Extended to November 15, 2017

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For th	e 2016 calendar year, or tax year beginning and	ending					
В	Check if applicat	C Name of organization		D Employer identifi	cation number			
Г	Addr	Blue Mountain Humane Society						
F	Name			91-0828499				
F	Initia		Room/suite	E Telephone numbe				
Ē	Final	7 Fast George St			529-5188			
	termi ated			G Gross receipts \$	1 500 100			
	Amer	ded Walla Walla WA 00362		H(a) Is this a group re	eturn			
	Appli tion	F Name and address of principal officer: Shannon Block		for subordinates	The second secon			
	pend	same as C above		H(b) Are all subordinates in				
\mathbf{L}	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)			
J	Webs	te:▶ www.bluemountainhumane.org		H(c) Group exemptio	n number			
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1967 N	State of legal domicile: WA			
Pa	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\tt To} \hspace{0.1cm} {\tt pi}}$			d promote			
Activities & Governance		kindness to companion animals in their co	mmunit	У•				
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass				
ove	3			3	14			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14			
es &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			36			
viţi	6	Total number of volunteers (estimate if necessary)		6	411			
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		753,932.	856,073.			
	9	Program service revenue (Part VIII, line 2g)		236,178.	246,555.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		47,542.	74,493.			
Ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,037,652.	1,177,121.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		476,042.	557,567.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 135,00						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		371,577.	436,827.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		847,619.	994,394.			
	19	Revenue less expenses. Subtract line 18 from line 12		190,033.	182,727.			
Net Assets or			Beg	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		3,912,744.	4,278,528.			
et A	21	Total liabilities (Part X, line 26)		36,867.	51,879.			
Ž:	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,875,877.	4,226,649.			
				- L L L L L	Land de la			
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules		31	knowledge and belief, it is			
uue,	COLLEC	tt, and complete. Declaration of preparer (other than officer) is based on all information of whi	icii preparei i	las ally knowledge.	16 17			
C:~.	_	Signature of officer		Date	13-11			
Sigi Her		Shannon Block, Treasurer		12.200				
1 101	C	Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN			
Paid	ĺ	Alison C. Gebers		if self-employe	P00423745			
	arer	Firm's name Northwest CPA Group PLLC		Firm's EIN ▶	56-2382653			
100	Only	Firm's address 1333 Columbia Park Trail, Ste 21	0	3				
	•	Richland, WA 99352		Phone no. (5	09) 735-1300			
May	the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
		and the second s			200			

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. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	To prevent cruelty and promote kindness to companion animals in their	
	community.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 812,310. including grants of \$	<u>•</u>)
	Blue Mountain Humane Society's 49th year was full of exciting	
	accomplishments. In 2016 we cared for 2,275 animals. We reunited 589	
	pets with their owners and found new homes for 1,356 pets during the	
	year. Our foster program was expanded to include 325 pets, preventing	
	overcrowding and relieving the stress that many animals experience in	
	the shelter setting. We started a program to provide group play	
	sessions for shelter dogs, resulting in calmer, quieter kennels and	
	training breakthroughs for some dogs. We make every effort to keep pets	
	and their people together, and partner with others to deliver pet food	
	and supplies weekly to the families of 49 dogs, 62 cats, and 1 bird,	
	easing the financial burden of animal ownership for families in need.	
	We are proud of the progress the Society continues to make as we move	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
	-	
4c	(Code:) (Expenses \$	
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 812,310.	

Form 990 (2016) Blue Mountain Humane Society 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	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,	١		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		х
•	Schedule D, Part III	- °		
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		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,		37	
	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	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		
	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			٦,
	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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
			000	

Form 990 (2016) Blue Mountain Humane Society 91-0828499 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X_	-
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?	31		x
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		<u> </u>
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
00	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	55		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) Blue Mountain Humane Society Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1096, Enter O if not applicable 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Check if Schedule O contains a response or note to any line in this Part V					Ш		
be Enter the number of Forms W2Q included in line 1a. Enter 4-th not applicable 10			1 . 1	1.4		Yes	No		
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this return 1b 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 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b A tany time during the calendary var, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; or the file organization that was or is a party to a prohibitotic and the responsibility of the promote of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization the organization file Form 8889-17 5b Ud any taxable party notify the organization file Form 8889-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8889-17 6d Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the verse of the contributions under section 170c). 1b If "Yes," do the organization file form 8889-17 6d Does the organization and gross receipts that are normally greater than \$100,000, and did the organization flow of the value of the goods or services provided? 1c If "Yes," do the organization for the value of the goods or services provided? 1c If "Yes," do the organization foreign that the provise dispose of trangletic personal property for									
(agambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, like in the calendar year ending with or within the year covered by this return 5 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 if with calendar year ending with or within the year covered by this return 5 if with expanization have unrelated businesses gross income of \$1,000 or more during the year? 5 if Y-9a, * least filed a Form 980-7 for this year? * "Tho," to file 8b, yourwide an explanation in Schedule O 5 if was the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; for the year? * "Tho," to file 8b, yourwide an explanation in Schedule O 5 if Y-9a, * least the dia Form 990-7 for this year? * "Tho," to file 8b, yourwide an explanation in Schedule O 5 if Y-9a, * least the an End a Form 990-7 for this year? * "Tho," to file 8b, yourwide an explanation in Schedule O 5 if Y-9a, * least the an End a Form 990-7 financial account; for the financial account									
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2s, did the organization file all required federal employment tax returns? 3b Ob. If the resum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3b Oid the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, has it filed a form 990-T for this year? If Wo, 1s of the 3b, provide an explanation in Schedule O 3d At any time during the calendary vair, dit the organization have are interest in, or a signature or other authority over, a financial account in a foreign country. Per secret or the foreign country. Per secret the name of the foreign country. Per secret in the secret or the secret or an explanation in Schedule O 3d If Yes, enter the name of the foreign country. Per See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization aparty to a prohibitoted tax shelter transaction at any time during the tax year? 5d Did any taxable party nority the organization file Form 8886-17 5d Did any taxable party nority the organization file Form 8886-17 5d Did see the organization have required that was or is a party to a prohibitoted was shelter transaction? 5d Did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 6d Did the organization receive a payment in access of 5% made party as a contribution and party for goods and services provided to the payor? 7d If Yes, did the organization or an express statement that such contributions or gits were not tax deductible? 7e Did the organization receive a payment in access of 5% made party as a contribution and party for goods and services provided to the payor? 7e If Yes, did the organization will be a contribution of	C			le garriirig	10	x			
field for the calendar year ending with or within the year covered by this return If all lasts one is reported on line 2.a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2.a is greater than 250, you may be required to e-nip (ele instructions) 30. Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 31. If Yea, 1 and 8 filed a Form 980 or Tor this year? If "Y"," to file nib, your owned are replication in Schedule 0 32. At your time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts? 42. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts? 43. If Yes, a first the name of the foreign country. 44. If Yes, a first the name of the foreign country. 55. We see the organization a party to a prohibition that at was or is a party to a prohibition at the state of the properties of the organization have annoted gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of schraftable contributions? 55. If Yes, did the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles of schraftable contributions and the property for which it was required to life forms 4000 cultive and the property of the organization receive a parimet in excess of \$5 made party as a contribution or quantities of the properties of the organization schraft party indeed, first-cty to pay permitumes on a personal benefit contract? 56. If Yes, indicat	22]		IC	71			
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 a-Ne (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If 'Yes,' has if filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b A at any time during the calendary year, did the organization have uninterest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b X 5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Dees the organization shell exclusible as charitable contributions? 6b If 'Yes,' and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 8b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on this work of the property of the pro	Za		22	36					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_rije (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," either the name of the foreign country. ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce Was the organization aparty to a prohibited tax shelter transaction? 5ce If "Yes," in the same of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," other organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year 7c If "Yes," indicate the number of Forms 8282 filed during the year 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization small aminating donor	h				2h	х			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If 'Yes,' enter the name of the foreign country? 5c Was the organization and shelter transaction at any time during the tax year? 5c X 5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Variety 'Yes,' to line the organization file Form 8886-T? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Variety 'Yes,' did the organization include with every solicitation and expenses statement that such contributions or gifts were not tax deductible? 6d Variety 'Yes,' did the organization file Form 8882 filed during the year and the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6d Variety 'Yes,' did the organization file Forms 8282 filed during the year and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c X 7d Variety 'Yes,' end the organization file Forms 8282 filed during the year and the organization file Form 82899 as required? 7d If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If the o	-								
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 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 c Enter the amount of reserves on hand 13 Isb 10 It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14 Did the organization is filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	0		Dy trie	;	Q				
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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 filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					9a				
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12a 12a 12a	b	Gross income from other sources (Do not net amounts due or paid to other sources against							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		amounts due or received from them.)	11b						
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Ida Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0 14b									
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c		4.6		v		
to it res, has it lied a Form 720 to report these payments? If "No," provide an explanation in Schedule 0									
	a	ii res, rias it liled a Form τ≥υ to report these payments τ t "No." provide an explanation in Scheduk	e ()			990	(2016)		

Form 990 (2016) Blue Mountain Humane Society 91-0828499 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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									
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		Х						
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										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	Х							
, a	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	74								
D	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:	75								
	The governing body?	8a	Х							
a	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	OD	- 21							
9		9		х						
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	Э		21						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No						
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa								
		10b								
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
·		12c	х							
12	in Schedule O how this was done	13	X							
13	Did the organization have a written decument retention and destruction policy?	14	X							
14	Did the organization have a written document retention and destruction policy?	14	22							
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?									
_		150	Х							
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	- 41	Х						
b	• • • • • • • • • • • • • • • • • • • •	15b		-23						
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
Ioa		16-		Х						
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ						
D										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401								
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17 10	List the states with which a copy of this Form 990 is required to be filed WA	roilat !								
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) as	anable	;							
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)									
40	(oxplain in conducto o)	6i · · ·	ial							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınancı	iai							
00	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: Sara Archer - 509-529-5188									
	7 East George, Walla Walla, WA 99362									
	, Base George, warra warra, WA 33302									

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)	organization compensat (C)						(D)	(E)	(F)
Name and Title	Average	(do	not cl	Posi			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	Lei an	uau	recid	rrius	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	ution	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) Darleen Dozier	2.00	1								
Trustee		Х						0.	0.	0.
(2) Jack Sharp	3.00	1							_	_
Vice President		Х		Х				0.	0.	0.
(3) Amy Figgins	1.00	1							_	_
Trustee		Х						0.	0.	0.
(4) Lori Watson	1.00	1								
Trustee		Х						0.	0.	0.
(5) Christine Sharon	3.00	ļ								
Secretary	1 00	Х		X				0.	0.	0.
(6) Mona Geidl	1.00	l								
Trustee	2 22	Х						0.	0.	0.
(7) Tish Watts	3.00	l								
Past President	2 22	Х						0.	0.	0.
(8) Joe Burlingame	3.00	ļ								
President	1 22	Х		Х				0.	0.	0.
(9) Tammie Buchanan-Herron	1.00	ļ								
Trustee	2 00	Х						0.	0.	0.
(10) Shannon Block	3.00	٠,,		7.7					_	
Treasurer	1 00	Х		Х				0.	0.	0.
(11) Colby Burke	1.00	х							_	
Trustee (12) Brendon Mendoza	1.00	^						0.	0.	0.
Trustee	1.00	х						0.	0.	0.
(13) Michelle Liberty	1.00	^							0.	· ·
Trustee	1.00	Х						0.	0.	0.
(14) Alycia Silver	1.00	22	\vdash					1		
Trustee	1.00	Х						0.	0.	0.
(15) Sara Archer	40.00	 	\vdash					† ·	•	·
Executive Director		1		х				69,250.	0.	0.
				_				12,200		
		1								
		1								

	untain Hu								91-08	284	99	Pa	ige 8
Part VII Section A. Officers, Directors, To		oloye	ees,	and	Hig	ghes	st C			$\overline{}$		 \	
(A) Name and title	(B) Average hours per week	box, offic	not c	Posi heck r ss per	osition ck more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mate ount o ther	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	orgar	m the nizati relate	e on ed
	line)	Indiv	Insti	Officer	Key	High	Former						
										+			
		_								+			
		-								+			
		-								+			
								60.250		\perp			^
1b Sub-total c Total from continuation sheets to Part								69,250.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	69,250.		0.			0.
2 Total number of individuals (including but compensation from the organization		ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			/	0
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for				•	•	•		•			3	/es	No X
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportables sum of reportables sum of reportables sum of reportables sum of the sum of reportables sum	le co ." co	mpe mple	ensat ete S	tion Sche	and and	oth	ner compensation from toor such individual	he organization		4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," C Section B. Independent Contractors	=				-			-			5		X
Complete this table for your five highest	compensated inc	depe	nder	nt cc	ontra	acto	rs th	nat received more than \$	3100,000 of compe	nsatic	n fron	า	
the organization. Report compensation (A) Name and busine			ndir ONE		ith c	or wi	thin 	the organization's tax y (B) Description of s			(C)		<u> </u>
Name and Basin		INC	JINI	<u> </u>				Description of c	IST VICES		Пропо	Jatioi	<u>. </u>
2 Total number of independent contractor		ot lin	nited	d to t	thos		ted	above) who received me	ore than				
\$100,000 of compensation from the org	ai iiZatiON										0	00 -	

	990 (r t VII	Blue Mountain Statement of Revenue	Humane S	Society		91-0828	499 Page 9
Pai	LVII	_					
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1d 1e	6,865. 147,329. 701,879. 106,346.	856,073.			
Program Service Revenue	b c d e f	Animal Control Animal Operations All other program service revenue		157,711. 88,844.	157,711. 88,844.		
	g	Total. Add lines 2a-2f		246,555.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond properties and the similar amounts of tax-exempt bond properties are similar and the similar amounts of tax-exempt bond properties are similar amounts.	roceeds	79,388.			79,388.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 499,469. 506,964. -7,495.	(ii) Other 2,600. 0. 2,600.				
Other Revenue	d	Net gain or (loss) Gross income from fundraising events (not including \$ 147,329. of contributions reported on line 1c). See Part IV, line 18 a	45,403.	-4,895.			-4,895.
Ĕ.	b	Less: direct expenses b	45,403.				
O		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	>	0.			
	С	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns					
		and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory	>				
,		Miscellaneous Revenue	Business Code				
	11 a c	All other revenue					
	u e	Total. Add lines 11a-11d Total revenue See instructions					
	12	Total rayanua Cae instructions	······ [1 177 121	246 555	0.	74 493.

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. 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, 69,250. 38,088. 10,387. 20,775. 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) Other salaries and wages 435,261. 343,909. 13,807. 77,545. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,795. 53,056. 44,125. 6,136. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 10,232. 6,646. 3,586. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6,250. column (A) amount, list line 11g expenses on Sch O.) 13,105. 6,855. 11,047.4,803. 6,244. Advertising and promotion 12 14,657. 13,191. 1,466. Office expenses 13 5,760. 4,608. 1,152. 14 Information technology Royalties 15 38,372. 35,774. 1.777. 821. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 61,639. 56,512. 4,427. 700. Depreciation, depletion, and amortization 22 9,863. 7,235. 2,262. 366. 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.) 134,745. 134,745. Animal Care Veterinary Services 62,999. 62,999. 15,376. 15,376. Staff Development 10,003. 7,931. 2,072. d Postage 49,029. 42,018. 2,363. 4,648. e All other expenses 994,394. 812,310. 47,082. 135,002. 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 (2016)
Part X Balance Sheet

rai	τχ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			42,757.	1	33,963.
	2	Savings and temporary cash investments			90,015.	2	117,096.
	3	Pledges and grants receivable, net			92,000.	3	154,300.
	4	Accounts receivable, net			7,338.	4	8,251.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	oloyees. Complete			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disquality					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
m		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			27,254.	9	39,075.
	-	Land, buildings, and equipment: cost or other	I I		,		, ,
		basis. Complete Part VI of Schedule D	10a	1,867,081.			
	b	Less: accumulated depreciation		656,234.	1.124.287.	10c	1.210.847.
	11	Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	1,124,287. 2,471,972.	11	1,210,847. 2,641,840.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	l l		14		
	15	Other assets. See Part IV, line 11		57,121.	15	73,156.	
	16	Total assets. Add lines 1 through 15 (must equal	3,912,744.	16	4,278,528.		
	17	Accounts payable and accrued expenses		17,967.	17	31,192.	
	18	Grants payable		18	0=,===		
	19	Deferred revenue	1	18,900.	19	20,687.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I		l l		21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iliq		Complete Part II of Schedule L	,			22	
Lia	23	Secured mortgages and notes payable to unrela		l l		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	•	·		25	
	26				36,867.	26	51,879.
		Organizations that follow SFAS 117 (ASC 958					
(0		complete lines 27 through 29, and lines 33 an					
Ce	27	Unrestricted net assets			3,066,341.	27	3,208,884.
alar	28	Temporarily restricted net assets			195,055.	28	403,284.
l B	29	Democratic model of a decorate			614,481.	29	614,481.
nuc		Organizations that do not follow SFAS 117 (A			·		
r F		and complete lines 30 through 34.	/				
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			3,875,877.	33	4,226,649.
	34	Total liabilities and net assets/fund balances			3,912,744.	34	4,278,528.

Pa	Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,17	7,1	21.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		99	4,3	94.			
3	Revenue less expenses. Subtract line 2 from line 1	3		18	2,7	27.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,87	5,8	77.			
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	4	,22	6,6	49.			
Pa	rt XII Financial Statements and Reporting			•					
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ω.							
2a				2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	separate basis, consolidated basis, or both:	on a							
	X Separate basis Consolidated basis Both consolidated and separate basis								
h	Were the organization's financial statements audited by an independent accountant?			2b		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:	basis,							
	Separate basis Consolidated basis Both consolidated and separate basis								
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit							
·	review, or compilation of its financial statements and selection of an independent accountant?			2c		х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			20		-			
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
od	, ,	gie Auc	uit	За		Х			
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?			Sa		 ^			
D	The second the organization undergo the required audit or audits? If the organization did not undergo the required audit of audits explain which is School and describe any stone taken to undergo such audits.	eu auc	AIL.	26					

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016
Open to Public

Inspection

Employer identification number Name of the organization 91-0828499 Blue Mountain Humane Society Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 Blue Mountain Humane Society 91-0828 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
	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)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	etc. (see instruction	ons)	•	•	12	
	First five years. If the Form 990 is for	· · ·				n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2016 (lir	ne 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2015. If the or	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test -	- 2016. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fact		•	•		•	
	meets the "facts-and-circumstances" to	est. The organiza	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circu	ımstances" test.	The organization o	qualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 Blue Mountain Humane Society | 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.)

Se	ction A. Public Support	ciow, picase comp	ioto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	. ,	,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	355,651.	411,041.	474,581.	471,740.	656,967.	2369980.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	217,529.	220,342.	221,967.	236,178.	246,555.	1142571.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-	-		-	
4	Tax revenues levied for the organization'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	573,180.	631,383.	696,548.	707,918.	903,522.	3512551.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons	8,140.	12,933.	14,983.	11,455.	29,110.	76,621.
ŀ	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						0.
	Add lines 7a and 7b	8,140.	12,933.	14,983.	11,455.	29,110.	76,621.
	Public support. (Subtract line 7c from line 6.)	-	-	-			3435930.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	573,180.	631,383.	696,548.	707,918.	903,522.	3512551.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,814.	58,670.	103,490.	102,127.	79,388.	375,489.
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	31,814.	58,670.	103,490.	102,127.	79,388.	375,489.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	32/3223	3070.00	100 / 1300	202/22/0	. 5 7 5 5 5	37371330
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.)	604,994.	690,053.	800,038.	810,045.	982,910.	3888040.
14	First five years. If the Form 990 is for	ŭ			•	. , . ,	. —
<u> </u>	check this box and stop here	- Current Day					>
	ction C. Computation of Publi			. (4)			00 27
	Public support percentage for 2016 (li					15	88.37 % 89.26 %
	Public support percentage from 2015 ction D. Computation of Inves					16	89.26 %
	Investment income percentage for 20		17	9.66 %			
	Investment income percentage from 2		18	9.12 %			
	18 Investment income percentage from 2015 Schedule A, Part III, line 17						
	more than 33 1/3%, check this box ar						▶ ▼
k	33 1/3% support tests - 2015. If the	=	-		• •		
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

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
	4		
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	Ωh		
	9b		
	9с		
	10a		
	106		
_	10b		00:-
19	90 or 99	∪-EZ)	2016

	rt IV Supporting Organizations (continued)		- 10	ige o
	COMMING Organizations (COMMINGED)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 integrated Type III supporting organization (see				

Schedule A (Form 990 or 990-EZ) 2016

Current Year

Section C - Distributable Amount

instructions).

Par	rt V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organizations		
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	n the organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			1.0 2010	7
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u>b</u>				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
7	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	

Schedule A (Form 990 or 990-EZ) 2016 Blue Mountain Humane Society

91-0828499 Page 8

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Blue Mountain Humane Society

Employer identification number 91-0828499

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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 $\boldsymbol{\nu}$	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annual to be about N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
6	Starr and volunteer flours devoted to monitoring, inspecting, i	nariding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concerns	tion cooments duving the year
7	* * ** ** ** ** ** ** *	iling of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e eatiefy the requirements of section 170	/b\/4\/P\/i\
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion o imanolar statemento triat describes	the organization a decounting for
Par		Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or	Other S	Similar A	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a signi	ificant use	of its c	ollection i	tems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodic	an or other intermedi	ary for contributions	s or other ass	ets not inc	luded			
	on Form 990, Part X?						\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo					?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two year) Three yea			years back
1a	Beginning of year balance	711,156.	767,325.	735	,978.	631	445.		593,451.
b	Contributions	00.405	04.060		1.45	100			61,994.
С	Net investment earnings, gains, and losses	88,425.	-24,969.	60	,147.	128,533. 61,9			
d	Grants or scholarships								
е	Other expenditures for facilities	20.000	21 000			0.4			04 000
_	and programs	28,200.	31,200.	28	,800.	24	1,000.		24,000.
f	Administrative expenses	771,381.	711 156	7.67	205	725	070		631,445.
g	End of year balance	· · ·	711,156.	l	,325.	735	978.		031,445.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) neid as:					
a	Board designated or quasi-endowment	0.4	_%						
b	Permanent endowment 79.66	% 0_3/l							
С	Temporarily restricted endowment ▶ 2 The percentages on lines 2a, 2b, and 2c short								
2-	Are there endowment funds not in the posses	•	tion that are hold on	d administary	ad for the	~~~~i=ati			
Sa		SSION OF THE Organiza	tion that are neid ar	iu auriiriistere	ed for the t	Jigariizatii	JII	Γ,	Voc. No.
	by: (i) unrelated organizations							3a(i)	Yes No X
	(m)							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require						3b	
4	Describe in Part XIII the intended uses of the	· ·						- OD	
	t VI Land, Buildings, and Equipm		William Idilas.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990.	Part X. lin	e 10.			
	Description of property	(a) Cost or of		or other		umulated		(d) Book	value
	Bosonption of property	basis (investm	, , , , , ,	(other)		eciation		(4) 2001	vaido
1a	Land		<u> </u>	5,156.				145	7,156.
	Buildings			5,402.	59	7,592	2.		,810.
	Leasehold improvements					-		-	
	Equipment		11	6,523.	5	8,642	2.	57	7,881.
	Other					-			
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	Oc.)	<u></u>			1,210	,847.

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
	(b) Dook value	(c) Method of	valuation. Oost of en	u or year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	- Faure 000 Dart IV	line 11 - Cas Farms 000	Doub V. Boo 10	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value			d-of-year market value
, , .	(b) book value	(C) Welfied of	valuation. Cost of en	u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11d See Form 000	Part Y line 15	
	Description	illic 11d. Occ 1 omi 550,	Tarrx, iiic 15.	(b) Book value
	- CSCHPRION			(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.	10.,			
Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11e or 11f See For	m 990 Part X line 25	
(a) Description of liability.	111 01111 000, 1 411 11,	(b) Book value	1 000, 1 4117, 1110 20	•
		(5) 20011 14140		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide t		e to the organization's	inancial statements t	hat reports the
organization's liability for uncertain tax positions under F	IN 18 (8CC 710) Ch	ack hara if tha tavt of th		nrovidad in Dart VIII

L –	3 0	328	499	Page 4	1
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Par	Reconciliation of Revenue per Audited Financial State	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,418,282.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		168,045.		
b	Donated services and use of facilities	2b	52,194.		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	20,922.		
	Add lines 2a through 2d			2e	241,161.
3	Subtract line 2e from line 1			3	1,177,121.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)	<u> </u>	5	1,177,121.
Par	Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	1,030,779.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	15,463.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	20,922.		
	Add lines 2a through 2d			2e	36,385. 994,394.
3	Subtract line 2e from line 1			3	994,394.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	994,394.
Par	t XIII Supplemental Information.				
lines 2	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are to the V, line 4:	*	•	, Fail A	,, III e 2, Fait Ai,
	owment funds are used to support the mi				
	t XI, Line 2d - Other Adjustments:				
Fun	draising expenses netted against fundra	aising inc	ome		20,922.
Par	t XII, Line 2d - Other Adjustments:				
Fun	draising expenses netted against fundra	aising inc	ome		20,922.

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Blue Mountain Humane Society

Employer identification number 91-0828499

Part I Fundraising Activities.	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(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	-				
Total			•					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is exempt from re	gistration		

Schedule G (Form 990 or 990-EZ) 2016 Blue Mountain Humane Society 91-0828499 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 per IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro		, '		s greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events								
			Fall Furr			(add col. (a) through								
			Ball	Theme Event	1	col. (c))								
a)			(event type)	(event type)	(total number)	(0)/								
Revenue														
eve	1	Gross receipts	147,817.	36,393.	8,520.	192,730.								
ď														
	2	Less: Contributions	110,751.	33,114.	3,460.	147,325.								
	3	Gross income (line 1 minus line 2)	37,066.	3,279.	5,060.	45,405.								
	4	Cash prizes	500.			500.								
	5	Noncash prizes	886.	1,589.		2,475.								
es														
sue	6	Rent/facility costs	4,722.			4,722.								
Direct Expenses														
ct E	7	Food and beverages	19,490.	958.		20,448.								
)ire														
_		Entertainment	2,500.			2,500.								
	9	Other direct expenses	8,968.	732.	5,060.	14,760.								
	10		9 in column (d)		•	45,405.								
	11	Net income summary. Subtract line 10 from li			_	0.								
Pa	irt l			990, Part IV, line 19, or r	reported more than									
		\$15,000 on Form 990-EZ, line 6a.												
			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add								
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))								
eve														
ď	1	Gross revenue												
S	2	Cash prizes												
Se														
Expenses	3	Noncash prizes												
Ω̈́														
Direct	4	Rent/facility costs												
Ճ														
	5	Other direct expenses												
			Yes %	Yes %	Yes %									
	6	Volunteer labor	☐ No	☐ No	No									
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>									
<u> </u>														
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:														
									_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No								
b	lf "	Yes," explain:												
b	If "	Yes," explain:												

Sch	nedule G (Form 990 or 990-EZ) 2016 Blue Mountain Humane Society 91-0	J8284	99 Pa	age 3					
11	Does the organization conduct gaming activities with nonmembers?	Y	es 🗌	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?	Y	es 🗀	No					
13	Indicate the percentage of gaming activity conducted in:								
	a The organization's facility	13a		%					
		13b		<u>//</u>					
	An outside facility	130		70					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address								
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Ye	es	No					
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount								
	of gaming revenue retained by the third party ▶\$								
c	If "Yes," enter name and address of the third party:								
	Name								
	Address >								
16	Gaming manager information:								
	Name ▶ _								
	Gaming manager compensation \$								
	Description of services provided								
	☐ Director/officer ☐ Employee ☐ Independent contractor								
17	Mandatory distributions:								
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	Y	es 🗌	No					
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9 9h	10b 15	5b					
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	1100 0, 00	, 100, 10	,,					
	· · · · · · · · · · · · · · · · · · ·								

Schedule G	G (Form 990 or 990-EZ)	Blue Mountain mation (continued)	Humane	Society	91-0828499	Page 4
Part IV	Supplemental Infor	mation (continued)				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Blue Mountain Humane Society

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 91-0828499

Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts report	ted on	non	(d) Method of de cash contribu			 s
			<u>litems contributed</u>	Form 990, Part VI	II, line 1g					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1	1	,031.	Fair	market	va.	lue	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
10										
14	Qualified conservation contribution - Other									

15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory					1				
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ▶ (Animal Care)	X	577				market			
26	Other (Building Perm)	X	1	11	,430.	Fair	market	va:	lue	
27	Other (Riding Lawn M)	X	1				market			
28	Other (Building Expa)	X	2				market			
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co			•				
	for which the organization completed Form 828	-	•		29					
		,, -		,					Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I line	s 1 throug	nh 28 tha	t it			
000	must hold for at least three years from the date									
	exempt purposes for the entire holding period?		,					30a		Х
h	If "Yes," describe the arrangement in Part II.							Jua		
		olicy that so	auires the review	of any nonetandere	l contribu	tione?		24		Х
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31				
₃∠a			_					00		v
_	contributions?							32a		X
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column	(a) is che	cked,				
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990).			Schedule M (Form	990) (2016)

91-0828499

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

16 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Blue Mountain Humane Society

Employer identification number 91-0828499

Form 990, Part III, Line 4a, Program Service Accomplishments: forward with sustainable, efficient programs and services that fulfill our mission: To prevent cruelty and promote kindness to companion animals in our community.

Form 990, Part VI, Section A, line 6:

Any person in sympathy with the objectives of the Organization shall become a member by paying the appropriate level of dues. Membership classes include individual, organization/business, patron, benefactor, and honorary members. Honorary memberships are awarded by either majority vote of the members present at the annual meeting or by majority vote of the Board of Directors.

Form 990, Part VI, Section A, line 7a:

Members falling within the membership classes of individual, organization/business, patron, and benefactor have the right to vote in the election of trustees. Honorary members do not have the right to vote.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the finance committee before it is filed.

Form 990, Part VI, Section B, Line 12c:

Board members are asked to disclose any conflict of interest that arises and excuse themselves from any board action that involves the conflict.

Form 990, Part VI, Section B, Line 15a:

Blue Mountain Humane Society	91-0828499
The board of directors performs an annual performance and	compensation
review for the executive director.	
Form 990, Part VI, Section C, Line 19:	
Financial statements are available through the Organization	on's website.
Governing documents and policies are available upon reques	st.