specificati	Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency ons. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" box in the Adobe "Print" dialog.
	PUBLIC DISCLOSURE COPY

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

** 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)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
<u> </u>
Open to Public
Inspection

А	ror un	e 2017 calendar year, or tax year beginning and	enaing					
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre							
	Name chang	Doing business as		84-6	048416			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (970)434-7337				
L	Final return termir							
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	869,306.			
Ļ	Amen			H(a) Is this a group re				
	Application			for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list. (see instructions)			
J	Websi	e: ► WWW.RHHUMANESOCIETY.ORG		H(c) Group exemption	n number 🕨			
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1962 N	1 State of legal domicile: CO			
	art I	Summary			Ŭ			
_	1	Briefly describe the organization's mission or most significant activities: PROM	OTING	BONDS BETWE	EN PETS AND			
Activities & Governance		THEIR PEOPLE.						
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as				
Š	3	Number of voting members of the governing body (Part VI, line 1a)	<u> </u>	3	9			
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
es S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	25			
ŧ		Total number of volunteers (estimate if necessary)			100			
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	14,765.			
⋖	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ø.	8	Contributions and grants (Part VIII, line 1h)		682,636.	572,368.			
ž	9	Program service revenue (Part VIII, line 2g)		95,513.	77,532.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		98.	1,681.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,449.	46,634.			
	1			835,696.	698,215.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.000	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		304,947.	353,388.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	70	0.	0.			
Ä	_b			272 612	225 267			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,613.	235,367.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		577,560.	588,755.			
	19	Revenue less expenses. Subtract line 18 from line 12		258,136.	109,460.			
SOU			Ве	eginning of Current Year	End of Year			
Net Assets or Find Balances	20	Total assets (Part X, line 16)		1,125,843.	1,249,091.			
A P	21	Total liabilities (Part X, line 26)		12,213.	21,890.			
		Net assets or fund balances. Subtract line 21 from line 20		1,113,630.	1,227,201.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	has any knowledge.				
Sig	ın	Signature of officer		Date				
Не	re	ANNA STOUT, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	MICHAEL D. BROOKS, CPA		self-employe				
Pre	parer	Firm's name DALBY, WENDLAND & CO., P.C.		Firm's EIN ▶	84-0795096			
Use	Only	Firm's address P O BOX 430						
		GRAND JUNCTION, CO 81502		Phone no. (9	70) 243-1921			
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
700		2. 47. LUA For Paperwork Poduction Act Nation and the congrete instruction			Earm 990 (2017)			

Pai	Statement of Program Service Accomplishments	\neg
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	
	PROVIDES SHELTER AND CARE TO HOMELESS DOGS AND CATS, AS WELL AS PET	
	ADOPTION SERVICES, PET RESOURCES FOR ADOPTERS AND THE PUBLIC, AND	
	EDUCATION ABOUT RESPONSIBLE PET OWNERSHIP.	_
		—
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
_	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? Yes X N	
3		0
_	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. (Code:) (Expenses \$ 508,227 • including grants of \$) (Revenue \$ 78,615 •	_
4a	(Code:) (Expenses \$ 508,227. including grants of \$) (Revenue \$ 78,615. RECEIVE DOGS AND CATS THROUGH OWNER SURRENDERS AND TRANSFERS FROM OTHER	
	AGENCIES, PROVIDE SHELTER AND CARE, MEDICAL ATTENTION, BEHAVIORAL	_
	SUPPORT, AND SPAY/NEUTER SERVICES TO ANIMALS PRIOR TO ADOPTION.	—
	APPROXIMATELY 720 ANIMALS WERE TAKEN IN AND CARED FOR IN 2017. RHHS	—
	ALSO PROVIDES OUR ADOPTERS AND COMMUNITY PET OWNERS SUPPORT AND	—
	EDUCATION VIA THE ANIMAL RESOURCE CENTER (ARC) TO HELP PROMOTE STRONGER	, –
	BONDS BETWEEN PETS AND THEIR PEOPLE AND TO PREVENT SURRENDERS TO	<u>-</u>
	SHELTERS. THE ARC PROVIDES BEHAVIOR COUNSELING AND EDUCATIONAL CLASSES	—
	FOR ADOPTERS AND THE PUBLIC, POST-ADOPTION COUNSELING AND OTHER	—
	RESOURCES. RHHS ALSO OFFERS FREE AND LOW-COST SERVICES FOR PET OWNERS,	—
	SUCH AS A MONTHLY VACCINE CLINIC AND LOW-COST PET FOOD.	—
	DOG! IID II IIOI(IIIII (IIIOOII) CEII(II IIII) EON OODI III IOODV	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
) (Libration of the control of the c	- ′
		_
		_
		_
		_
4c	(Code:) (Expenses \$	_)
		—
		—
		—
		_
		—
		—
		_
		—
		_
4d	Other program services (Describe in Schedule O.)	—
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 508,227.	_
	Form 990 (20	17)

Form 990 (2017) ROICE-HURST HUMANE SOCIETY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		21
b	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		, v	
	complete Schedule G, Part III	19	Х	

Form 990 (2017) ROICE-HURST HUMANE Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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			7.7
	Schedule K. If "No", go to line 25a	24a		X
	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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	OEL		x
26		25b		25
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,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			l
	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		X
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?	_		_v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> ^</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	Joo	22	

Form 990 (2017) ROICE-HURST HUMANE SOCIETY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this Fart v				Щ							
	1			Yes	No							
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2										
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report			х								
0-	(gambling) winnings to prize winners?	I	1c	Λ								
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	25										
D	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
			3a 3b		X							
	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority over a	30									
- 10	financial account in a foreign country (such as a bank account, securities account, or other financial account	•	4a		Х							
b	If "Yes," enter the name of the foreign country:	arity:	ти									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	nts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х							
	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 the organization											
	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 contributions											
	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 services	provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	quired										
	to file Form 8282?		7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х							
g			7g									
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t											
_			8									
9	Sponsoring organizations maintaining donor advised funds.		0-									
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b									
b 10	Section 501(c)(7) organizations. Enter:		90									
	Initiation fees and capital contributions included on Part VIII, line 12											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:	1										
	Gross income from members or shareholders 11a											
	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 104		12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?		13a									
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
	Enter the amount of reserves on hand											
			14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b									

Part VI 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.

	to into 64, 65, 67, 65 Solom, december the order to the control of			37
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
000	tion B. I oncies (mis section B requests information about policies not required by the internal nevertue code.)		Yes	No
100	Did the exceptration have lead chapters branches or efficience	10a	162	X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		₩.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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	37
13	Did the organization have a written whistleblower policy?	13	37	Х
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	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).			
16a	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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:			
	JANICE MOORE - 970-549-4200			
	743 HORIZON CT, STE 204, GRAND JUNCTION, CO 81506			

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.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average		Position (do not check mo			than		Reportable	Reportable	Estimated
	hours per week	offi	, unle cer ar	ss pe	rson irecto	s bot r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former			organizations
(1) SUE GORMLEY	2.00								_	_
CO-CHAIR		Х		X		7		0.	0.	0
(2) LINDA DANNENBERGER	2.00	ļ								
CO-CHAIR	2.00	Х		Х				0.	0.	0
(3) MARA FERRIS	2.00	Į ,,		37					0	0
VICE PRESIDENT	2.00	Х		X				0.	0.	0
(4) SONYA FOSTER TREASURER	2.00	X		Х				0.	0.	0
(5) SUZY KEITH	2.00	122		47				0.	0.	0
SECRETARY	2.00	x		x				0.	0.	0
(6) KELSEY SHARPE	2.00	F								
DIRECTOR		x						0.	0.	0
(7) SHARON CURRIE-MILLS	2.00									
DIRECTOR		Х						0.	0.	0
(8) MARK DAVIS	2.00									
DIRECTOR		Х						0.	0.	0
(9) PETER BACICH	2.00	ļ							•	
DIRECTOR	<u> </u>	Х						0.	0.	0
(10) ANNA STOUT	50.00	4		3,				F.C. 240	0	0
EXECUTIVE DIRECTOR				Х				56,349.	0.	0
		_								
		1	l	1			1			

Fai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	a Hi	ıgne	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	box. offic	not c	Posi check i ess per nd a di	itior more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensa om the anizati d relate inizatio	e on ed
		iii ie)	<u> </u>	sul	#0	Ke	High	Ē						
			\vdash											
			_											
			_											
			_											
			_											
			_											
						4								
-			_					6)					
	Cub total		<u> </u>				-		56,349.		0.			0.
	Sub-total Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)							•	56,349.		0.			0.
2	Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100	0,000 of reportab	ole			(
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indiv	idual for services	;	5		Х
	ction B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	N	ONI	Ξ				(B) Description of s	services	С	(C omper	;) nsatio	า
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	ıot liı	mite	d to	tho	se li 0	stec	above) who received n	nore than				

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**)
Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 8,470. c Fundraising events 1d d Related organizations 20,000. e Government grants (contributions) f All other contributions, gifts, grants, and 543,898 similar amounts not included above 23,595. g Noncash contributions included in lines 1a-1f: \$ 572,368. h Total. Add lines 1a-1f ... Business Code 900099 77,532. 2 a ADOPTION/SPAY/NEUTER/V 77,532. Program Service Revenue С f All other program service revenue 77,532. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,039 2,039. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 5,102. assets other than inventory b Less: cost or other basis 5,460. and sales expenses <358.> c Gain or (loss) <358. <358.> d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 8,470. of contributions reported on line 1c). See 51,778. Part IV, line 18 a Other **b** Less: direct expenses 37,487. 37,487. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 157,603 ь 149,539. **b** Less: direct expenses 14,765. 8,064. <6,701.> c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 1,309. and allowances a 1,801. **b** Less: cost of goods sold <492. <492. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 11 a MISCELLANEOUS REVENUE 1,575. 1,575. b d All other revenue 1,575. e Total. Add lines 11a-11d

698,215.

78,615.

14,765.

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 56,349. 50,714. 5,635. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,508. 265,082. 238,574. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,769. 4,188. 419. Other employee benefits 9 24,992. 27,769. 2,777. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 13,065.13,065. Accounting Lobbying Professional fundraising services. See Part IV, line 17 484. 484. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 61,157. 57,886. 3,271 column (A) amount, list line 11g expenses on Sch O.) 8,369. 5,983. 2,386. Advertising and promotion 12 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 1,657. 1,657. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 42. 38. 4. Interest 20 Payments to affiliates 21 10,454. 11,616. 1,162. Depreciation, depletion, and amortization 22 10,394. 10,394. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 63,087. 4,271. 67,358. SUPPLIES UTILITIES 20,961. 18,865. 2,096. 9,563. REPAIRS AND MAINTENANCE 10,625. 1,062. 9,218. 9,218. PRINTING & COPYING 3,033. 20,421. 6,493. 10,895. e All other expenses 588,755. 508,227. 71,649. 8,879. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			290,078.	1	139,011.
	2	Savings and temporary cash investments		242,831.	2	393,011.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	6,922.
	9	–				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	685,701.			
	b	Less: accumulated depreciation		104,383.	592,934.	10c	581,318.
	11	Investments - publicly traded securities				11	73,800.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	55,029.
	16	Total assets. Add lines 1 through 15 (must equ			1,125,843.	16	1,249,091.
	17	Accounts payable and accrued expenses			13,994.	17	13,425.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
8	22	Loans and other payables to current and forme	office	rs, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of	4		
		Schedule D			<1,781.	>25	8,465. 21,890.
	26	Total liabilities. Add lines 17 through 25			12,213.	26	21,890.
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar			4 440 600		4 005 004
anc	27	Unrestricted net assets			1,113,630.	27	1,227,201.
Bal	28	Temporarily restricted net assets				28	
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
o.		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			1 112 622	32	1 007 004
~	33	Total net assets or fund balances			1,113,630.	33	1,227,201.
	34	Total liabilities and net assets/fund balances			1,125,843.	34	1,249,091.

	1990 (2017)	TOTOL HORDI HORMIN	B BOCIEII, INC.	0 4 0	0 4 0 4 1 0	ray	L
Pa	rt XI Reconciliation	of Net Assets					
	Check if Schedule (contains a response or note to an	y line in this Part XI				
1	Total revenue (must equa	Part VIII, column (A), line 12)		. 1		3,23	
2						3,7!	
3	Revenue less expenses. S					7,40	
4	Net assets or fund balance	es at beginning of year (must equal	Part X, line 33, column (A))	4	1,113	3,63	30.
5	Net unrealized gains (loss	es) on investments		5	4	1,1:	11.
6	Donated services and use			1 - 1			
7	Investment expenses			7			
8	Prior period adjustments			8			
9	Other changes in net asse	ts or fund balances (explain in Sch	edule O)	9			0.
10			through 9 (must equal Part X, line 33,				
	column (B))		······	. 10	1,22	7,20	01.
Pa	rt XII Financial State	ments and Reporting					
	Check if Schedule (contains a response or note to an	y line in this Part XII				
						Yes	No
1	Accounting method used	to prepare the Form 990: 🏻 🔄 Ca	sh X Accrual Other				
	If the organization change	d its method of accounting from a p	prior year or checked "Other," explain in Schedu	ıle O.			
2a	Were the organization's fir	nancial statements compiled or revi	ewed by an independent accountant?		2a		X
	If "Yes," check a box belo	w to indicate whether the financial	statements for the year were compiled or review	ed on a			
	separate basis, consolida	ed basis, or both:					
	Separate basis	Consolidated basis	Both consolidated and separate basis				
b	Were the organization's fir	nancial statements audited by an in	dependent accountant?		2b		X
	If "Yes," check a box belo	w to indicate whether the financial	statements for the year were audited on a separ	rate basis,			
	consolidated basis, or bot	h:					
	Separate basis	Consolidated basis	Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, d	oes the organization have a commit	ttee that assumes responsibility for oversight of	the audit,			
	review, or compilation of it	s financial statements and selection	n of an independent accountant?		2c		
	If the organization change	d either its oversight process or sel	lection process during the tax year, explain in Se	chedule O.			
За	As a result of a federal aw	ard, was the organization required t	to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-1	33?			3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ROICE-HURST HUMANE SOCIETY, 84-6048416 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	466,113.	409,180.	332,143.	668,678.	563,898.	2,440,012.
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	466,113.	409,180.	332,143.	668,678.	563,898.	2,440,012.
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)						202,596.
6	Public support. Subtract line 5 from line 4.						2,237,416.
	ction B. Total Support	·				r - 1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	466,113.	409,180.	332,143.	668,678.	563,898.	2,440,012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	7.5	7.0	0.7		2 040	2 200
	and income from similar sources	75.	70.	97.	98.	2,040.	2,380.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2 442 202
11	• • • • • • • • • • • • • • • • • • • •	-1- (!11				40	^{2,442,392} . 464,300 .
12	Gross receipts from related activities,			-		12	404,300.
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>
	Public support percentage for 2017 (I		<u> </u>	column (f))		14	91.61 %
15	Public support percentage from 2016					15	$\frac{31.01}{91.77}$ %
	33 1/3% support test - 2017. If the o						
102	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	•	_	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization		-	•			

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.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	(a) 0010	(b) 001.4	(a) 001E	(4) 0010	(a) 0017	(4) Tatal
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)		\perp				
Section B. Total Support					_	
Calendar year (or fiscal year beginning in) 🕨		(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		U				
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is f	or the organization	's first, second, thi	rd, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						▶∟
Section C. Computation of Pub					11	
15 Public support percentage for 2017			column (f))			
16 Public support percentage from 20					16	
Section D. Computation of Inve						
17 Investment income percentage for 2						
18 Investment income percentage from						
19a 33 1/3% support tests - 2017. If the	-					
more than 33 1/3%, check this box b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, ch	•			•	·	
20 Private foundation If the organizat						

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 disqualified 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		
2		
3a		
3b		
3c		
4a		
-1 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
00		
9a		
9b		
9c		
10a		
. 50		
10b		
n 990 or 99	0-EZ	2017

Pa	rt IV	Supporting Organizations (continued)			
		COMMINGAY		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		7. Type I capper any organizations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		bled the organization's activities. If the organization had more than one supported organization, be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		· · · · · · · · · · · · · · · · · · ·	1		
0		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
<u>Sec</u>	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	Ш.	The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш.	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activit	ies Test. Answer (a) and (b) below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did the	e 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			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activiti	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e 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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See insti					
	other Type III non-functionally integrated supporting organizations must com	plete :	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see	
	instructions).			· 	

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
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 organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	Form 990 or 990-EZ) 201	7 ROICE-HUR	KST HUMAN.	E SOCIETY,	INC.	84-6048416 Page 8
Part VI	Supplemental Info	rmation. Provide 1, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part 1	the explanations in the explanations in the state of the	required by Part II, li I1a, 11b, and 11c; F s 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a o Part IV, Section B, lines 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number Name of the organization 84 - 6048416ROICE-HURST HUMANE SOCIETY, INC.

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
	s 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							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.						
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., anplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$						
-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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) (2017)

ROICE-HURST HUMANE SOCIETY, INC.

84-6048416

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	109,471.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	12,655.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$_	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
5	Training additions and En TT	\$_	79,727.	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		\$_	43,660.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ROICE-HURST HUMANE SOCIETY, INC.

84-6048416

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of 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
		\$	990 990-F7 or 990-PF\/2017\

Name of organization Employer identification number 84-6048416 ROICE-HURST HUMANE SOCIETY, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROICE-HURST HUMANE SOCIETY, INC. **Employer identification number** 84-6048416

Par			ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(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		rised 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	or donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Par			
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	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n 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		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year >		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
•	Description of the second seco		70/EN/AN/DN/S
8	Does each conservation easement reported on line 2(d) about a setting 170/b/(4)/D/(ii)2	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.	tion's imancial statements that describe	is the organization's accounting to
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under SFAS 116 (A		ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	•	•
	the text of the footnote to its financial statements that descr	· ·	,
b	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		gg
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		5 /1
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, o	r Other	Similar Ass	ets(contii	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ms				
b	Scholarly research	е	Other						
С	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	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 ma	aintained as part of th	ne organization's c	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	on answered "	Yes" on Fo	orm 990, Part IV	, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributio	ns or other ass	sets not inc	cluded	_		
	on Form 990, Part X?					L	Yes	L .	No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on	Part XIII				
Pai	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on F	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years back	(e) Fou	r years ba	ıck
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:	•		•		
а	Board designated or quasi-endowment		%	. ,,					
	Permanent endowment	%	7						
С	Temporarily restricted endowment ▶	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse		tion that are held	and administer	red for the	organization			
	by:							Yes N	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or ot	her (b) Cos	t or other	(c) Accu	ımulated	(d) Boo	k value	
		basis (investm		(other)	depre	ciation			
1a	Land		28	39,750.			28	9,750	0.
	Buildings			37,688.	6	0,505.		7,183	
	Leasehold improvements								
	Equipment								
	Other		5	8,263.	4	3,878.	1	4,385	5 .
	. Add lines 1a through 1e. (Column (d) must e					•		1,318	

Schedule D (Form 990) 2017

) (Form 990) 2017	KOICE	
Part VII	Investments	 Other Secu 	ırities.

Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market 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" o	n Form 990 Part IV line	a 11c See Form 990 Part Y line 1	3
(a) Description of investment	(b) Book value		t or end-of-year market value
(1)	(-,	(0,000000000000000000000000000000000000	
(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" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.
(a) D	escription		(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" o	in Form 990, Part IV, line		line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	/ NEITMED	600.	
(2) CUSTOMER DEPOSITS FOR SPAY (3) PAYROLL LIABILITY	./NEUIEK	7,865.	
		7,865.	
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	8,465.	

	ricoonomation of flevenae pe	r Audited Financial Statements With Revenue	p = 1	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per au	ıdited financial statements	1	
2	Amounts included on line 1 but not on Form 99	90, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line			
а	Investment expenses not included on Form 99	90, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b		
	A 1 1 P		4c	
5		equal Form 990, Part I, line 12.)		
Pai	rt XII Reconciliation of Expenses pe	er Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financia	al statements	1	
2	Amounts included on line 1 but not on Form 99	90, Part IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d				
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			
а	Investment expenses not included on Form 99	90, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
		t equal Form 990, Part I, line 18.)	5	
Pai	rt XIII Supplemental Information.			
Provi	ide 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,
ines				
	2d and 4b; and Part XII, lines 2d and 4b. Also \boldsymbol{c}	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provide any additional information.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ROICE-HURST HUMANE SOCIETY, INC.

Employer identification number 84-6048416

Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
「otal		•	•							
List all states in which the organization or licensing.		contrib	outions	s or has been notified	d it is exempt from re	egistration				

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

		of fundraising event contributions and gro	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
		ļ	GALA - WINE	FESTIVAL -		(add col. (a) through					
		ļ	& WHISKERS	BOWWOW FILM	2						
4		!	(event type)	(event type)	(total number)	col. (c))					
nue			-			_					
Revenue	1	Gross receipts	42,439.	5,208.	12,601.	60,248.					
	2	Less: Contributions	8,470.			8,470.					
	3	Gross income (line 1 minus line 2)	33,969.	5,208.	12,601.	51,778.					
	4	Cash prizes									
	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs	1,075.	1,200.		2,275.					
rect E	7	Food and beverages	6,414.		190.	6,604.					
Ö	_		225.		1 600	1 015					
		Entertainment	2,565.		1,690.	1,915. 3,497.					
	9	Other direct expenses	-			14,291.					
		Direct expense summary. Add lines 4 through		37,487.							
Pa		Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a		2 000 Dort IV line 10 or		37,407.					
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on ron	1990, Part IV, line 19, Or	reported more triair						
		\$15,000 OH FORM 990-EZ, lifte 6a.		(b) Pull tabs/instant		(d) Total gaming (add					
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))					
Revenue				amge, progressive amge		ooi. (a) timoagii ooi. (o)					
Re	_	Cuana variani	55,995.	101,608.		157,603.					
		Gross revenue	33,333.	101,000.		137,003					
	2 Cash prizes		47,500.	77,054.		124,554.					
ses	_	Casii prizes	27/0000	7.70020							
ben	3	Noncash prizes									
EX		Noncash prizes									
Direct Expenses	4	Rent/facility costs	5,420.	5,420.		10,840.					
	5	Other direct expenses	9,776.	4,369.		14,145.					
		,	X Yes 94.12 %	X Yes 94.12 %	Yes %						
	6	Volunteer labor	No No	No No	No No						
						140 530					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>	149,539.					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	8,064.					
_	_	touthe state(s) is utility the		10							
		ter the state(s) in which the organization condu				X Yes No					
		the organization licensed to conduct gaming ac				X Yes No					
b	it "	No," explain:									
	_										
100	\\/	ore any of the organization's geming licenses w	wokod suspended ext	arminated during the tax	voar?	Yes X No					
D	"	Yes," explain:									

Sch	nedule G (Form 990 or 990-EZ) 2017 ROICE-HURST HUMANE SOCIETY, INC. 84-6	048416	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
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	b An outside facility	13b 100).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 ► 362 28 ROAD - GRAND JUNCTION, CO 81501		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name 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	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	· · · · · · · · · · · · · · · · · · ·		

Schedule G	G (Form 990 or 990-EZ)	ROICE-HURST	HUMANE	SOCIETY,	INC.	84-6048416 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				Ŭ

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number 84-6048416

ROICE-HURST HUMANE SOCIETY, INC.	84-6048416
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS DISTRIBUTED VIA EMAIL TO BOARD MEMBERS F	OR REVIEW PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO COMPLETE A FORM ON AN ANNUA	AL BASIS
DOCUMENTING ANY CONFLICTS OF INTEREST. THE EXECUTIVE COMM	IITTEE REVIEWS THE
FORMS FOR CONFLICTS OF INTEREST AND THE BOARD DISCUSSES A	THE ANNUAL
DECLARATION.	
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	57,886.
MANAGEMENT AND GENERAL EXPENSES	3,271.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,157.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	61,157.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

990

	CE-HURST HUMANE SO				M 990 E			84-6048416
Par	t I Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	u have any li	sted property,	complete Part	V before y	
1 N	faximum amount (see instructions)						1	510,000.
2 T	otal cost of section 179 property plac	ed in service (see	instructions				2	
	hreshold cost of section 179 property							2,030,000.
	leduction in limitation. Subtract line 3							
_	ollar limitation for tax year. Subtract line 4 from line							
6	(a) Description of pr			(b) Cost (busin		(c) Elected		
7 I	isted property. Enter the amount from	n line 29			7			
	otal elected cost of section 179 prope						8	
	entative deduction. Enter the smaller				A			
	arryover of disallowed deduction from							
	susiness income limitation. Enter the s							
	ection 179 expense deduction. Add I							
	carryover of disallowed deduction to 2						12	
	Don't use Part II or Part III below for			-	10			
Par					e listed prope	rty)		
	pecial depreciation allowance for qua		-					
						-	14	
	,						··· —	
	roperty subject to section 168(f)(1) ele other depreciation (including ACRS)							8,271.
Par		include listed pro					10	0/2/11
	Tim MACINE Depresidation (Boll t	i moidde iisted pre		ction A				
17 N	MACRS deductions for assets placed	in convice in tax ve			7		17	3,345.
	you are electing to group any assets placed in ser						ï' ''	3,3131
10 11	Section B - Assets						tion Syste	-m
		(b) Month and		r depreciation	(d) Recovery			
	(a) Classification of property	year placed in service		ivestment use instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3 year property			·				
	3-year property							
b_	5-year property							
	7-year property							
<u>d</u>	10-year property							
e_	15-year property							
T	00							
	20-year property				OF was		C/I	
g	20-year property 25-year property				25 yrs.	1414	S/L	
g h	25-year property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs. 27.5 yrs.	MM	S/L S/L	
	25-year property Residential rental property	/ / /			27.5 yrs.	MM MM	S/L S/L S/L	
h	25-year property Residential rental property Nonresidential real property	/			27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	
h i	25-year property Residential rental property Nonresidential real property Section C - Assets F	/	During 201	7 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L siation Sys	stem
h i 20a	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life	/	During 201	7 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM MM MM	S/L S/L S/L S/L siation Sys	stem
h i	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	/ // Placed in Service	During 201	7 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM MM MM rnative Deprec	S/L S/L S/L S/L siation Sys S/L S/L	stem
h i 20a b c	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year	/	During 201	7 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM MM MM	S/L S/L S/L S/L siation Sys	stem
h i 20a b c Par	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year t IV Summary (See instructions.)	/ // Placed in Service	During 201	7 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM MM MM rnative Deprec	S/L S/L S/L S/L Siation Sys S/L S/L S/L S/L	stem
h i 20a b c Par	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line	/ // Placed in Service / e 28			27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM MM rnative Deprec	S/L S/L S/L S/L siation Sys S/L S/L	stem
h i 20a b c Par 21 L 22 T	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines	/ // Placed in Service / e 28	es 19 and 20) in column (g	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM mative Deprec	S/L S/L S/L S/L Siation Sys S/L S/L S/L S/L S/L S/L	
h i 20a b c Par 21 L 22 T	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines nter here and on the appropriate lines	/ // Placed in Service / e 28	es 19 and 20 artnerships a) in column (g	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM mative Deprec	S/L S/L S/L S/L Siation Sys S/L S/L S/L S/L S/L S/L	11,616.
h i 20a b c Par 21 L 22 T E 23 F	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines	/ // Placed in Service / e 28 14 through 17, lines of your return. Passervice during the	es 19 and 20 artnerships a e current yea) in column (g nd S corpora ır, enter the	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM mative Deprec	S/L S/L S/L S/L Siation Sys S/L S/L S/L S/L S/L S/L	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

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.

24a Do you have evidence to support the business/investment					ient use claimed?				No	24b If "Y	nce writt	ce written?		Yes No		
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or her basis			(e) s for depr iness/inve use only	estment	(f) Recovery period	Me	g) thod/ rention	Depre	h) ciation ction	Elec sectio	(i) cted n 179 ost
25	Special depreciation allo	owance for q	ualified listed	oroperty	placed	in s	ervic	e durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use									. 25				
26	Property used more tha	n 50% in a c	ualified busine	ess use:												
		1 1	9/													
		1 1	%													
		1 1	%													
<u>27</u>	Property used 50% or le	ess in a quali	ı													
		1 1	9/								S/L -					
		1 1	9/								S/L -					
_			9				<u> </u>				S/L -	1				
	Add amounts in column								A					1		
<u>29</u>	Add amounts in column	ı (ı), line 26. E							$\overline{}$					29		
_					B - Infor											
	mplete this section for ve your employees, first ans															5
				(a)		(b	o)		(c)	(d)	(€)	(f)
30	Total business/investment	miles driven d	uring the	Vel	nicle		Veh	icle	V	ehicle/	Vel	nicle	Veh	icle	Veh	icle
	year (don't include commu	ting miles)														
31	Total commuting miles	driven during	the year													
32	Total other personal (no driven	_	•													
33	Total miles driven during					7										
	Add lines 30 through 32	<u>)</u>														
34	Was the vehicle availab			Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p															
	than 5% owner or relate															
36	Is another vehicle availa	· ·														
	use?		- Questions f	or Emp	lovere M	ho	Drov	rido Vol	hiolog	for Hoo b	. Thoir I	l Employe				
Λno	swer these questions to o													on't mo	ro than f	50%
	ners or related persons.	determine ir y	you meet an ex	ксерио	i to com	Jieti	ii iy c	ection	D 101 V	eriicies us	ed by el	прюуее	5 WIIO ai	entino	ie iliali s	J70
	Do you maintain a writte	an nolicy stat	tement that nr	hihite s	all nersor	al u	180 0	f vehicl	es inc	ludina cor	nmutina	by you			Yes	No
31												, by you	•		103	140
38	Do you maintain a writte		ement that pro									Our				
-	employees? See the ins								-							
39	Do you treat all use of v															
	Do you provide more the															
	the use of the vehicles,															
41	Do you meet the require	ements conc	erning qualified	d autom	obile de	nor	nstrat	tion use	€?							
	Note: If your answer to															
P	art VI Amortization	, , ,	•	<u> </u>											•	
_	(a)	facata		(b)		Δ ===	(c)	la.		(d) Code		(e)			(f) nortization	
	Description of	COSTS		mortization regins	<u></u>	Amo an	ortizabl nount	ie		Code section		Amortiza period or per		Ar fo	nortization r this year	
42	Amortization of costs th	at begins du		-	ar:											
43	Amortization of costs th	at began be	fore your 2017	tax yea	ır								43			
<u>44</u>	Total. Add amounts in o	column (f). Se	ee the instructi	ons for	where to	rep	ort						44			
7162	252 01-25-18													F	orm 456 2	2 (2017)

Form **8868**

(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 .

OMB No. 1545-1709

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 filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 84-6048416 ROICE-HURST HUMANE SOCIETY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO BOX 4040 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions GRAND JUNCTION, CO 81502 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 JANICE MOORE The books are in the care of ► 743 HORIZON CT, STE 204 - GRAND JUNCTION, CO 81506 Telephone No. ► 970-549-4200 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2017)

3b

3c

0.

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