D, Part VI			
		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			
	•	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			
	_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ŀ	
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
		Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	•	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? If "Yes," complete Schedule D, Part X		}	
1	2	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	40	-	├ ु
_		Schedule D, Parts XI, XII, and XIII Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No	12	 	X
1	ZA	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
4	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
		Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
		business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
•	15	· · · · · · · · · · · · · · · · · · ·			
		or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
•	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, Part III	16	 	X
•	17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A),	4-		,
	4.0	line 11e? If "Yes," complete Schedule G, Part I	17	-	X
•	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	۳	1	+^-
	1 3		19		X
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	-	1	X
	_				

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Χ 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Χ Did the organization answer "Yes" to Part VII, Section A, questions 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 Χ 23 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 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Χ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Χ 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 Χ 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, to a person related to such an individual? Χ 27 28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a Χ 28c Χ 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 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets If "Yes," complete 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete 37 Χ

Form 990 (2009)

### Statements Regarding Other IRS Filings and Tax Compliance Tax Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmatlat of U.S. Information Returns Enter 4-0-1 find applicable 1a 0 1b 0 0	Form	n 990 (2009)		Р	age 5
to Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter-O- find applicable				Yes	No
be Enter the number of Forms W-25 included in line 1s Enter-0- if not applicable	1à	· · · · · · · · · · · · · · · · · · ·			
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) without several ventures? 2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.					
agaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 1 1 1 b If at least one is reported in 2a, did the organization file all required federal employment flax returns? 2b If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3b If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3c If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3c If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3c If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3c If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3c If Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule Co. 3c If Yes, it yes, enter the name of the foreign country. * * * * * * * * * * * * * * * * * * *	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
Enter the number of temployees reported on Form W-3. Transmittal of Wage and Tax Satements, field for the calendar year ending with or within the year covered by this return 2a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Statements, filed for the calendar year ending with or within the year covered by this return. 2			1c		X
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Note: If the sum of knes 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 30 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 bit *Yes*, has if filed a Form 990-T for this year* If *No.* provide an explanation in Schedule 0. 32 bit *Yes*, has if filed a Form 990-T for this year* If *No.* provide an explanation in Schedule 0. 33 bit All any time during the calendary year, did he 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 accounts. 34 bit *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. 35 Was the organization have in that it was or is a party to a prohibited tax shelter transaction? 36 bit any taxable party rolly the organization that it was or is a party to a prohibited tax shelter transaction? 36 bit any taxable party rolly the organization that it was or is a party to a prohibited tax shelter transaction? 37 bit *Yes*, to question Sa or Sb did the organization file Form 8886-T, beclosure by Tax-Exempt filth Regarding Prohibited Tax Shelter Transaction? 38 constitutions that were not tax deductible? 39 bit *Yes*, to question Sa or Sb did the organization file Form 8886-T, beclosure by Tax-Exempt filth Regarding Prohibited Tax Shelter Transaction? 39 constitutions that were not tax deductible? 40 bit the organization is that were not tax deductible? 41 bit *Yes*, that the organization is not were tax deductible contributions under section 170(c). 42 bit the organization is that were not tax deductible contributions under section 170(c). 43 bit *Yes*, indicated the number of Forms 8282 filed during the year. 44 bit *Yes*, indicated the number of Forms 8282 filed during the year. 45 bit *Yes*, indicated the number of Forms 8		Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
this terstum? 3a	b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b	X	
this return?. b If "Yes," has filled a Form 990-T for this year? If "No." provide an explanation in Schedule O. 3 At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountly? See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to question 5 at 05 b, did the organization fille Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive adeductible contributions under section 170(c) 8 Did the organization receive a payment in excess of 35 mate party as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization only the donor of the value of the goods or services provided? 8 If "Yes," indicate the number of Forms 8282 filed during the year. 9 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 10 Did the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract? 10 Did the organization make any taxable distributions under section 4966? 11 Section 501(c)(7) organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 12 Did the organization make any taxable distrib		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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b If "Yes," idd the organization notify the donor of the value of the goods or services provided?			7a		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		=			<u> </u>
required to file Form 8282?			<u> </u>	\vdash	
d If "Yes," indicate the number of Forms 8282 filed during the year	·		7c		!
benefit contract?	d		-	<u> </u>	
benefit contract?	e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7e		İ
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	f		7f		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	q		7g		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?	-				
Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		required?	7h		
have excess business holdings at any time during the year?	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
Sponsoring organizations maintaining donor advised funds a Did the organization make any taxable distributions under section 4966?					
a Did the organization make any taxable distributions under section 4966?		have excess business holdings at any time during the year?	8	ļ	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9		l		
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	а			<u> </u>	
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10				
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	а		1		
a Gross income from members or shareholders	b		1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11				
amounts due or received from them)	а		1	1	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	þ				
			1.		
			12a	-	

Form	990 (2009)		F	age 6
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a "	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins			
Sec	tion A. Governing Body and Management			
			Yes	No
		1 1		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7 !		
	any other officer, director, trustee, or key employee?	. 2		X
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?	. 3	Χ	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	. 4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6	Χ	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?		X	<u> </u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	L
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at		ĺ	١.,
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		ı	_
		40-	Yes	X
10a	· · · · · · · · · · · · · · · · · · ·	. 10a	-	<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	106	ļ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	-	
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	. 11	X	
42-		. 12a		X
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
b	rise to conflicts?	. 12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
·	describe in Schedule O how this is done	. 12c		
13	Does the organization have a written whistleblower policy?	-		Х
14	Does the organization have a written document retention and destruction policy?			X
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			
а	The organization's CEO, Executive Director, or top management official?	. 15a	X	Ì
b	Other officers or key employees of the organization?		X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			İ
	with a taxable entity during the year?	. 16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	. 16b	<u> </u>	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NJ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

Form	990	(2	009)
Pa	rt V	/[[

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 Use Schedule J-2 if additional space is needed
- 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. 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, or 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 the organization of	Check this box if the organization did not compensate any officer, director, or trustee												
(A)	(B)			(C)			(D)	(E)	(F)			
Name and Title	Average	Posit	tion (chec	k all	that ap	ply)	Reportable	Reportable	Estimated			
/ / ^	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
<i>N</i>													
	j												
					_								
				<u> </u> 									
	1												
		į L											
		_											

Form 990 (2009)

Part VII	Section A.	Officers,	Directors,	Trust	tees	, Ke	y Er	nploy	ees	, and Highest Compens	sated Employees (contr	nued)		
	(A)		(B)				C)			(D)	(E)	_		
	Name and Title		Average hours per week	or director	_	Officer	all Key employee	Highest compensation employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com	stimated mount of other ipensation from the ganization	
0	= A/1A			(O	ee			sated				1	nd related janization	
5	EE ATTA	CHED				-	 		┢			 		
						_								
								!						
							ŀ							
														
										-				
	-							-						
												†		
1b Total			!	J	<u> </u>	<u>!</u>		<u>. </u>	<u> </u>					
									ove)	who received more than	\$100,000 in reportable	compensa	ation fro	om th
organiza	ation 🕨													_
3 Did the	organization list a	anv former	officer du	rector	or tr	uste	e ke	ev em	nlove	ee, or highest compensa	ated		Yes	No
	-											3		Х
										and other compensation				
_		-								" complete Schedule J f		4		X
										unrelated organization f		· · · *		^
•	•									uch person		5		Х
Section B. I	ndependent Co	ntractors												
	te this table for y isation from the o			ensati	ed ır	ndep	end	ent co	ontra	ictors that received more	than \$100,000 of			
			A)								(B)		(C)	
· N	14	Name and bus	iness address	-		-				Des	cription of services	Com	pensalio	n
•		 												
2 Total nu	ımber of ındepen	ndent contra	actors (inc	luding	but	not	lımıte	ed to f	hose	e listed above) who rece	ived more			-
than \$1	00,000 incompe											<u>-</u>		
ONIA @ 200	O TAYEL AVED											Form	990 (2	2009)

	rt V	II Statement of Revenue		-		
,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$	0			1 de-del 1
\blacksquare	h	Total Add lines 1a-1f	255509			
Program Service Revenue	b c d	CONTRACT FEES Business Code	107042	107042		
rogra	e f	All other program service revenue				
a .		Total Add lines 2a–2f ▶	107042			
	3	Investment income (including dividends, interest and other similar amounts)	200	200		
	5	Royalties				
	b c	Gross Rents				
	7a	Net rental income or (loss)				
	С	Less cost or other basis and sales expenses				
Other Revenue		Gross income from fundraising events (not including \$ 24523 of contributions reported on line 1c) See Part IV, line 18				
퉏		Less direct expenses				
	b	Gross income from gaming activities See Part IV, line 19				
	10a	Net income or (loss) from gaming activities				
		Net income or (loss) from sales of inventory				
	11a					<u> </u>
	t					
	٥	A All other courses	!			
	1 -	I All other revenue				
	1 -	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,		†		
	-	9c, 10c, and 11e	362751	107242	2	

Form 990 (2009)

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	olumn (A) but are not	required to complete	columns (B), (C), and	
	not include amounts reported on lines 6b,	(A)	(B) Program Service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,			Ì	
	trustees, and key employees				<u>.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			0.0.4.6	
	Other salaries and wages	204453	184008	20445	
8	Pension plan contributions (include section 401(k)			}	
	and section 403(b) employer contributions)		4 2 2 2 2		
	Other employee benefits	13600	12230	1370	
10	Payroll taxes	19320	17388	1932	
11	Fees for services (non-employees)				
	Management				
þ	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
-	Other				
	Advertising and promotion	0.5.5.7	7700	0.5.5	
	Office expenses	8557	7702	855	
	Information technology				
	Royalties	40.00	4.05.00		
	Occupancy	18402	16562	1840	_
	Travel	1252	1127	125	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates	3353		2250	
	Depreciation, depletion, and amortization	3359	10463	3359	
	Insurance	21626	19463	2163	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	14094	12684	1410	
	LEGAL AND PROFESSIONAL FEES	38987	38987	1410	
	ANIMAL WELFARE AND VET SERVICES	1996	30301	1996	
	BANK CHARGES	55123	49610	5513	
	REPAIRS AND MAINTENACE	22123	4 9 0 1 0		
6	All other expenses	4566	4105	461	
	Total functional expenses. Add lines 1 through 24f	405335	363866	41469	
_	Joint Costs. Check here ► If following SOP 98-2	40000	303000	11107	<u>.</u>
20	Complete this line only if the organization reported			1	
	in column (B) joint costs from a combined]			
	educational campaign and fundraising solicitation				
QN	A © 2009 TAXSLAYER	<u> </u>			Form 990 (2009)

Part		(2009) Balance Sheet			
		Balance once:	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	32382	1	18206
- 1 :	2	Savings and temporary cash investments	<u> </u>	2	
		Pledges and grants receivable, net		3	
		Accounts receivable, net	14946	4	20975
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L.		5	
		Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
_ν		Notes and loans receivable, net		7	
8		Inventories for sale or use		8	
		Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis 10a 12714	· · · · · · · · · · · · · · · · · · ·	 	
'	va	Complete Part VI of Schedule D			
- [h	Less accumulated depreciation	16073	10c	12714
-		Investments—publicly traded securities	10013	11	12/13
i				12	
		Investments—other securities See Part IV, line 11		13	
J		· · · · · · · · · · · · · · · · · · ·		14	
1		Intangible assets	9700		550
		Other assets See Part IV, line 11	73101	15	52445
		Total assets. Add lines 1 through 15 (must equal line 34)	5975	17	18973
		Accounts payable and accrued expenses		+	109/3
		Grants payable		18	
l l		Deferred revenue		19	
- 1		Tax-exempt bond liabilities		20	
		Escrow or custodial account liability Complete Part IV of Schedule D		21	
흴	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
		Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
- 1		Other liabilities Complete Part X of Schedule D		25	9200
 -	26	Total liabilities. Add lines 17 through 25	5975	26	28173
1		Organizations that follow SFAS 117, check here $\blacktriangleright X$ and			
		complete lines 27 through 29, and lines 33 and 34.		1	
S S		Unrestricted net assets	67126	27	24272
lanc		Temporarily restricted net assets		28	
Ba	29	Permanently restricted net assets		29	
됩		Organizations that do not follow SFAS 117, check here			
ğ		and complete lines 30 through 34.		1 1	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ig	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
- }	33	Total net assets or fund balances	67126	33	24272
	34	Total liabilities and net assets/fund balances	73101	34	52445

PLAINFIELD AREA HUMANE SOCIETY

Fo	rm 990 (20	09)		Pag	je 12
P	art XI	Financial Statements and Reporting			
_				Yes	No
1	Accountin	ng method used to prepare the Form 990 Cash X Accrual Other			
2a	Were the	organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the	organization's financial statements audited by an independent accountant?	2b		Χ
С	If "Yes" to	lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audıt, rev	iew, or compilation of its financial statements and selection of an independent accountant?	2c		
d	If "Yes" to	line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued or	a consolidated basis, separate basis, or both	2d		
	sep	parate basis consolidated basis both consolidated and separate basis			
3а	As a resu	of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single	e Audit Act and OMB Circular A-133?	3a		X_
b	If "Yes," o	tid the organization undergo the required audit or audits?	3b		
Q	VA © 2009	TAXSLAYER	Fo	rm 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Employer identification number 22-1554536

F	PLA	INFIELD AREA H	UMANE SOC	IETY					_	_ 22	2-15	545	36_
Pa	rt I	Reason for Public	Charity Statu	s (All organizations	must co	mplete t	his part) See ıı	nstruc	ctions			
The	e org	anization is not a private four	ndation because it	t is (For lines 1 through 1	1, check o	only one b	ox)						
1		A church, convention of chur	rches, or associati	on of churches describe	d in sectio	n 170(b)(1)(A)(i).						
2		A school described in sectio	on 170(b)(1)(A)(ii).	. (Attach Schedule E)									
3		A hospital or a cooperative h	nospital service org	ganization described in s	ection 170	0(b)(1)(A)	(iii).						
4		A medical research organiza	ation operated in c	onjunction with a hospita	I described	d in sectio	on 170(b)	(1)(A)(iii)	. Enter	the ho	spital's	s name	,
		city, and state											
5		An organization operated for	r the benefit of a c	ollege or university owne	d or opera	ted by a g	jovernme	ntal unit d	lescrib	ed in s	ection		_
		170(b)(1)(A)(iv). (Complete I	Part II)										
6		A federal, state, or local gove	ernment or govern	nmental unit described in	section 1	70(b)(1)(A	\)(v)						
7	X	An organization that normally	y receives a subst	tantial part of its support t	rom a gov	ernmenta	l unit or fro	om the ge	eneral	public	describ	oed in	
		section 170(b)(1)(A)(vi). (Co			•			_					
8		A community trust described)(1)(A)(vi). (Complete Pa	rt II)								
9	_	An organization that normally	-			contributi	ons, mem	bership f	ees, ar	nd gro	SS		
		receipts from activities relate											
		support from gross investme											
		acquired by the organization	after June 30, 19	75 section 509(a)(2) (C	omplete F	Part III)	•						
10		An organization organized a		,			09(a)(4).						
11		An organization organized a		•				to carry o	out the				
		purposes of one or more put	blicly supported or	rganizations described in	section 50	09(a)(1) oi	r section 5	09(a)(2)	See s	ection)		
		509(a)(3). Check the box tha	at describes the ty	pe of supporting organization	ation and d	complete I	ines 11e t	hrough 1	1h				
		a 📋 Type I b 🔲 Type III c 📋 Type III-Functionally integrated 💢 d 📋 Type III-Other											
e		By checking this box, I certify	y that the organiza	ation is not controlled dire	ctly or indi	rectly by	one or mo	re disqua	lified				
		persons other than foundation	on managers and	other than one or more p	ublicly sup	ported or	ganızatıoı	ns descri	bed in	section	1		
		509(a)(1) or section 509(a)(2)											
f		If the organization received a	a written determina	ation from the IRS that it	is a Type I	, Type II o	r Type III	supportir	ng				
		organization, check this box											
ç	J	Since August 17, 2006, has	the organization a	accepted any gift or contr	ibution froi	m any of t	he						
		following persons?											
		(i) A person who directly or	r indirectly controls	s, either alone or together	with perse	ons descr	ıbed ın (ıı)			_		Yes	No
		and (iii) below, the gover	rning body of the s	supported organization?						. [11g(ı)		
		(ii) A family member of a pe	erson described in	(i) above?						. [11g(ii)		
		(iii) A 35% controlled entity of	of a person descri	bed in (i) or (ii) above?.						٠. [11g(III)		
<u>_</u>	1	Provide the following informa	ation about the su	pported organization(s)									
					1								
		(i) Name of Supported	(ii) EIN	(III) Type of organization		rganization	(v) Did yo	•		Is the	1 ' '	Amount o	of
		Organization	ĺ	(described on lines 1–9 above or IRC section	governing o	ited in your document?	the organ col (i) of yo			ization in Organized	1	support	
				(see instructions))			ļ		ın the	US?	_		
_					Yes	No	Yes	No	Yes	No			
						Ì							
						ļ	ļ	ļ			<u> </u>		
]	}				
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To	tal		1		1		1	1	!	1	1		

Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
(Complete only if you checked the box on line 5, 7, or 8 of Part I)								
Section A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
				ì	i			
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants")	192211	165755	160430	209576	255509	983481	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to or							
	expended on its behalf				i			
3	The value of services or facilities							
	furnished by a governmental unit to the			[
	organization without charge				1			
4	Total. Add lines 1 through 3	192211	165755	160430	209576	255509	983481	
	The portion of total contributions by							
	each person (other than a governmen-			Í				
	tal unit or publicly supported organi-							
	zation) 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						983481	
	tion B. Total Support					L	303101	
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 4	192211	165755	160430	209576		983481	
	Gross income from interest, dividends,	172211	103733	100430	203370	233303	303401	
O	payments received on securities loans,	İ						
	· · ·							
	rents, royalties and income from similar sources	1084	1460	1134	1983	200	5861	
^		1004	1400	1124	1903	200		
9	Net income from unrelated business							
	activities, whether or not the business							
40	is regularly carried on						· · · · · · · · · · · · · · · · · · ·	
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)						0000040	
	Total Support (Add lines 7 through 10)						989342	
12 Gross receipts from related activities, etc (see instructions)								
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3)								
organization, check this box and stop here								
Section C. Computation of Public Support Percentage								
14	Public support percentage for 2009 (line 6 column (f) divided by line 11 column (f))							
15	Public support percentage from 2008 Schedule A, Part II, line 14							
16a	a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
			-				_	
b	33 1/3% support test - 2008. If the organization							
	box and stop here The organization qualifies as a publicly supported organization							
17a	· · · · · · · · · · · · · · · · · · ·							
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain							
	in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □							
b	10% facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain							
	in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	Private foundation If the organization did not	check a box on l	ine 13, 16a, 16t	o, 17a, or 17b, ch	neck this box an	id see instruction	s ▶ 🔲	