Extended to November 15, 2018 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Come No. 1545-0 2017 Open to Public. Inspection					
A For the 20	017 calend	ar year, or tax year beginning an	ending		
B Check if applicable: Address change	Montain Humane Society			D Employer identification	
Initial return Final return/	Number	and street (or P.O. box if mail is not delivered to street address) st George St.	Room/suite	E Telephone number 509-52	
Image: Second state and s			G Gross receipts \$ H(a) Is this a group return for subordinates?	Yes X No	
I Tax-exemi	and the second se	<b>X</b> 501(c)(3) $501(c)() = 4947(a)(1)$	) or 🔲 527	H(b) Are all subordinates include If "No," attach a list.	

1	Addre	Blue Mountain Humane Society				
	_chane		91-0828499			
	_] chang Initial	the second	E Telephone number			
-	return _Final	7 East George St.	Room/suite		29-5188	
L	lreturr∟ termi			G Gross receipts \$	1,685,471.	
	ated ]Amer			H(a) Is this a group retu		
1	Appli tion			for subordinates?		
	tion			H(b) Are all subordinates inclu		
	<u>01</u>	<sup>ng</sup> same as C above empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) 0	or 527	If "No," attach a lis		
11	axex		1 021	H(c) Group exemption r	·	
		te: www.bluemountainhumane.org	I Vear	of formation: 1967 MS		
		organization, 23 outportation	L Tear	or formation. 2007 Mic	state of legal domicile, will	
Pa	rt I	Summary	covent	cruelty and	promote	
c,	1	Briefly describe the organization's mission or most significant activities: To pr	mminit	Truesty and	promoce	
Activities & Governance		kindness to companion animals in their com		Y ·	-	
Ĩ	2	Check this box      if the organization discontinued its operations or dispos			s. 15	
Ň	3				15	
U M	4	Number of independent voting members of the governing body (Part VI, line 1b)			35	
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			321	
viti	6 Total number of volunteers (estimate if necessary)				0.	
<b>C</b> ti		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34				
				Prior Year	Current Year	
a	8	Contributions and grants (Part VIII, line 1h)		856,073.	1,101,388.	
Revenue	9	Program service revenue (Part VIII, line 2g)		246,555.	300,103.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		74,493.	117,983.	
œ	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) .		1,177,121.	1,519,474.	
	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)		557,567.	622,317.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
be	b	Total fundraising expenses (Part IX, column (D), line 25)	)3.		112 000	
ம	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		436,827.	443,920.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			994,394.	1,066,237.	
_	19	Revenue less expenses. Subtract line 18 from line 12		182,727.	453,237.	
5%			Be	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		4,278,528.	5,061,931.	
ASA	21 Total liabilities (Part X, line 26) 51			51,879.	134,622.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,226,649.	4,927,309.	
	nrt II					
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my kr	nowledge and belief, it is	
true,	COLLE	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	1 and a	

Sign Here	Signature_of officer Shannon Block, Treasurer Type or print name and title	Date (27/2018
Paid Preparer	Print/Type preparer's name     Preparer's signature.     Date       Alison C. Gebers     Outson Globult     Date       Firm's name     Northwest CPA Group PLLC	Check         PTIN           if         #00423745           Firm's EIN ►         56-2382653
Use Only	Firm's address 1333 Columbia Park Trail, Ste 210 Richland, WA 99352	Phone no. (509) 735-1300
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No Form 990 (2017)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part III       Stitement of Program Service Accomplishments         Deck displadue Contains a massion arobits any line in this Part III       IX         1       Birthy 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 590 or 590 cf.       IVes [X] No         1       Wein Year: describe these new services on Schedule O.       IVes [X] No       IVes [X] No         2       Did the organization case conclusion, or make significant changes in how it conducts, any program services. The services of the three largest program services. The service structure of the organization case conclusion, and we significant changes in how it conducts, any program services.       Beached the organization case conclusion are required to inport the amount of grants and alocation to others. The total separese.         2. Out the organization case conclusion are required to inport the amount of grants and alocation to others. The total separese.       Section 501(69) and 501(69) cognizations are required to prot the amount of grants and alocation to others. The total section 20, 103	Form	Blue Mountain Humane Society 91-0	828499	Page <b>2</b>
1 Binely describe the organizations missio: 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 proform 800 or 800527 H 'Yes, 'describe these new services on Schedule O. B Did the organization services on Schedule O. H 'Yes, 'describe these new services on Schedule O. H 'Yes, 'describe these new services on Schedule O. H 'Yes, 'describe these rew services on Schedule O. H 'Yes, 'describe these rew services on Schedule O. H 'Yes, 'describe these changes on Schedule O. H 'Yes, 'describe these services (Schedule C.) H 'Yes, 'describe these services (Schedule Schedule O.) H 'Yes, 'describe these services (Schedule C.) H 'Yes, 'describe these services of the yes is with their owners and found new homes for 1, 507 pets during the year. In an effort to engage people in our mission and minimize the cost of housing animals at the shelter, 449 pets were cared for by foster families. Foster homes provide a critical service, preventing overcrowding and relieving the stress that many animals experience in the shelter setting. 'So many of our accomplishments are due to the dedication of our volunteers. More than 354 volunteers served during 2017, recording a total of 8, 474 hours. That is the equivalent of BMHS hiring four full time employees at \$12.00 per hour, representing a cost savings of over \$100,000. With the 'depress' mediageness' \$76,067. H 'Deters' (Describe in Schedule O) (wereass mediageness \$76,067. H 'Tell program services (Describe in Schedule O) (wereass mediageness \$76,067. H 'Tell program services (Describe				U
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 proform 580 or 580±70 methods on Schedule 0.         3       Did the organization coses conducting or make significant dranges in how it conducts, any program services? ↓ Ves [X] No if Yes, 'describe these charges on Schedule 0.         4       Describe the organization's program service accompliathents for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(4)(6) grantizations are required to report the anount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported.         4       Cose ↓ (Corrects 1 = 76,067. redom grant erf 1,151 doggs, 1,103 cates, and 376 other pets. We reunited 566 pets with their owners and found new homes for 1,607 pets during the year. In an effort to engage people in our mission and minimize the cost of housing animals at the shelter, 449 pets were cared for by foster families. Poster homes provide a critical service, preventing overcrowding and relieving the stress that many animals experience in the shelter setting. So many of our accomplishments are due to the dedication of our volunteers. More than 354 volunteers served during 2017, recording a total of 3,474 hours. That is the equivalent of BMRS hiring four full time employees at \$12.00 per hour, representing a cost savings of over \$100,000. With 40         40       (were ) (wereast		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
community.         2       Dot the organization undertake any significant program services during the year which were not listed on the proform 580 or 590-527.       Yes [X] No         11 "Fee, 'describe these new services on Bchedule 0.       Dot the organization cases conducting, or make significant changes in how it conducts, any program services. The importance of the organization reason conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5010(5)(3) and 501(5)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and received, if not, for each program service accompliablements for each of its three largest program services control total organization is provided as a structure of the section set of the section set of the sector set of the sect	1			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 930-E27			in their	<u> </u>
pror Form 980 or 980-E27		community.		
pror Form 980 or 980-E27				
pror Form 980 or 980-E27	2	Did the organization undertake any significant program services during the year which were not listed on the		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			Yes	XNo
<pre># "vs." describe these changes on 5checule 0. 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 adocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (come</pre>		If "Yes," describe these new services on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three largest program services, and measured by expenses, and the terms of the service of	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
Section 501(c)(0) 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.         48 (took:				
<pre>trevenue fary for each program service reported 4a (Code</pre>	4			
<pre>4a (cote</pre>			l expenses, an	d
Blue Mountain Humane Society's 50th year was full of exciting accomplishments. In 2017 we sheltered 2,630 animals; 1,151 dogs, 1,103 cats, and 376 other pets. We reunited 566 pets with their owners and found new homes for 1,607 pets during the year. In an effort to engage people in our mission and minimize the cost of housing animals at the shelter, 449 pets were cared for by foster families. Poster homes provide a critical service, preventing overcrowding and relieving the stress that many animals experience in the shelter setting. So many of our accomplishments are due to the dedication of our volunteers. More than 354 volunteers served during 2017, recording a total of 8,474 hours. That is the equivalent of BMHS hiring four full time employees at \$12.00 per hour, representing a cost savings of over \$100,000. With 4b (cos:)[express) mediang parts of s) (neweus s)	42	(Code: ) (Evenues \$ 876,067, including grapts of \$ ) (Revenue \$	300.1	103.
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	-10		Form <b>9</b>	<b>90</b> (2017)

Form 990 (2017		Mountain	Humane	Society
Part IV Ch	ecklist 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		x
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		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<u> </u>
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<b>–</b>		<u> </u>
10		10	х	
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		21	
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,		х	
<b>L</b>	Part VI	<u>11a</u>	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	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 X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	1	I X I

Form **990** (2017)

 Form 990 (2017)
 Blue
 Mountain
 Humane
 Society

 Part IV
 Checklist of Required
 Schedules (continued)
 Continued)
 Continued
 Continued

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		040		x
Ь	Schedule K. If "No", go to line 25a	24a		<u> </u>
D	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	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017)

<u>Form</u>	990 (2017) Blue Mountain Humane Society		91-0828	499	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 3					
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return	·		2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions			2.0		
32				3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
				30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a back account accurities account or other financial account or other financial account or other financial account accurities account or other financial account of the financial account of		-	4a		x
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a	CCOUN	U?	40		
b	If "Yes," enter the name of the foreign country:					
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			<b>F</b> -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shelter tax shelter transaction tax shelter ta			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	Ŭ		•		v
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			100		
L						
u	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
~	organization is licensed to issue qualified health plans	13D				
	Enter the amount of reserves on hand		I	140		x
				14a		- 23
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	€U		14b		

Form	990	(2017)
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Form	990	(2017)

### Blue Mountain Humane Society

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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	1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with ar	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5		X
6	6 Did the organization have members or stockholders?				Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhold	lers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			_ 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy 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 ris	e to confli	cts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	scribe			
	in Schedule O how this was done			12c	_	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	ha			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	rticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sectio	n 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other <i>(explai</i>		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records: 🕨 🔄			
	Sara Archer - 509-529-5188					
	7 East George, Walla Walla, WA 99362					

Form 990 (2017)	Blue Mountain Humane Society	91-0828499 Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
Employees, and Independent Contractors					
Check if Schedul	Check if Schedule O contains a response or note to any line in this Part VII				
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.					

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		<b>i</b> than c	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or i	stee			nsated		(W-2/1099-MISC)	(112) 1000 11100)	organization
	organizations	trust	al tru		oyee	om pe				and related
	below	vidual	Institutional trustee	Cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Insti	Officer	Key	High emp	Forr			
(1) Jayne McCarthy	1.00									
Trustee		х						0.	0.	0.
(2) Jack Sharp	3.00									
President		Х		Х				0.	0.	0.
(3) Amy Figgins	3.00									
Vice President		Х		Х				0.	0.	0.
(4) Lori Watson	1.00									
Trustee		Х						0.	0.	0.
(5) Christine Sharon	3.00									
Secretary		Х		Х				0.	0.	0.
(6) Mona Geidl	1.00									
Trustee		Х						0.	0.	0.
(7) Tish Watts	1.00									
Trustee		Х						0.	0.	0.
(8) Joe Burlingame	3.00									
Past President		х		х				0.	0.	0.
(9) Tammie Buchanan-Herron	1.00									
Trustee		Х						0.	0.	0.
(10) Shannon Block	3.00									
Treasurer		Х		х				0.	0.	0.
(11) Alycia Silver	1.00									
Trustee		Х						0.	0.	0.
(12) Brendon Mendoza	1.00									
Trustee		Х						0.	0.	0.
(13) Michelle Liberty	1.00									
Trustee		Х						0.	0.	0.
(14) Tami Stapleton	1.00									
Trustee		х						0.	0.	0.
(15) Miranda Yam	1.00									•
Trustee		Х						0.	0.	0.
(16) Sara Archer	40.00									•
Executive Director				X				71,513.	0.	0.

Form 990 (2017) Blue Mour	ntain Hu	ıma	ne	S	oc	ie	ty	7	91-08	284	99	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,			
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl	Pos heck i ss per	more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	n	<b>(F)</b> Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compens from t organiza and rela organiza	sation he ation ated
1b Sub-total c Total from continuation sheets to Part VI	I, Section A							71,513. 0. 71,513.		0.0.0		0.
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization ▶							o re					0
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes." complete Schedule J for s				•	·			highest compensated er		ſ	Yes 3	s No X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr											5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lepei	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	ensatio	on from	
the organization. Report compensation for (A)					ith c	or wi	hin:	(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Co	mpensati	on
							_					
	a logt to the											
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	to 1	thos (		ted	above) who received mo	ore than			

art	VIII	Statement of Revenue		Humane S	*		91-0828	3 <b>4</b> 99 Pa
		Check if Schedule O contains	a response	or note to any line	e in this Part VIII			[
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
s	1 a	Federated campaigns	1a					
·	b	Membership dues	1b	6,900.				
		Fundraising events		151,959.				
ar		Related organizations						
Ē	е	Government grants (contributions	) <b>1e</b>					
0	f	All other contributions, gifts, grants, a	nd					
rne		similar amounts not included above _	1f	942,529.				
and Other Similar Al	g	Noncash contributions included in lines 1a-1f	\$	<u>288,030</u> .				
an	h	Total. Add lines 1a-1f		🕨	1,101,388.			
				Business Code				
2	2 a	Animal Control		900099	166,464.			
Ð	b	Animal Operations		900099	133,639.	133,639.		
nué	с							
Revenue	d							
r	е							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		►	300,103.			
3	3	Investment income (including divi						
		other similar amounts)		🕨	91,765.			91,76
4	4	Income from investment of tax-ex		· · ·				
5	5	Royalties	<u></u>	🕨				
			(i) Real	(ii) Personal				
6		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
7	7 a		) Securities	(ii) Other				
		· · -	3,433.					
	b	Less: cost or other basis	7 015					
			<u>.7,215.</u>					
		Gain or (loss)			26 210			26.21
		Net gain or (loss)			26,218.			26,21
8	8 a	Gross income from fundraising ev						
		including \$ 151,959						
		contributions reported on line 1c).		48,782.				
	<b>L</b>	Part IV, line 18 Less: direct expenses		48,782.				
					0.			
		Net income or (loss) from fundrais Gross income from gaming activit	-	▶	• •			
	Ja	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming						
10		Gross sales of inventory, less retu						
	a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales of						
	Ū	Miscellaneous Revenue		Business Code				
1	1 a							
1.	b							1
	c							1
		All other revenue						1
	-	Total. Add lines 11a-11d						+

Blue Mountain Humane Society Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	71,513.	39,332.	10,727.	21,454.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	483,290.	377,935.	40,526.	64,829.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<b>E4 080</b>	<u> </u>	
10	Payroll taxes	67,514.	54,072.	6,642.	6,800.
11	Fees for services (non-employees):				
а	Management				7 500
b	Legal	7,500.		2 705	7,500.
	e construction of the second s	3,795.		3,795.	
d	Lobbying				
е	, F				
f	Investment management fees				
g		10 105	6 605	2 000	1 500
40	column (A) amount, list line 11g expenses on Sch O.)	10,195. 16,098.	6,695. 16,098.	2,000.	1,500.
12	Advertising and promotion	16,819.	15,139.	1,680.	
13 14	Office expenses	5,491.	4,392.	1,099.	
14 15	Information technology	5,451.	4,5524	1,055.	
15 16	Royalties Occupancy	42,390.	40,345.	2,045.	
17	Travel	12,3500	10,5131	270131	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,526.	60,881.	4,611.	1,034.
23	Insurance	10,443.	8,014.	2,429.	•
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		128,115.	128,115.		
a b	Veterinary Services	52,756.	52,756.		
c	Staff Development	16,594.	16,594.		
d	Bank Charges	13,344.	10,666.		2,678.
	All other expenses	53,854.	45,033.	3,313.	5,508.
25	Total functional expenses. Add lines 1 through 24e	1,066,237.	876,067.	78,867.	111,303.
26	Joint costs. Complete this line only if the organization	, ,	,		_, •
	i i i i i i i i i i i i i i i i i i i				
	reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Blue Mountain Humane Society
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		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	33,963.	1	77,668.
	2	Savings and temporary cash investments	117,096.	2	300,269.
	3	Pledges and grants receivable, net	154,300.	3	5,500.
	4	Accounts receivable, net	8,251.	4	3,557.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,075.	9	31,545.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,867,081.Less: accumulated depreciation10b722,760.	1 010 045		1 1 4 4 2 2 4
	b		1,210,847.	10c	1,144,321. 3,056,614.
	11	Investments - publicly traded securities	2,641,840.	11	3,056,614.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	440.455
	15	Other assets. See Part IV, line 11	73,156.	15	442,457.
$\rightarrow$	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,278,528.	16	5,061,931.
	17	Accounts payable and accrued expenses	31,192.	17	118,566.
	18	Grants payable	20 607	18	
	19	Deferred revenue	20,687.	19	16,056.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ji ji		key employees, highest compensated employees, and disqualified persons.			
Liabilities	<b>~</b>	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 05	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26		51,879.	25 26	134,622.
	20	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	51,075.	20	154,022.
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	3,208,884.	27	3,389,069.
lan	28	Temporarily restricted net assets	403,284.	28	923,759.
Ba	29	Permanently restricted net assets	614,481.	29	614,481.
pun		Organizations that do not follow SFAS 117 (ASC 958), check here	. , .		
Ē		and complete lines 30 through 34.			
tsc	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	4,226,649.	33	4,927,309.
	34	Total liabilities and net assets/fund balances	4,278,528.	34	5,061,931.

Form **990** (2017)

# Form 990 (2017) Part X Balance Sheet

rm	990	(2017)	)

Form	1990 (2017) Blue Mountain Humane Society	91-08	28499	Page <b>12</b>
Pa	rt XI 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		,474.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,237.
3	Revenue less expenses. Subtract line 2 from line 1	3		,237.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,649.
5	Net unrealized gains (losses) on investments	5	247	,423.
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	4,927	,309.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>X</u>
				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	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	-		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200

Form **990** (2017)

SCHEDULE A	۱
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(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.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury nue Service		<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection	
Nam	e of t	the organizati	on		identification number						
			Blue	Mountain 1	Humane Societ	су				1-0828499	
Pa	rt I	Reason	for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instruction	S.		
The	organ	ization is not a	a private found	lation because it is: (	For lines 1 through 12, cl	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n <b>170(b)</b> (1	I)(A)(i).			
2											
3											
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's na								the hospital's name,			
		city, and stat	e:								
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizat	ion that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	complete Part II.)							
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or	
		university:									
10	X	An organizat	ion that norma	ally receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, members	hip fees, an	d gross receipts from	
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment	
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the or	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizat	ion organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organizat	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> As	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or r	management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	n(s). <b>You mus</b>	st complete Part IV,	Sections A and C.						
С		_ Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
	_	_ its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not	functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
е			•		written determination from			Туре I, Туре	II, Type III		
					nally integrated supporting	ng organiz	ation.			[	
		er the number	••	•							
g		vide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other	
	,	organizatior			(described on lines 1-10	in your governi	ng document?	support (see i	-	support (see instructions)	
			-		above (see instructions))	Yes	No		,		

# Schedule A (Form 990 or 990-EZ) 2017 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)

91-0828499 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	-	-	_	-	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	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										
5											
·	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,										
6											
	Public support. Subtract line 5 from line 4.										
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
	Amounts from line 4	(a) 2013	(6) 2014	(6) 2013	(0) 2010						
0	8 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										
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	•					_				
0	organization, check this box and stop	ohere									
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2017 (I	ine 6, column (f) d	vided by line 11, o	column (f))		14	%				
	Public support percentage from 2016					15	%				
<b>16</b> a	33 1/3% support test - 2017. If the o	organization 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	as a publicly supp	orted organizatior	۱ <u></u>			▶∟				
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check	this box				
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation							
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10	0% or more,				
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and <b>stop</b>	here. Explain in Pa	art VI how the or	ganization				
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization						
b	10% -facts-and-circumstances test										
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how	the				
	organization meets the "facts-and-circ										
18	Private foundation. If the organization		-				ons ►				

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 411,041 474,581. 471,740. 656,967. 731,705. 2746034. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 221,967. 236,178. 246,555. 300,103. 1225145. organization's tax-exempt purpose 220,342. 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 707,918. 903,522. 1031808. 631,383. 696,548. 3971179. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 12,933. 14,983. 11,455. 29,110. 45,906. 114,387. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 12,933. 14,983. 11,455. 29,110. 45,906. 114 387 3856792 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2016 (a) 2013 (b) 2014 (c) 2015 (e) 2017 (f) Total 9 Amounts from line 6 631,383. 696,548. 707,918. 903,522. 1031808. 3971179. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 58,670. 103,490. 102,127. 79,388. 91,765. 435,440. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 58,670. 103,490. 102,127. 79,388. 91,765. 435,440. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 690,053. 800,038. 810,045. 982,910. 1123573. 4406619. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 87.52 % 15 88.37 16 Public support percentage from 2016 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 9.88 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 9.66 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 Blue Mountain Humane Society

### 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.)

732024 10-06-17

Yes

No

# Schedule A (Form 990 or 990-EZ) 2017 Blue Mountain Humane Society Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
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		L
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			
0	the supported organization(s).	1		L
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	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
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. <i>Complete</i> <b>line 2</b> 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 <b>Part VI</b> how you supported a government entity (see inst	uctions	L	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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			
	that these activities constituted substantially all of its activities.	2a		
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			
	activities but for the organization's involvement.	2b		<b></b>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
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

Schedule A (Form 990 or 990-EZ) 2017

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

1

# Schedule A (Form 990 or 990-EZ) 2017 Blue Mountain Humane Society

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 Blue	Mountain	Humane	Society		91-0828499	Page <b>8</b>
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	, 40, 40, 5a, 6, 9a, d 3; Part IV, Sectio	96, 96, 11a, 1 n E, lines 1c, 2	2a, 2b, 3a, and 3b;	Part V, line 1; Part V	, Section B, line 1e; Par	C, t V,

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



nam	e of the organization Blue Mountain Humar	ne Society	Employer identification number 91-0828499
Par			
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w		sed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par		anization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat		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	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
_	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_			
9	In Part XIII, describe how the organization reports conservatio	-	
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
1 41	Complete if the organization answered "Yes" on Form		aner ommar Assets.
10			nont and balance about works of art
id	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exh		
	· · · · · · · · · · · · · · · · · · ·		ince of public service, provide, in Part All,
h	the text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (AS0		and balance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, ed		
		acation, or research in furtherance of pu	
	relating to these items: (i) Bevenue included on Form 990, Part VIII, line 1		▶ \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>N N</b>
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
2	the following amounts required to be reported under SFAS 11		a gan, provide
а	Revenue included on Form 990. Part VIII. line 1		▶ \$

732051 10-09-17

b Assets included in Form 990, Part X

\$

Sche	Schedule D (Form 990) 2017 Blue Mountain Humane Society 91-0828499 Page 2									
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Similar A	ssets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	s					
b	Scholarly research	e	Other							
с	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	s exempt	t purpose ir	n Part XII	I.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or other s	similar as	sets				_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Ye	es" on Fo	orm 990, Pa	art IV, line	e 9, or		
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other asset	s not inc	luded				
ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						🖵	100	L	1110
~			owing table.				Δ	mount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Pa	rt XIII					]
Par	Tt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV	, line 10.					
		(a) Current year	(b) Prior year	(c) Two years t	back (d	) Three years	back (	e) Four	years	back
1a	Beginning of year balance	771,381.	711,156.	767,3	325.	735,	978.		631,	445.
b	Contributions									
с	Net investment earnings, gains, and losses	107,650.	88,425.	-24,9	969.	60,	147.		128,	533.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	45,300.	28,200.	31,2	200.	28,	800.		24,	000.
f	Administrative expenses									
g	End of year balance	833,731.	771,381.	711,2	156.	767,	325.		735,	978.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 73.70	<u>~</u> %								
С	Temporarily restricted endowment  2									
	The percentages on lines 2a, 2b, and 2c show	-								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered	for the o	organizatior	ו	г		
	by:						ſ		Yes	No
	(i) unrelated organizations							3a(i)		X X
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						l	3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		ment funds.							
1 4			Dout IV line 110 C		out V lin	o 10				
	Complete if the organization answered						1			
	Description of property	<b>(a)</b> Cost or ot basis (investm	• • •	or other (other)		umulated eciation	(0	I) Book	value	3
1a	Land		14	5,156.				145	5,15	56.
	Buildings		1,60	5,402.	64	15,182	•		),22	
	Leasehold improvements									
	Equipment		11	6,523.	7	77,578	•	38	3,94	15.
	Other									
	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>		(. column (B). line 1	0c.)			1	,144	1,32	21.
		-	· · · ·		-			(F	000	0047

Schedule D	(Form 990	) 2017	Blue	Mountain	Humane	Society	

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Assets	1,705.
(2) Construction In Progress	214,806.
(3) Cash Restricted by Donors	225,946.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	442,457.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	<b>(b)</b> Book value
(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 the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 Blue Mountain Humane Societ	zy		91-	0828499	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			_		
1	Total revenue, gains, and other support per audited financial statements			1	1,800,	349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	247,423.			
b	Donated services and use of facilities	2b	12,094.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	21,358.			
е	Add lines 2a through 2d			2e	280,	875.
3	Subtract line 2e from line 1			3	1,519,	474.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
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	1,519,	474.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					<u> </u>
1	Total expenses and losses per audited financial statements			1	1,103,	454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	15,859.	4		
b	Prior year adjustments	2b		4		
с	Other losses			4		
d	Other (Describe in Part XIII.)		21,358.			
е	Add lines 2a through 2d			2e		217.
3	Subtract line 2e from line 1			3	1,066,	237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
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 18.)			5	1,066,	237.
Pa	t XIII Supplemental Information.					

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

### Part V, line 4:

Endowment funds are used to support the mission of the Organization.

Part XI, Line 2d - Other Adjustments:	
Fundraising expenses netted against fundraising income	21,358.
Part XII, Line 2d - Other Adjustments:	
Fundraising expenses netted against fundraising income	21,358.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraici	na or Gamina A	ctiv	itios	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on organization entered more than \$1	Form	990, F	Part IV, line 17, 18, o		or if the	2017
Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/Form990</li> </ul>						Open to Public Inspection
Name of the organization							Employer ide	entification number
		untain Humane Soci					91-0828	
	omplete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees lister</li> </ul>	ons email solicitations ations icitations n have a written o ed in Form 990, Pa		tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
compensated at lea	ast \$5,000 by the	organization.						
(i) Name and address or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in whic or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is (	exempt from re	gistration

Schedule G (Form 990 or 990-EZ) 2017

# Schedule G (Form 990 or 990 EZ) 2017 Blue Mountain Humane Society

91-0828499 Page 2

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

	of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	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)		
		(event type)	(event type)	(total number)	coi. <b>(c)</b> )		
Sevenue	Gross receipts	157,400.	33,160.	10,181.	200,741		
2	Less: Contributions	117,404.	32,607.	1,948.	151,959		
3	Gross income (line 1 minus line 2)	39,996.	553.	8,233.	48,782		
4	Cash prizes	500.			500		
5	Noncash prizes	4,129.	185.	3,972.	8,286		
Direct Expenses	Rent/facility costs	5,633.	199.		5,832		
	Food and beverages	21,271.		290.	21,561		
ا 5	Entertainment	6,864.			6,864		
9	Other direct expenses	1,599.	169.	3,971.	5,739		
10	Direct expense summary. Add lines 4 through	n 9 in column (d)			<u>48,782</u> 0		
11 Net income summary. Subtract line 10 from line 3, column (d)							
Part	<b>III Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than			
	\$15,000 on Form 990-EZ, line 6a.						
			(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add		

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) I otal gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes %	• <b>Yes</b> %	Yes %	
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)			
ı Is t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
				year?	. Yes No
	3 4 5 6 7 8 En 1 1 1 0 1 f "	<ul> <li>2 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization conduct gaming action licensed to conduct gaming action of the organization's gaming licenses reference.</li> </ul>	1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         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)         Enter the state(s) in which the organization conducts gaming activities:         a ls the organization licensed to conduct gaming activities in each of these         b lf "No," explain:	(a) Bingo       bingo/progressive bingo         1       Gross revenue	(a) Bingo   bingo/progressive bingo   (c) Other gaming     1 Gross revenue     2 Cash prizes     3 Noncash prizes     4 Rent/facility costs     5 Other direct expenses     6 Volunteer labor     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)     Enter the state(s) in which the organization conducts gaming activities:     a Is the organization licensed to conduct gaming activities:     a Is the organization licensed to conduct gaming activities:     a Is the organization licensed to conduct gaming activities:     a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2017 Blue Mountain Humane Society 91-0	08284	499	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	, I	Yes	No
12	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?		Vac	No
13	Indicate the percentage of gaming activity conducted in:		103	
	a The organization's facility	13a		%
	• An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,
	Name ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 '	Yes	No No
	<ul> <li>If "Yes," enter the amount of gaming revenue received by the organization </li> <li>\$ and the amount of gaming revenue retained by the third party </li> <li>\$</li> <li>\$ If "Yes," enter name and address of the third party:</li> </ul>			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
e	<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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 </li> </ul>	. 🗆 🕻	Yes	🗌 No
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ines 9, 9	b, 10	o, 15b,

I GILIV	(continued)	

<b>(</b>		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	2U	٦/	,
Depart	tment of the Treasury	Attach to Form 990					Open To	Publ	lic
Interna	al Revenue Service	► Go to www.irs.gov/	/Form990 fo	r the latest inform	nation.		Inspe		
Nam	e of the organizatio			_			identificatio		nber
De		Blue Mountai	n Huma	ne Society	7	91	1-0828	499	
Pa	rt i iypes of	f Property	(-)	(1-)	(-)	1	()		
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution ar		S
1	Art - Works of art								
2		asures							
3		erests							
4		ations							
5	Clothing and hous	sehold goods							
6	Cars and other ve	hicles							
7	Boats and planes								
8		ty							
9		ly traded	X	1	206,643.	Fair marl	<u>ket va</u>	lue	
10	Securities - Closel	y held stock							
11	Securities - Partne	ership, LLC, or							
	trust interests								
12	Securities - Miscel	llaneous							
13	Qualified conserva	ation contribution -							
14		ation contribution - Other							
15	Real estate - Resid								
16		mercial							
17		r							
18									
19									
20		al supplies							
21									
22									
23		ens							
24		acts							
25	Other 🕨 (A	nimal Care )	X	577	81,387.	Fair marl	cet val	lue	
26	Other ► (	)							
27	Other ► (	)							
28	Other ► (	)							
29	Number of Forms	8283 received by the organi	zation during	g the tax year for c	ontributions				
		inization completed Form 82							
								Yes	No
30a	During the year, d	id the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at le	east three years from the date	e of the initia	al contribution, and	which isn't required to be u	sed for			
		for the entire holding period	-		·		30a		X
b	If "Yes," describe	the arrangement in Part II.							
31		tion have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31		X
32a	Does the organiza	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?						32a		X
b									
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked,			

# **Noncash Contributions**

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Complete if the organizations and the organizations are set of the organization of
Attach to Form 990

#### SCHEDULE M (Form 990)

OMB No. 1545-0047 0047

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	·EZ	OMB No. 1545-0047				
Name of the organization	Blue Mountain Humane Society	Employer ider 91-082	ntification number 8499				
Form 990, Par	rt III, Line 4a, Program Service Accomplishmen	ts:					
the successfu	l completion of our "Unleashing a Brighter Fu	ture" Ca	pital				
<u>Campaign, we</u>	broke ground on a 2,000 square foot addition	to the					
<u>shelter to be</u>	etter meet the diverse and changing needs of t	he people	e and				
pets we are p	privileged to serve. When completed, the build	ing will					
include a dec	dicated surgical suite, community room, furthe	r expande	ed				
cat housing a	and critically needed office space. We are pr	oud of t	he				
progress the	Society continues to make as we move 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.

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>	
Name of the organization Blue Mountain Humane Society	Employer identification number 91-0828499	
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:

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's website.

Governing documents and policies are available upon request.

Form 990, Part XII, Line 2c:

There has been no change in the audit oversight process or selection

process during the year.