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selection box in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

9

Public disclosure requirements that apply to tax-exempt organizations

In general, exempt organizations must make available for public inspection certain annual returns and applications for exemption, and must provide copies of such returns and applications to individuals who request them. Copies usually must be provided immediately in the case of in-person requests, and within 30 days in the case of written requests. The tax-exempt organization may charge a reasonable copying fee plus actual postage, if any. The IRS must also make this same information available to the general public.

An exempt organization must make available for public inspection its exemption application. An exemption application includes the Form 1023 (for organizations recognized as exempt under § 501(c)(3), Form 1024 (for organizations recognized as exempt under most other paragraphs of § 501(c), or the letter submitted under the paragraphs for which no form is prescribed, together with supporting documents and any letter or document issued by the IRS concerning the application.

In addition, an exempt organization must make available for public inspection and copying its annual return. Such returns include Form 990, Return of Organization Exempt From Income Tax, Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Form 990-PF, Return of Private Foundation, and the Form 1065, U.S. Partnership Return of Income.

An organization exempt under § 501(c)(3) must make available for public inspection and copying any Form 990-T, Exempt Organization Business Income Tax Return, filed after August 17, 2006. Returns must be available for a three-year period beginning with the due date of the return (including any extension of time for filing). For this purpose, the return includes any schedules, attachments, or supporting documents that relate to the imposition of tax on the unrelated business income of the charity.

With the exception of private foundations, an exempt organization is not required to disclose the name and address of any contributor to the organization. Attached to this letter is a copy of your Form 990 for the current year that you can use to meet the above public disclosure requirement. Schedule B has been omitted where applicable.

DALBY, WENDLAND & CO., P.C.

Updated July 01,2017

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Form	JJU

** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AI	For th	e 2016 calendar year, or tax year beginning an	d ending	_			
B	Check if applicab	e: C Name of organization		D Employer identified	cation number		
	Addre	ROICE-HURST HUMANE SOCIETY, INC.					
	 Name			84-6048416			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	PO BOX 4040)434-7337		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,499,315.		
	Amen			H(a) Is this a group re			
		F Name and address of principal officer: SONYA FOSTER		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(l) or 🛄 527		list. (see instructions)		
		te: WWW.RHHUMANESOCIETY.ORG		H(c) Group exemptio			
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1962	State of legal domicile: CO		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities:	CARE FC	R HOMELESS	ANIMALS AND		
Activities & Governance		REDUCE UNWANTED PET PREGNANCIES					
verr	2	Check this box b if the organization discontinued its operations or disp			10		
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			10		
80 80	4	Number of independent voting members of the governing body (Part VI, line 1b			33		
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			267		
ť	6	Total number of volunteers (estimate if necessary)		6			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 34					
				Prior Year 366,492.	Current Year 682,636.		
iue	8	Contributions and grants (Part VIII, line 1h)		79,403.	95,513.		
Revenue	9	Program service revenue (Part VIII, line 2g)		97.	93,513.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,436.	57,449.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		512,428.	835,696.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.030		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		272,727.	304,947.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), line 11e)	" <u> </u>	0.	0.		
oen		Total fundraising expenses (Part IX, column (A), line 11e)	563.	0.	••		
ň		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		250,731.	272,613.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		523,458.	577,560.		
	19	Revenue less expenses. Subtract line 18 from line 12		-11,030.	258,136.		
es				ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		896,569.	1,125,843.		
Ass Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		41,075.	12,213.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		855,494.	1,113,630.		
Pa	art II	Signature Block		,	_,0,000		
		alties of perjury, I declare that I have examined this return, including accompanying schedu	lles and statem	ents, and to the best of m	v 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				
	SONYA FOSTER, TREASURI	ER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	SABRINA J. HOYT, CPA			self-employed P00855363				
Preparer		& CO., P.C.		Firm's EIN 84-0795096				
Use Only	Firm's address 🕨 P O BOX 430							
	GRAND JUNCTION,	CO 81502		Phone no. (970) 243-1921				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-1	332001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)							

Form	ROICE-HURST HUMANE SOCIETY, INC. 84-6048416 Page 2	>
-	rt III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	-
	TO PROVIDE SHELTER AND CARE FOR HOMELESS DOGS AND CATS, ORGANIZE	
	ADOPTIONS, AND SPAY AND NEUTER ANIMALS.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	,
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes US No If "Yes," describe these changes on Schedule O.)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 503,798 · including grants of \$) (Revenue \$ 96,254 ·)
	ORGANIZE THE RELINQUISHMENT AND ADOPTION OF ANIMALS, PROVIDE SHELTER,	,
	MEDICAL CARE, BEHAVIORAL SUPPORT, AND SPAY/NEUTER ANIMALS PRIOR TO	_
	ADOPTION. APPROXIMATELY 1060 ANIMALS WERE TAKEN IN AND CARED FOR IN	
	2016. RHHS ALSO PROVIDES OUR ADOPTERS AND COMMUNITY PET OWNERS SUPPORT	
	AND EDUCATION VIA THE ANIMAL RESOURCE CENTER (ARC) TO HELP PROMOTE	
	BETTER BONDS BETWEEN PETS AND THEIR PEOPLE AND HELP PREVENT	
	RELINQUISHMENTS. THE ARC PROVDES BEHAVIOR AND PERSONALITY ASSESSMENTS	_
	OF OUR PETS, EDUCATIONAL CLASSES FOR ADOPTERS AND THE PUBLIC, PET TRAINING, POST-ADOPTION COUNCELING AND OTHER RESOURCES.	
	TRAINING, POST-ADOPTION COUNCELING AND OTHER RESOURCES.	
		-
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		'
		-
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		<i>'</i>
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 503,798.	
-		-

Form 990 (2016)

Part IV Checklist of Required Schedules

632003	11-11-16	

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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		Х
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie	<u></u>	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D.	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19	x	

ROICE-HURST HUMANE SOCIETY, INC.

Yes No

Form **990** (2016)

632004	11-11-16
632004	11-11-16

	<u>990 (2016)</u> ROICE-HURST HUMANE SOCIETY, INC. 84-6048	3416	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		X
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u></u>
C	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	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	I

Form **990** (2016)

m	990	(2016)

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	2a	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>					
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	xt?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	999 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еΟ		14b	1	1

Form	990	(2016)
FUIII	990	(2016)

	ROICE-	-HURST	HUMANE	SOCIETY,	INC.
nents	Regarding	Other IR	S Filings ar	nd Tax Compl	iance

Form 990	(2016)
Part V	Statem

	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
'' 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah		
10	for public inspection. Indicate how you made these available. Check all that apply.	avallar		
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	oiol	
19		u iiriari	Ciai	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	744 HORIZON CT STE 140C, GRAND JUNCTION, CO 81506			
	$\frac{744 \text{ HORIZON CI SIE 140C, GRAND JUNCTION, CO 81308}{11-11-16}$		990	(00)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

officer, director, trustee, or key employee?

of officers, directors, or trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?

Did the organization delegate control over management duties customarily performed by or under the direct supervision

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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

10

2

3

4

5

6

Х

1b

Х

Х

Х

Х

Х

Yes

Form 990 (2016	

Part VI

2

3

4

5

6

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

Check if Schedule O contains a response or note to any line in this Part VII

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar	ndaid I	recto	or/trus	itee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		vee	mpen		(W 2/1000 WIGO)		and related
	below	Individual trustee or director	In stitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			-
(1) SONYA FOSTER	2.00									
PRESIDENT		X		X				0.	0.	0.
(2) KELSEY SHARPE	2.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) LINDA DANNENBERGER	2.00									
TREASURER		X		Х				0.	0.	0.
(4) SUE GORMLEY	2.00									
SECRETARY		Х		X				0.	0.	0.
(5) JULIE BUTHERUS	2.00									
DIRECTOR		X						0.	0.	0.
(6) MARK DAVIS	2.00									
DIRECTOR		X						0.	0.	0.
(7) SUZY KEITH	2.00									
DIRECTOR		X						0.	0.	0.
(8) SHARON CURRIE-MILLS	2.00									
DIRECTOR		X						0.	0.	0.
(9) MARA FERRIS	2.00									
DIRECTOR		X						0.	0.	0.
(10) RYAN COOK	2.00									
DIRECTOR		X						0.	0.	0.
(11) ANNA STOUT	50.00									
EXECUTIVE DIRECTOR				Х				50,891.	0.	0.
		l								

	990 (2016) ROICE-HU							-		84-60)48	416	P	age 8
Par	•••••••••••••••••••••••••••••••••••••••		ploy	ees			ghe	st C		es (continued)				
	(A)	(B)			(C Pos	C) itior			(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	n		timate iount	
		week					or/trus		from	from related			other	01
		(list any	ector						the	organizations		com	pensa	tion
		hours for related	or dir	ee			sated		organization	(W-2/1099-MIS	(C)		om th	
		organizations	trustee	al trust		/ee	mpen		(W-2/1099-MISC)			•	anizat 1 relat	
		below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	1er					nizati	
		line)	Indiv	Insti	Officer	Keye	High emp	Former						
			1											
	Sub-total								50,891.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
-	Total (add lines 1b and 1c)		_						50,891.		0.			0.
2	Total number of individuals (including but r compensation from the organization	lot limited to th	iose	liste	ed al	bov	e) wi	no r	eceived more than \$100	0,000 of reportable	е			0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ustee	ə, ke	ey er	nplo	ovee	, or	highest compensated e	mployee on	Γ			
	line 1a? If "Yes," complete Schedule J for s	-			•	•	•					3		Х
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a	-				-			-					37
- S oot	rendered to the organization? If "Yes," con	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mponented in	done	onde	nt c	ont	racto	ore t	that received more than	\$100.000 of com	none	ation f	rom	
	the organization. Report compensation for	-									pense		UIII	
	(A)	<u>ine culondur j</u>							(B)	,		(C	;)	
	Name and business	address	N	ONE	Ξ				Description of s	ervices	С	omper		n
								_						
								_						
2	Total number of independent contractors (•	ot li	mite	d to		se li:)	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🗩					0							

Pa	rt VI							
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Grai	b	Membership dues	1b	1,030.				
S, C		Fundraising events		13,958.				
Gift lar	c	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	tions) 1e	15,000.				
rior S	f	All other contributions, gifts, gran	its, and					
ibu		similar amounts not included abo	ve 1f	652,648.				
ud O	g	Noncash contributions included in lines	s 1a-1f: \$					
a Č	h	Total. Add lines 1a-1f		🕨	682,636.			
				Business Code		05 510		
ice	2 a	ADOPTION/SPAY/N	NEUTER/V	900099	95,513.	95,513.		
erv ue	b							
m S /en	c							
grai Rev	c	·						
Program Service Revenue	e	•						
-	t	All other program service reve			95,513.			
		Total. Add lines 2a-2f			JJ, JIJ.			
	3	Investment income (including other similar amounts)			98.			98.
	4	Income from investment of ta			501			
	5	Royalties		-				
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	56,968.					
	b	Less: cost or other basis						
		and sales expenses	56,968.					
	c	Gain or (loss)	0.	•				
	c	Net gain or (loss)			0.			
Other Revenue	8 a	Gross income from fundraisin including \$13,9						
Sev		contributions reported on line						
erl		Part IV, line 18		45,214.				
Oth		Less: direct expenses		12,705.	20 500			20 500
-		Net income or (loss) from fund	•	····· •	32,509.			32,509.
	9 a	Gross income from gaming ad		C10 14E				
		Part IV, line 19		618,145. 593,946.				
		Less: direct expenses			24,199.			24,199.
		Net income or (loss) from gam	-	····· >	24,199.			24,199.
	10 a	Gross sales of inventory, less		741.				
	h	and allowances						
		Net income or (loss) from sale			741.	741.		
	<u> </u>	Miscellaneous Revenu		Business Code		7 = = •		
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			835,696.	96,254.	0.	56,806.

ROICE-HURST HUMANE SOCIETY, INC.

Form 990 (2016)

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ROICE-HURST HUMANE SOCIETY, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	50,891.	45,802.	5,089.	
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	229,107.	206,196.	22,911.	
8	Pension plan accruals and contributions (include	_ ,	, == = = =	, ·	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	433.	390.	43.	
10	Payroll taxes	24,516.	22,065.	2,451.	
11	Fees for services (non-employees):				
а	Management				
b		2,229.		2,229.	
с	Accounting	12,572.		12,572.	
	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	96,869.	92,877.	3,992.	
12	Advertising and promotion	5,777.	3,391.		2,386.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1 700	1 700		
17	Travel	1,708.	1,708.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	34.	31.	3.	
20 21	Interest Payments to affiliates	510	510	J•	
21 22	Depreciation, depletion, and amortization	12,906.	11,615.	1,291.	
22	Insurance	19,406.	19,406.	_,_,_	
23 24	Other expenses. Itemize expenses not covered	==,===			
- 1	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 0.)				
а	SUPPLIES	59,103.	53,620.	5,483.	
b	UTILITIES	27,268.	24,541.	2,727.	
с	PRINTING & COPYING	9,389.	8,480.		909.
d	REPAIRS AND MAINTENANCE	9,352.	8,417.	935.	
е	All other expenses	16,000.	5,259.	4,473.	6,268.
25	Total functional expenses. Add lines 1 through 24e	577,560.	503,798.	64,199.	9,563.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure 16 following SOP 98-2 (ASC 958-720)				
	0 11 11 10				Earm 990 (2016)

ROICE-HURST	HUMANE	SOCIETY,	INC.
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84-6048416 Page 11

	^	Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		162,996.	1	290,078.
	2	Savings and temporary cash investments		127,733.	2	242,831.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
-	5	Loans and other receivables from current and form	er officers, directors,			
		trustees, key employees, and highest compensate Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥ ;		Inventories for sale or use			8	
		Prepaid expenses and deferred charges			9	
1		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	0a 686,259.			
	b	Less: accumulated depreciation	Ob 93,325.	605,840.	10c	592,934
1	1	Investments - publicly traded securities			11	
1		Investments - other securities. See Part IV, line 11			12	
1		Investments - program-related. See Part IV, line 11			13	
1		Intangible assets			14	
1	5	Other assets. See Part IV, line 11			15	
1	6	Total assets. Add lines 1 through 15 (must equal li		896,569.	16	1,125,843
1	7	Accounts payable and accrued expenses		17,273.	17	13,994
1	8	Grants payable			18	
1	9	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete Par	t IV of Schedule D		21	
ຜູ 2	2	Loans and other payables to current and former of	ficers, directors, trustees,			
Ê		key employees, highest compensated employees,	and disqualified persons.			
		Complete Part II of Schedule L			22	
- 2	3	Secured mortgages and notes payable to unrelated	d third parties		23	
2	24	Unsecured notes and loans payable to unrelated the	nird parties		24	
2	25	Other liabilities (including federal income tax, payal	ples to related third			
		parties, and other liabilities not included on lines 17	7-24). Complete Part X of			
		Schedule D		23,802.	25	-1,781, 12,213,
2	26	Total liabilities. Add lines 17 through 25		41,075.	26	12,213.
		Organizations that follow SFAS 117 (ASC 958), o	check here \blacktriangleright X and			
es		complete lines 27 through 29, and lines 33 and 3		0.5.5 4.0.4		4 4 4 9 6 9 9
2 2	27	Unrestricted net assets		855,494.	27	1,113,630
	8	Temporarily restricted net assets			28	
2 2	9				29	
2		Organizations that do not follow SFAS 117 (ASC	958), check here 🕨 🛄			
ð		and complete lines 30 through 34.				
ມ 261 261	0	Capital stock or trust principal, or current funds \dots			30	
З¥ З	81	Paid-in or capital surplus, or land, building, or equip			31	
¥ I	2	Retained earnings, endowment, accumulated incom			32	1 110 000
- 3		Total net assets or fund balances		855,494.	33	1,113,630
3	84	Total liabilities and net assets/fund balances		896,569.	34	1,125,843. Form 990 (2016

Form **990** (2016)

Part X | Balance Sheet

Form	990	(2016)

	990 (2016) ROICE-HURST HUMANE SOCIETY, INC.	84-6	048416	Page
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			L
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,696</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,560
3	Revenue less expenses. Subtract line 2 from line 1	3		3,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	855	5,494
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
3	Prior period adjustments	8		
)	Other changes in net assets or fund balances (explain in Schedule O)	9		0
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,113	3,630
a	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🗆
1 2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer		2a	X
	separate basis, consolidated basis, or both:			X
b c	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,	2b	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
Ba	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit		

Form **990** (2016)

SC	HE	DU	LE	Α

(Form	990	or	990-	ΕZ

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. Attach to Form 990 or Form 990-EZ.

ZU ID	
Open to Public	

Employer identification number

OMB No. 1545-0047

<u>0046</u>

<u>Tot</u>al

►	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

		ROIC	E-HURST HU	MANE SOCIETY	, INC.		8	4-6048416
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete this part	.) See instruction	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only one b	ox.)		
1		A church, convention of ch	urches, or association	on of churches described	d in section 170	b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 990-EZ).)		
3		A hospital or a cooperative						
4		A medical research organiz					(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owned	d or operated by	a governmental	unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	mental unit described in s	section 170(b)(1)(A)(v).		
7	Χ	An organization that norma					the general	public described in
		section 170(b)(1)(A)(vi). (C			0		U	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org			A	oniunction with a	land-grant	college
-		or university or a non-land-g						
		university:		,-		,		,:
10		An organization that norma	Ilv receives: (1) more	e than 33 1/3% of its sur	port from contril	outions, member	ship fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Con					gameatori	
11		An organization organized a		sively to test for public sa	ifety. See sectio	n 509(a)(4).		
12	\square	An organization organized a	-				arry out the	e purposes of one or
		more publicly supported or						
		lines 12a through 12d that						
а		Type I. A supporting orga						/ aivina
		the supported organization						
		organization. You must c						sapporting
b		Type II. A supporting org	-		tion with its supr	orted organizati	on(s) by ha	avina
		control or management o	-			-		-
		organization(s). You mus					ugo ino oup	spondu
с		Type III functionally inte	-		in connection wi	th and functions	ally integrat	ed with
Ŭ		its supported organizatio		• •			iny integrat	
d		Type III non-functionally	.,		-		orted organi	ization(s)
u		that is not functionally int					•	
		requirement (see instruct			-	-		
е		Check this box if the orga						
C		functionally integrated, or					, n, rype m	
f	Ente	er the number of supported of			ing organization.			
י מ		vide the following information	•	ed organization(s)				• L
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization lis	ted (v) Amount o	f monetary	(vi) Amount of other
	-	organization		(described on lines 1-10	in your governing docum	ounnort (occi	nstructions)	support (see instructions)
				above (see instructions))				

Schedule A (Form 990 or 990 EZ) 2016 ROICE-HURST HUMANE SOCIETY, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(in

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 or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III.

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	332,206.	466,113.	409,180.	332,143.	668,678.	2,208,320.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	332,206.	466,113.	409,180.	332,143.	668,678.	2,208,320.	
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)						181,234.	
6	Public support. Subtract line 5 from line 4.						2,027,086.	
	ction B. Total Support						2,027,0001	
-	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4	332,206.	466,113.	409,180.	332,143.	668,678.	2,208,320.	
	Gross income from interest,		100,1100	10572000				
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	102.	75.	70.	97.	98.	442.	
9	Net income from unrelated business	1020		701	570	501	1120	
9				r				
	activities, whether or not the							
10	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						2,208,762.	
	Total support. Add lines 7 through 10	ata (asa inatu sati				10	512,243.	
12	,	•	,			12	512,245.	
13	First five years. If the Form 990 is for				-			
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage	<u></u>				
-				(f)		14	91.77 %	
	Public support percentage for 2016 (I					15	<u>91.77</u> % 92.30 %	
	Public support percentage from 2015							
108	33 1/3% support test - 2016. If the c	-						
l.	stop here. The organization qualifies							
D	33 1/3% support test - 2015. If the c	-						
4-	and stop here. The organization qual							
1/a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes	-						
	more, and if the organization meets th							
	organization meets the "facts-and-circ							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 ROICE-HURST HUMANE SOCIETY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Pl	Iblic Support						
Calendar year (or f	iscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants	, contributions, and						
membership	fees received. (Do not						
include any	"unusual grants.")						
2 Gross receip	ots from admissions,						
	e sold or services per-						
	cilities furnished in						
	that is related to the 's tax-exempt purpose						
•	ots from activities that						
	nrelated trade or bus-						
iness under							
	s levied for the organ-						
	efit and either paid to						
•	on its behalf						
	services or facilities						
	a governmental unit to						
	tion without charge						
6 Total. Add li	nes 1 through 5						
7a Amounts inc	luded on lines 1, 2, and						
3 received fi	om disqualified persons						
	ed on lines 2 and 3 received						
	disqualified persons that er of \$5,000 or 1% of the						
amount on line	3 for the year						
	and 7b						
	ort. (Subtract line 7c from line 6.)						
Section B. To	tal Support				•		
Calendar year (or f	iscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts fro	m line 6						
10a Gross incom	e from interest,						
	ayments received on						
	ans, rents, royalties from similar sources						
	iness taxable income						
	511 taxes) from businesses						
(June 30, 1975						
-	a and 10b						
	from unrelated business						
	included in line 10b,						
	ot the business is						
regularly car							
	e. Do not include gain the sale of capital						
assets (Expl	ain in Part VI.) · · · · · · · ·						
	. (Add lines 9, 10c, 11, and 12.)						
-	ars. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	anization,
							▶∟
	omputation of Public		-				
4E Dudalla access				olumn (f))		15	%
	ort percentage for 2016 (lin						
16 Public supp	ort percentage from 2015 S	Schedule A, Part	III, line 15			16	%
16 Public supp		Schedule A, Part	III, line 15				%
16 Public supp Section D. Co	ort percentage from 2015 S	Schedule A, Part tment Incom	III, line 15 e Percentage			16	%
16Public suppSection D. C17Investment18Investment	ort percentage from 2015 S Computation of Invest Income percentage for 201 Income percentage from 20	Schedule A, Part tment Incom 6 (line 10c, colur 015 Schedule A,	III, line 15 e Percentage mn (f) divided by lin Part III, line 17	ne 13, column (f))		17 18	%
16Public suppSection D. C17Investment18Investment	ort percentage from 2015 S omputation of Invest ncome percentage for 201	Schedule A, Part tment Incom 6 (line 10c, colur 015 Schedule A,	III, line 15 e Percentage mn (f) divided by lin Part III, line 17	ne 13, column (f))		17 18	%
 Public supp Section D. Co Investment Investment Investment 33 1/3% su 	ort percentage from 2015 S Computation of Invest Income percentage for 201 Income percentage from 20	Schedule A, Part tment Incom 6 (line 10c, colur 015 Schedule A, organization did r	III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than (17 18 33 1/3%, and lir	%
 Public supp Section D. C Investment Investment Investment a 33 1/3% su more than 3 	ort percentage from 2015 S omputation of Invest ncome percentage for 201 ncome percentage from 20 oport tests - 2016. If the o	Schedule A, Part tment Incom 6 (line 10c, colur 015 Schedule A, rganization did r d stop here. The	III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly	e 15 is more than 3 supported organiz	17 18 33 1/3%, and lir ation	% % ne 17 is not ►□
 Public supp Section D. Constraints Investment Inve	Dirt percentage from 2015 S Dimputation of Invest income percentage for 201 income percentage from 20 Diport tests - 2016. If the o 3 1/3%, check this box and	Schedule A, Part tment Incom 6 (line 10c, colur 015 Schedule A, organization did r d stop here. The organization did r	III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or	ne 13, column (f)) on line 14, and lind ifies as a publicly I line 14 or line 198	e 15 is more than 3 supported organiz a, and line 16 is m	17 18 33 1/3%, and lir ation ore than 33 1/39	% % ne 17 is not

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1		103	
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	01		
	9b		
	9c		
	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2016 ROICE-HURST HUMANE SOCIETY, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NU
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	- 1		
Sec	tion D. All Type III Supporting Organizations	•		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1				
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	1	
c	Activities Test. Answer (a) and (b) below.	ructions). Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	00		
h		2a		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL.		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A	(Form 990 or 990-EZ) 2016 ROICE	-HURST HUI	MANE SOCI	ETY, INC.
Part V	Type III Non-Functionally Int	egrated 509(a)(3) Supportir	ng Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 2 3 4		
3		
Δ		
-		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1 a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
integra	ted Type III supporting org	anization (see
	6 7 8 1a 1b 1c 1d 1d 2 3 4 5 6 7 8 8 7 8 8 1 2 3 4 5 6 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 8 8 7 8 8 8 8 8 7 8	6 7 8 (A) Prior Year 1a 1b 1c 1d 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 1 2 3 4 5

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 ROICE - HURST HUMANE SOCIETY, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 ROICE-HURST	HUMANE	SOCIETY,	INC.	84-6048416 _{Page}	e 8
Part VI	Supplemental Information. Provide the e Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6	explanations rec . 9a. 9b. 9c. 11	quired by Part II, li a. 11b. and 11c: F	ne 10; Part II, line Part IV, Section B,	17a or 17b; Part III, line 12; lines 1 and 2: Part IV. Section C.	
	line 1; Part IV, Section D, lines 2 and 3; Part IV, S Section D, lines 5, 6, and 8; and Part V, Section E (See instructions.)	ection E, lines 1 , lines 2, 5, and	l c, 2a, 2b, 3a, and I 6. Also complete	3b; Part V, line 1; this part for any a	Part V, Section B, line 1e; Part V, additional information.	

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

(Form 990, 990-EZ, or 990-PF)	
Department of the Treasury Internal Revenue Service	

Schedule **B**

Name of the organization

	ROICE-HURST HUMANE SOCIETY, INC.	84-6048416
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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 your 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 Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

📙 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Part I

84-6048416

ROICE-HURST HUMANE SOCIETY, INC.

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		\$ <u>85,217.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>39,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>54,176.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page **2**

84-6048416

ROICE-HURST HUMANE SOCIETY, INC.

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
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>15,751.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$15,173.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

84-6048416

ROICE-HURST HUMANE SOCIETY, INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	SECURITITES		
		\$54,176.	12/09/16
(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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

ROICE-	HURST HUMANE SOCIETY,	INC.			84-6048416			
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	tributions to organizations of columns (a) through (e) and us, charitable, etc., contributions of	i the followina line	entry. For organization	(10) that total more than \$1,000 for			
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.						
from Part I	(b) Purpose of gift	(c) Use of <u>c</u>	jift	(d) Desc 	ription of how gift is held			
-		(e) Transf	er of gift					
	Transferee's name, address, a	and ZIP + 4	R	elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
-			by of aift					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
	Transforce's name address	and 7 ID + 4	Б	olationabin of trav	actoror to transforce			
F	Transferee's name, address, a		N	elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
F		(e) Transf	er of gift					
	Transferee's name, address, a			elationship of trai	nsferor to transferee			
Γ								

SCHEDULE D	Supplemental Finance							
(Form 990)	Complete if the organization answer Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c							
Department of the Treasury Internal Revenue Service	Attach to Forr Information about Schedule D (Form 990) and its							
Name of the organization								

cial Statements

wered "Yes" on Form 990, c, 11d, 11e, 11f, 12a, or 12b. m 990. s instructions is at www.irs.gov/form990.



ROICE-HURST HUMANE SOCIETY, INC.

Employer identification number 84-6048416

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		r Accounts.Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Pa			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution 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		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year 🕨		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservatio	n easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
_	conservation easements.		.
Pa	rt III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A	·· ·	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
I HA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (theck all that apply): Public exhibition Check all that apply): Provide a description of hurse generations Presenciation for hurse generations is collections and explain how they further the organization's exempt purpose in Part XIII. 9 Provide a description of the organization collector? Yee No 9 Provide a description of the organization collector? Yee No 9 Provide a description of the organization collector? Yee No 9 Provide a description of the organization accelector? Yee No 9 Provide a description of the organization accelector? Yee No 9 The organization include an anount on form 990, Part X, line 21. Yee No 9 Provide and anount on organization accelector? Yee No 9 Provide and anount on organization and were the organization accelector? Yee No 10 Provide anount on organization anound on Form 990, Part X, line 21. Yee No			URST HUMAN							• Page 2
cleack at that apply: a b <td>Par</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Par									
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b Scholary research e Other										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or 7 Perit IV Exercise and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or distodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII C Amount c Beginning balance (a) Current year (b) Provide on Part XIII C Perit V Informed trustee, custodial account liability? Ves No b Drift yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII C Perit V Informed trustee, schemation has been provided on Part XIII C a Datine organization (a) Current year (b) Provide a organization (c) Four years back (e) Four years back <td>а</td> <td></td> <td>d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	а		d							
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tops rold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 10 10 c Beginning balance 10 11 10 11 10 11 a Is the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. la Beginning of year balance [a) Current year (b) Prior year (c) True years back (d) Three years back (e) Four years back in the provided means the provided means the provided means the provided means the provide means the provide means the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X is the provide means the provide means the provide means the provide means the provemeans the provemeans the provide means the provemeans the provide	_									
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c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
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by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings c Leasehold improvements d Equipment e Other e Other	20			ation that are k	old and a	dministered for	the organizativ	20		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 289,750. 289,750. b Buildings 337,688.51,847.285,841. c Leasehold improvements 4 d Equipment 58,821.41,478.17,343.	Ja		ession of the organize	alion that are i	ieiu aliu a	administered for	the organizatio	11	L.	Vac No
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 289,750. 289,750. b Buildings 337,688.51,847.285,841. c Leasehold improvements d Equipment e Other 58,821.41,478.17,343.		-								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 289,750. 289,750. b Buildings 337,688. 51,847. 285,841. c Leasehold improvements 58,821. 41,478. 17,343.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 289,750. 289,750. b Buildings 337,688. 51,847. 285,841. c Leasehold improvements 58,821. 41,478. 17,343.	h	If "Vas" on line 22(ii) are the related ergenize	ationa listad os requi	rad on Sabadu						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 289,750. 289,750. 289,750. b Buildings 337,688. 51,847. 285,841. c Leasehold improvements d Equipment 58,821. 41,478. 17,343.									30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land289,750.289,750.b Buildings337,688.51,847.285,841.c Leasehold improvements58,821.41,478.e Other58,821.41,478.17,343.	<u> </u>			wittent funds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land289,750.289,750.289,750.b Buildings337,688.51,847.285,841.c Leasehold improvementsd Equipmente Other58,821.41,478.17,343.) Part IV line [.]	11a See F	Form 990 Part X	line 10			
basis (investment) basis (other) depreciation 1a Land 289,750. 289,750. b Buildings 337,688. 51,847. 285,841. c Leasehold improvements d Equipment 58,821. 41,478. 17,343.				· · · · ·			-			
1a Land 289,750. 289,750. b Buildings 337,688. 51,847. 285,841. c Leasehold improvements 4 41,478. 17,343. e Other 58,821. 41,478. 17,343.		Description of property				.,			U DOUK	
b Buildings 337,688.51,847.285,841. c Leasehold improvements	10	Land				,		+	289	.750.
c Leasehold improvements							51,847	-		
d Equipment							,			, •
e Other								+		
					58.	821.	41.478		17	7,343.
				X. column (R)	-		, <u>_</u> .•			

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)	(b) Book value		
(1) Financial derivatives			, ,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11c, See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			-
Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 11e or 11f. See Form 990, Part X, I	line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) CUSTOMER DEPOSITS FOR SPAN	/NEUTER	3,900.	
(3) PROGRESSIVE PAYOUT		-2,585.	
(4) ACCRUED BINGO EXPENSES		-3,177.	
(5) PAYROLL LIABILITY		81.	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🕨	-1,781.	
2. Liability for uncertain tax positions. In Part XIII, provide		note to the organization's financial staten	nents that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). (Check here if the text of the footnote has	been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ROICE-HURST HUMANE SOCIETY, INC. Part VII Investments - Other Securities.

84-6048416 Page 3

Sche	dule D (Form 990) 2016 ROICE-HURST HUMANE SOCIETY,	INC.	84-6048416 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per I	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		· · ·
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1	
а	Donated services and use of facilities		4 1
b	Prior year adjustments	2b	4 1
С	Other losses		4 1
d	Other (Describe in Part XIII.)		-
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)		4.1
-	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Da	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.							or if the	OMB No. 1545-0047 2016 Open to Public Inspection		
Name of the organization							Employer ide	entification number		
		URST HUMANE SOCIE					84-6048			
required to c 1 Indicate whether the a A Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister	complete this part organization rais ons email solicitations ations citations n have a written c id in Form 990, P highest paid indiv	ed funds through any of the follov e Solicit f Solicit g Specie or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pur-	ving activ tation of r tation of g al fundra al (includ professi	vities. non-g gover ising o ling o onal f	Check all that apply overnment grants nment grants events fficers, directors, trus undraising services?	stees,	or Yes	5 🗌 No		
(i) Name and address or entity (fundr	of individual	(ii) Activity	(iii) fundra have cu or cont contribu	stody	(iv) Gross receipts from activity	tò (or fι	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
 Total										
3 List all states in which or licensing.	h the organizatio	n is registered or licensed to solici	it contrib	utions	s or has been notified	d it is e	exempt from r	egistration		

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	5 5		, ,	0 1	ts greater than \$5,000.		
			(b) Event #2	(c) Other events	(d) Total events		
		CONCERT -	CONCERT -				
		ROUNDUP	GRAND RIVER	1	(add col. (a) through		
		(event type)	(event type)	(total number)	col. (c))		
1	Gross receipts	45,722.	7,911.	5,539.	59,172.		
2	Less: Contributions	13,958.			13,958.		
3	Gross income (line 1 minus line 2)	31,764.	7,911.	5,539.	45,214.		
4	Cash prizes						
5	Noncash prizes						
6	Rent/facility costs						
7	Food and beverages	5,031.	1,696.		6,727.		
8	Entertainment						
9	Other direct expenses	2,754.	1,665.	1,559.	5,978.		
11	Net income summary. Subtract line 10 from li	ne 3, column (d)			32,509.		
	3 4 5 6 7 8 9 10 11	 Gross receipts	ROUNDUP (event type) 1 Gross receipts 45,722. 2 Less: Contributions 13,958. 3 Gross income (line 1 minus line 2) 31,764. 4 Cash prizes 31,764. 5 Noncash prizes 5 6 Rent/facility costs 5,031. 7 Food and beverages 5,031. 8 Entertainment 2,754. 10 Direct expense summary. Add lines 4 through 9 in column (d)	CONCERT - CONCERT - ROUNDUP GRAND RIVER (event type) (event type) 1 Gross receipts 45,722. 2 Less: Contributions 13,958. 3 Gross income (line 1 minus line 2) 31,764. 7 Food and beverages 5,031. 7 Food and beverages 5,031. 8 Entertainment 2,754. 9 Other direct expenses 2,754. 10 Direct expense summary. Add lines 4 through 9 in column (d)	CONCERT - ROUNDUP CONCERT - GRAND RIVER 1 (event type) (event type) (total number) 1 Gross receipts 45,722. 7,911. 5,539. 2 Less: Contributions 13,958. 3 3 5,539. 3 Gross income (line 1 minus line 2) 31,764. 7,911. 5,539. 4 Cash prizes 3 4 5,539. 5 Noncash prizes 5 5 5,031. 1,696. 6 Rent/facility costs 5,031. 1,696. 5,031. 1,696. 8 Entertainment 2,754. 1,665. 1,559. 9 Other direct expenses 2,754. 1,665. 1,559. 10 Direct expense summary. Add lines 4 through 9 in column (d) > >		

\$15,000 on Form 990-EZ, line 6a.

		\$15,000 011 F01111 990-EZ, IIIIe 0a.							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1	Gross revenue	270,639.	347,506.		618,145.			
SS	2	Cash prizes	251,000.	231,477.		482,477.			
Direct Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs	29,178.	29,177.		58,355.			
	5	Other direct expenses	37,107.			53,114.			
	6	Volunteer labor	X Yes94.12 %	X Yes <u>94.12</u> %	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	593,946.			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			24,199.			
9	Fn	ter the state(s) in which the organization condu	icts gaming activities: C	0					
а	a Is the organization licensed to conduct gaming activities in each of these states?								
b	b If "No," explain:								
10-	0a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								
		Yes," explain:	evokea, suspendea, or to	erminated during the tax		Yes X No			

Sch	iedule G (Form 990 or 990-EZ) 2016 ROICE-HURST HUMANE SOCIETY, INC. 84-6	048	416	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
	Indicate the percentage of gaming activity conducted in:		ı	
	• •	13a		% •00 %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	цоо	•00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name BETTY HENDRICKSON			
	Address Add			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
k	o 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 BETTY HENDRICKSON			
	Gaming manager compensation ► \$			
	Description of services provided OVERSEES BINGO OCCASIONS			
	X Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	x	Yes	🗌 No
k	• 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 > \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule (G (Form 990 or 990-EZ)	ROICE-HURST HUMANE SOCIE	ETY, INC.	84-6048416 Page 4
Part IV	G (Form 990 or 990-EZ)	ormation (continued)		

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fm	ZU1b Open to Public
Name of the organization ROICE-HURST HUMANE SOCIETY, INC.	Employer identification number $84-6048416$
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS DUES PAYING MEMBERS. ALL MEMBERS AR	E INDIVIDUALS.
MEMBERS VOTE AT THE ANNUAL MEETING ON OFFICERS AND VARIOU	S OTHER ITEMS.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS DISTRIBUTED VIA EMAIL TO BOARD MEMBERS FOR	OR REVIEW PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO COMPLETE A FORM ON AN ANNUA	L BASIS
DOCUMENTING ANY CONFLICTS OF INTEREST. THE EXECUTIVE COMM	ITTEE REVIEWS THE
FORMS FOR CONFLICTS OF INTEREST AND THE BOARD DISCUSSES A	T THE ANNUAL
DECLARATION.	<u> </u>
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FORM 9	90 AVAILABLE FOR
PUBLIC INSPECTION UPON REQUEST AND ON THEIR WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VETERNARIAN/CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	92,877.
MANAGEMENT AND GENERAL EXPENSES	3,992.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,869.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	96,869.

Form	4562	
	ment of the Treasury I Revenue Service	(99)

1 Maximum amount (see instructions)

Name(s) shown on return

4

6

Part II

the tax vear

16 Other depreciation (including ACRS)

Depreciation and Amortization

(Including Information on Listed Property) 990

OMB No. 1545-0172

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

h Attach to your tax return. Attachment Sequence No. 179 Business or activity to which this form relates Identifying number ROICE-HURST HUMANE SOCIETY, INC. FORM 990 PAGE 10 84-6048416 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,010,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 ▶ 13 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 8,271. 16

Part III | MACRS Depreciation (Don't include listed property.) (See instructions.)

(a) Description of property

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	4,635
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

	Control B / 100010	i lacea ili cel lle	e Barnig Le le lak lear	eening and denie	a Bobiooid	allon oyou	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
с	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
	Nonresidential real property	/			MM	S/L	
	Section C - Assets F	laced in Service	During 2016 Tax Year U	sing the Altern	ative Depred	iation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
с	40-year	/		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)						
21 L	isted property. Enter amount from line	28				21	
22 T	otal. Add amounts from line 12, lines	14 through 17, lin	nes 19 and 20 in column (g), and line 21.			
E	nter here and on the appropriate lines	of your return. P	artnerships and S corpora	tions - see instr.		22	12,906.

23 For assets shown above and placed in service during the current year, enter the

Forr	m 4562 (2016)		CE-HURS										6048		
Pa	Listed Propert		utomobiles, ce	ertain oth	her vehic	cles, ce	ertain airc	raft, ce	ertain com	puters,	and prop	perty us	ed for en	tertainm	ent,
	recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.														
			on and Other					nstruc	tions for li	mits for	passeng	ger auto	mobiles.)		
24a	Do you have evidence to s	support the bu	siness/investme	ent use cla	aimed?		Yes	No	24b If "Y	es," is t	he evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)		(g)		(h)		(i)
	(a) Type of property	Date placed in	Business/ investment		Cost or	10	asis for depr ousiness/inve		Recovery	Μ	ethod/	Depr	eciation		cted on 179
	(list vehicles first)	service	use percenta		her basis		use only		period	Con	vention	ded	uction		ost
25	Special depreciation allo	wance for a	ualified listed	property	/ placed	in serv	vice durin	a the t	ax vear ar	d					
	used more than 50% in a qualified business use														
	Property used more that											•			
			C	%											
		: :	C	%											
		: :	C	%											
27	Property used 50% or le	ess in a quali	fied business	use:											
		: :	ç	%						S/L -					
		: :	ç	%						S/L -					
		: :	ç	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	n line 2	1, page 1				. 28		_		
29	Add amounts in column	(i), line 26. E	inter here and	on line	7, page [·]	1		<u></u>					. 29		
			5	Section I	B - Infor	matio	n on Use	of Vel	nicles						
Con	nplete this section for ve	hicles used	by a sole prop	orietor, p	artner, c	or othe	r "more th	an 5%	owner," o	or relate	ed persor	n. If you	provided	l vehicles	S
to y	our employees, first ans	wer the ques	stions in Secti	on C to s	see if yo	u meet	t an excep	otion to	o completi	ng this	section f	or those	e vehicles	S.	
						-									
				(a)		(b)		(c)		(d)	((e)	(f)
	Total business/investment		•	Veł	nicle	V	'ehicle	ν 1	/ehicle	Ve	hicle	Ve	hicle	Veh	icle
	year (don't include commu	ting miles)													
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting) miles												
	driven														
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle available	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?						_								
	Was the vehicle used pi														
	than 5% owner or relate						_								
	Is another vehicle availa	•													
	use?									<u> </u>	<u> </u>				
			- Questions	-	-					-					
	wer these questions to a	determine if y	you meet an e	xceptior	n to com	pleting	g Section	B for v	rehicles us	ed by e	mployee	s who a	ren't mo	re than 5	5%
	ners or related persons.			- l- 11- 14			(. ! .								
	Do you maintain a writte													Yes	No
	employees?														
	Do you maintain a writte														
	employees? See the ins														
	Do you treat all use of ve														
	Do you provide more that the use of the vehicles,														
	Do you meet the require														
	Note: If your answer to :														
	art VI Amortization	57, 50, 59, 4	0,014115 16	5, UUII	Comple			ine c		IICIES.					
10				(b)		(c))		(d)		(e)			(f)	
	(a) Description of	costs	Date	amortization		Amortiz	able		Code section		Amortiza	tion	An	nortization r this year	
42	Amortization of costs th	at begins du	ring your 201	begins 6 tax vea	ar:		•				period or per	uennaye			
76															
				<u></u> 											
43	Amortization of costs th	at began het	fore your 2016	Stax ves	ur							43			
	Total. Add amounts in c											44			

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number		
Type or print	Name of exempt organization or other filer, see inst	Employe	Employer identification number (EIN) o					
-	ROICE-HURST HUMANE SOCIET	Y, INC	•		48416			
File by the due date for filing your return. See				Social se	Social security number (SSN)			
instructions								
Enter the	Return Code for the return that this application is for	(file a separa	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990)-BL	02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990)-T (trust other than above) JANICE MOORE	06	Form 8870					
● If this box ▶ 1 I re	organization does not have an office or place of busine is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the	it Group Exe and atta NOVE	emption Number (GEN) I uch a list with the names and EINs or MBER 15, 2017 , to file	f this is fo all memb	r the whole g ers the exte	nsion is for.		
Þ	X calendar year 2016 or							
	tax year beginning		d ending		_ ·			
2 If ti	he tax year entered in line 1 is for less than 12 months Change in accounting period	, check reas	on: L Initial return	Final retur	'n			
3a lft	nis application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any					
noi	nrefundable credits. See instructions.			3a	\$	0.		
b If t	nis application is for Forms 990-PF, 990-T, 4720, or 60	69, enter an	y refundable credits and					
est	imated tax payments made. Include any prior year over	erpayment a	llowed as a credit.	3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required,			•		
by	using EFTPS (Electronic Federal Tax Payment System	ı). See instru	ctions.	3c	\$	0.		
Caution: instructio	If you are going to make an electronic funds withdraw ns.	/al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	'9-EO for payment		
LHA F	or Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	8868 (Rev. 1-2017)		

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045