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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2016

Prepared for	
	HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS RD DAYTON, OH 45418
Prepared by	FLAGEL HUBER FLAGEL 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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Form	

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax



Image: Application of the second	Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found					cept private foundations	2016
B Check if applicable. C Name of organization D Employer identification number Address Parage HUMANE SOCIETY OF GREATER DAYTON 31-0537073 Mame Privation Ding business as 31-0537073 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 937-268-7387 Finand Finand Perioding City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45418 G Cross receipts \$ 2,470,545 FName and address of principal officer:BRIAN WELTGE SAME AS C ABOVE H(a) Is this a group return for subordinates included? Yes X N I Tax exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5077 J Website: WWW. HUMANESOCIETYDAYTON. ORG H(c) Group exemption number If "No," attach a list. (see instructions) I Tax exempt status: X 501(c)(0) Trust Association Other L Year of formation: 1902 M State of legal domicile: C Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO BUILD A COMMUNITY WHERE ALLL ANIMALS ARE VALUED AND FAMILY LIFE IS ENHANCED THROUGH RELATIONSHIPS 3 1 2 Ch					•	•	
applicable: HUMANE SOCIETY OF GREATER DAYTON 31-0537073 Charges Doing business as 31-0537073 Doing business as Doing business as 31-0537073 Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 937-268-7387 Final Initial 1661 NICHOLAS RD 937-268-7387 City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45418 H(a) Is this a group return for subordinates included? Yes X N Applicat F Name and address of principal officer:BRIAN WELTGE SAME AS C ABOVE H(b) Are all subordinates included? Yes X N I Tax-exempt status: X 501(C)(3) 501(C)((insert no.) 4947(a)(1) or 527 J Website: WWW.HUMANESOCIETYDAYTON • ORG H(c) Group exemption number ▶ K K form of organization: X corporation Trust Association Other ▶ L Year of formation: 1902 M State of legal domicle: C Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO BUILD A COMMUNITY WHERE ALL 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets	Α	For the 2	2016 calend				
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Intervine Number and street (0r P.0. box if mail is not delivered to street address) Room/suite F Telephone number I feturn 1661 NICHOLAS RD 937-268-7387 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 2,470,545 Amended F Name and address of principal officer:BRIAN WELTGE H(a) Is this a group return SAME AS C ABOVE F Name and address of principal officer:BRIAN WELTGE H(b) Are all subordinates? Yes X N J Website: WWW.HUMANESOCIETYDAYTON.ORG H(b) Are all subordinates included? Yes N K form of organization: X Corporation Trut Association Other L Year of formation: 1902 M State of legal domicile: C Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO BUILD A COMMUNITY WHERE ALL ANIMALS ARE VALUED AND FAMILY LIFE IS ENHANCED THROUGH RELATIONSHIPS ANIMALS ARE VALUED AND FAMILY LIFE IS ENHANCED THROUGH RELATIONSHIPS a Number of voting members of the governing body (Part VI, line 1a) 4 1 4 Number of individuals employed in calendar year 2016 (Part V, line 2a) 5 4 6 4 7 7 7 7 a Total unrelated business revenue from Part VIII, column			Doing bu	usiness as		31-05	37073
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I return DATION, ON \$2310 H(a) Is this a group return I return F Name and address of principal officer: BRIAN WELTGE for subordinates? I for subordinates? Ves X N I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes X N J Website: WWW.HUMANESOCIETYDAYTON.ORG H(c) Group exemption number H(c) Group exemption number K(c) Group exemption number M K Form of organization: X Corporation Trust Association Other L Year of formation: 1902 M State of legal domicile: C Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO BUILD A COMMUNITY WHERE ALL ANIMALS ARE VALUED AND FAMILY LIFE IS ENHANCED THROUGH RELATIONSHIPS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 3 1 4 1 1 1 1 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 1 1 4 Total number of voluntees (estimate if		ated				G Gross receipts \$	2,470,545.
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		4 N	umber of ind	ependent voting members of the governing body (Part VI, line 1b)		15	
	es	5 To	otal number	of individuals employed in calendar year 2016 (Part V, line 2a)			40
	ΥİŤ	6 To	otal number	of volunteers (estimate if necessary)		6	454
	Acti						0.
	_	b Ne	et unrelated	business taxable income from Form 990-T, line 34		7b	0.

	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	1,366,201.	1,811,151.
nue	9	Program service revenue (Part VIII, line 2g)	188,288.	205,330.
Reve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,363.	40,416.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,306.	250,396.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,770,158.	2,307,293.
	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.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	689,365.	702,687.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 165,195.		
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	952,615.	1,116,503.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,641,980.	1,819,190.
	19	Revenue less expenses. Subtract line 18 from line 12	128,178.	488,103.
ces			Beginning of Current Year	End of Year
t Assets d Balanc	20	Total assets (Part X, line 16)	2,280,062.	2,873,754.
t As Id B	21	Total liabilities (Part X, line 26)	39,083.	120,595.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	2,240,979.	2,753,159.
D		Cignoture Dia ala		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BRIAN WELTGE, EXECUTION Type or print name and title	/E DIRECTOR		Date			
Paid	Print/Type preparer's name CHRISTOPHER C. MCCASKEY	Preparer's signature	Date	Check PTIN if self-employed P00183788			
Preparer	Firm's name 🕞 FLAGEL HUBER FLA			Firm's EIN 31-0796034			
Use Only	Firm's address 3400 SOUTH DIXIE DRIVE						
	DAYTON, OH 45439		Phone no. (937)299-3400				
May the IF	Aay the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check * Schedule Contains a response on tote bany line in this Part III. I Briefy describe the organization's mission: BUILDING LOVING RELATIONSHIPS BETWEEN PEOPLE AND PETS. Did the organization undertake any significant program services during the year which were not listed on the program Services on Schedule 0. 1 May: describe these new services on Schedule 0. 2 Did the organization reagenetic on compliation transmitted by approximate services, as measured by expanses. Section 501(c)(2) and 201(c)(0) organization are required to report the amount of grants and alcolators to other, the total sepanse, and revenue, any description textor accompliation transmitter and the sector of grants and alcolators to other, the total sepanse, and revenue, any description of PACILITIES TO ROUSE AND CARE PGR UNNARTED FERS UNTIL THEY CAN BE FLACED IN THE CARE OF QUALIFIED PERSONS. 1, 660 ANIMALS WERE PLACED IN 2016. 1 (cost)] (sponses) 2 (cost)] (sponses) 2 (cost)] (sponses) 3 (cost)] (sponses) 40 (cost)] (sponses) 556, 626. sector grants of a program services, as measured by expanses. 2 (cost)] (sponses) 556, 626. 2 (cost)] (sponses) 76, 379) 9 (cost)] (sponses) 76, 379) 9 (cost)		990 (2016) HUMANE SOCIETY OF GREATER DAYTON	31-0537073	Page 2
1 Belly describe the cognitization's mission: BUILDING LOVING RELATIONSHIPS BETWEEN PEOPLE AND PETS. 2 Did the cognitization undertake any significant program services during the year which were not listed on the proform 590 or 590 cf 500 cf	Pai	t III Statement of Program Service Accomplishments		
1 Belly describe the cognitization's mission: BUILDING LOVING RELATIONSHIPS BETWEEN PEOPLE AND PETS. 2 Did the cognitization undertake any significant program services during the year which were not listed on the proform 590 or 590 cf 500 cf		Check if Schedule O contains a response or note to any line in this Part III		
pror Form 990 or 990 cf 200 c22 □ Yes; [X] No If Yes; (describe the sequences on Schedule 0. 3 30 Dd the organization cases conducting, or make significant changes in how it conducts, any program services?	1	Briefly describe the organization's mission:		
pror Form 990 or 990 cf 200 c22 □ Yes; [X] No If Yes; (describe the sequences on Schedule 0. 3 30 Dd the organization cases conducting, or make significant changes in how it conducts, any program services?				
pror Form 990 or 990 cf 200 c22 □ Yes; [X] No If Yes; (describe the sequences on Schedule 0. 3 30 Dd the organization cases conducting, or make significant changes in how it conducts, any program services?				
pror Form 990 or 990 cr 900 cr 90				
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	prior Form 990 or 990-EZ?	Yes	X No
If "Yes, describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 4 (code:) (Common S 334,938. including grants of s) (increments 117,196.) ANIMAL CARE AND PLACEMENTOPERATION OF FACILITIES TO HOUSE AND CARE FOR UNWANTED PERS UNTIL THEY CAN BE PLACED IN THE CARE OF QUALIFIED PERSONS. 1,860 ANIMALS WERE PLACED IN 2016. 556,626. increasing grants of s) (increases 76,379.) OPERATION OF ANIMAL CILITCMAINTAIN FACILITIES TO NEUTER AND SPAY ANIMALS AND TO TREAT SICK ANIMALS THAT ARE BROUGHT TO THE HUMANE SOCIETY. 3,632 ANIMALS WERE SPAYED OR NEUTERED IN 2016. 6 (code:) (increases 11,581. including grants of s) (increases) (incre				
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	48		 Form 9	90 (2016)

Form 990 (2016)	HUMANE	SOCIETY	OF	GREATER	DAYTON
Part IV Checklist o	f Required Sc	hedules			

1 01				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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			
Ū	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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		х

Form **990** (2016)

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 Form 990 (2016)
 HUMANE
 SOCIETY
 OF
 GREATER
 DAYTON

 Part IV
 Checklist of Required Schedules (continued)
 Continued
 Continued</t

			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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
~ ~	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>	24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a L	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
С		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule L, Part IV</i>	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	5 5 (7,7)	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
07	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	0.7		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
	(gambling) winnings to prize winners?			1c	X	
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	40		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		-		v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x
L.	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int) ?	4a		
D	If "Yes," enter the name of the foreign country:	Nooce				
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ec		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 5b		X
				50 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			50		
oa		-		60		x
h	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
U			-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the navor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
v	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	-		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the encoder construction mode a distribution to a demonstration of the second state of a second			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:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا مور	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	I	4.4-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		

bid the organization receive any payments for indeor tarining services during the tax years	ITu	
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
	-	-

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Form 990	(2016)	HUMANE	SOCIETY	OF	GREATER	DAYTON
Part V	Statements	Regarding C	Other IRS Fili	ngs	and Tax Cor	npliance

Part V	Statements Regarding Other IRS Filings and Tax Compl
	Check if Schedule O contains a response or note to any line in this Part V

2016)	HUMANE	SOCIETY	OF	GREATER	DAYTON

Section A. Governing Body and Management

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

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing

Form 990 (2

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.

	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	15	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:						
а	The governing body?			8a	X X				
b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e 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 ch	apter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				37				
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v				
	The organization's CEO, Executive Director, or top management official			15a	X	v			
b	Other officers or key employees of the organization			15b		X			
40	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 arrangem					Х			
	taxable entity during the year?			16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-						
				104					
800	exempt status with respect to such arrangements?			16b					
17	List the states with which a copy of this Form 990 is required to be filed \triangleright OH								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	00.501(c)(3)s.00(v)	availah	ما				
10	for public inspection. Indicate how you made these available. Check all that apply.	(0601		availab					
	Own website IX Another's website X Upon request Other (explain the context of the	in Sch	edule ())						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			d finan	cial				
	statements available to the public during the tax year.			a mail	5.41				
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records:						
20	THE ORGANIZATION - 937-268-7387	-no al							
	1661 NICHOLAS RD, DAYTON, OH 45418								
63200	11-11-16			Form	990	(2016)			
	6					/			

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Yes No

Part VII	Coi	mpensation	of Officers	, Directors,	, Trustees,	Key Employees,	Highest	Compensa	ted
	Em	ployees, an	d Independ	ent Contra	ctors				

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	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual	In stitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) KIM LOPEZ	1.00									
CHAIR		X		Х				0.	0.	0.
(2) JOYCE COLOGY	1.00									
FIRST VICE CHAIR		X		Х				0.	0.	0.
(3) NICHOLAS DAVIS	1.00									
SECOND VICE CHAIR		Х		Х				0.	0.	0.
(4) JIM HOFFMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) CHRISTY MAUCH	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MIKE BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ERNEST BADMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LISA BLOCK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KIM FRISCO	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) DEBORAH LINZ	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) KATHY PAYNE	1.00									_
BOARD MEMBER		X						0.	0.	0.
(12) BETH REDDEN	1.00									_
BOARD MEMBER		X						0.	0.	0.
(13) SHARON SCHRODER	1.00									_
BOARD MEMBER		X						0.	0.	0.
(14) KENT SHOLDER	1.00									-
BOARD MEMBER		X						0.	0.	0.
(15) KEVIN SIMON	1.00									-
BOARD MEMBER		X						0.	0.	0.
(16) BRIAN WELTGE	50.00								_	
PRESIDENT AND CEO				Х				87,920.	0.	0.

Form 990 (2016)

		E SOCIETY ()F	GF	REZ	١T	ER	D	AYTON	31-05	370	73	Page 8
Pa	rt VII Section A. Officers, Directors		ploy	ees			ghes	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box,	not c , unle	ss pe	ition more rson i	than c is both pr/trust	ı an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F Estim amou oth	ated nt 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	C)	comper from organii and re organiz	the zation elated
											_		
											_		
с	Sub-total Total from continuation sheets to P	Part VII, Section A					J		87,920.		0.0.0		0.
d 2	I Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization	but not limited to th							87,920. eceived more than \$100),000 of reportable	-		0.
												Ye	s No
3	Did the organization list any former o line 1a? If "Yes," complete Schedule				-	·	•		highest compensated e			3	x
4	For any individual listed on line 1a, is and related organizations greater that		le co	omp	ensa	atior	n and	ot	her compensation from			4	x
5	Did any person listed on line 1a receiv	ve or accrue comper	nsati	ion f	rom	any	unre	elat	ted organization or indiv				
Sec	rendered to the organization? If "Yes, ction B. Independent Contractors	<u>" complete Schedule</u>	e J fo	or si	uch	pers	son			<u></u>	<u></u>	5	X
1	Complete this table for your five high	-									oensat	ion fron	n
		A) siness address		ONE		VILLI			(B) Description of s		Cor	(C) mpensa	tion
								_					
2	Total number of independent contrac \$100,000 of compensation from the c		ot lir	mite	d to		se lis)	tec	d above) who received n	nore than			

		(2016) HUMANE SOCIE	ETY OF GRE	ATER DAYTO	N	31-053	7073 Page 9
Par	rt VII						
		Check if Schedule O contains a respon	se or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excludec from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a	29,130.				
Dun		Membership dues 1b	- /				
الم م		Fundraising events	17,532.				
ar/		Related organizations 11					
s, o		Government grants (contributions) 1e					
r Si		All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	L,764,489.				
da	g	Noncash contributions included in lines 1a-1f: \$	17,532.				
an	h	Total. Add lines 1a-1f		1,811,151.			
			Business Code				
9	2 a	ADOPTION FEES-SHELTER	900099	117,196.			
e Xi	b		900099	76,379.			
enu Se	с	OWNER RLS FEES-SHELTER	R 900099	11,755.	11,755.		
leve	d						
Program Service Revenue	е						
ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f	►	205,330.			
	3	Investment income (including dividends, int					
		other similar amounts)	►	32,922.			32,922
	4	Income from investment of tax-exempt bon	1 .				
	5	Royalties	·····				
		(i) Real	(ii) Personal				
	6 a						
	b	· · · · · · · · · · · · · · · · · · ·					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory					
	a	Less: cost or other basis					
		and sales expenses	1				
	с d	Gain or (loss) 7,494		7,494.			7,494
		Gross income from fundraising events (not		7,1910			7,191
anu	0 a	including \$ 17,532. of					
evel		contributions reported on line 1c). See					
Å		Part IV, line 18	a 342,693.				
Other Revenue	b	Less: direct expenses	ь 142,735.				
Ó		Net income or (loss) from fundraising event		199,958.			199,958
		Gross income from gaming activities. See		,			
		Part IV, line 19	a 38,737.				
	b	Less: direct expenses	ь 18,756.				
		Net income or (loss) from gaming activities		19,981.			19,981
		Gross sales of inventory, less returns					
		and allowances	a 13,672.				
	b	Less: cost of goods sold	ь 1,761.				
	с	Net income or (loss) from sales of inventory	►	11,911.	11,911.		
		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS	900099	18,546.	18,546.		
	b		_				
	С			ļ			
		All other revenue					
	е	Total. Add lines 11a-11d		18,546.	0.05 5.05		0.00 0.00
	12	Total revenue. See instructions.	>	2,307,293.	235,787.	0	. 260,355.

Part IX Statement of Functional Expenses

HUMANE SOCIETY OF GREATER DAYTON

	Check if Schedule O contains a respons	e or note to any line in to any line	this Part IX (B)	(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	07 000		1	
	trustees, and key employees	87,920.	70,336.	17,584.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E 4 0 0 4 E		<u> </u>	.
7	Other salaries and wages	540,047.	406,254.	59,899.	73,894
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10.000	0 000		0.407
9	Other employee benefits	12,063.	8,903.	670.	2,490 5,347
0	Payroll taxes	62,657.	49,459.	7,851.	5,34
1	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	7 000	7 000		
	Investment management fees	7,999.	7,999.		
g	Other. (If line 11g amount exceeds 10% of line 25,	255,346.	128,198.	01 115	10 723
_	column (A) amount, list line 11g expenses on Sch 0.)	17,936.	10,762.	84,415.	<u>42,733</u> 7,174
2	Advertising and promotion	75,338.	17,953.	53,795.	3,590
3	Office expenses	75,550.	17,955.	55,795.	5,590
4	Information technology				
5	Royalties	18,352.	18,352.		
6		10,352.	10,352.		
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
) 1	Interest				
1 ว	Payments to affiliates	67,186.	67,186.		
2		23,016.	23,016.		
3 1	Other expenses, Itemize expenses not covered	23,010.	23,010.		
r	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	199,517.	199,517.		
a h	VETERINARIAN SUPPLIES	113,971.	113,971.		
и С	UTILITIES	49,458.	49,458.		
c d	FACILITY MAINTENANCE	47,077.	47,077.		
	All other expenses SEE SCH O	241,307.	184,704.	26,636.	29,96
e 5	Total functional expenses. Add lines 1 through 24e	1,819,190.	1,403,145.	250,850.	165,19
, ;	Joint costs. Complete this line only if the organization	_, , , ,	_,,,		
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Classification if following SOP 98-2 (ASC 958-720)				

632010 11-11-16

HUMANE SC	CIETY	OF	GREATER	DAYTON
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		Check if Schedule O contains a response or note to ar	v line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		384,287.	1	916,494.
	2	Savings and temporary cash investments		231,019.	2	171,709.
	3	Pledges and grants receivable, net			3	65,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated er	nployees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 50	1(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr). Comp	F		6	
Assets	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,510.	9	2,195.
	10a	Land, buildings, and equipment: cost or other	1 800 805			
		basis. Complete Part VI of Schedule D 10a	1,730,585.			
	b	Less: accumulated depreciation 10b	1,018,118.	706,447.		712,467.
	11	Investments - publicly traded securities		948,609.	11	1,005,699.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		100	14	100
	15	Other assets. See Part IV, line 11		<u>190.</u> 2,280,062.	15	190.
	16	Total assets. Add lines 1 through 15 (must equal line 3		39,083.	16	2,873,754.
	17	Accounts payable and accrued expenses	39,003.	17	120,595.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
Liabilities	22	Loans and other payables to current and former office				
ilidi		key employees, highest compensated employees, and			22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated th			22	
	23	Unsecured notes and loans payable to unrelated third	F		23	
	25	Other liabilities (including federal income tax, payables			27	
	20	parties, and other liabilities not included on lines 17-24				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		39,083.	26	120,595.
		Organizations that follow SFAS 117 (ASC 958), check		· · · · · · · · · · · · · · · · · · ·		
Sé		complete lines 27 through 29, and lines 33 and 34.				
лс.	27	Unrestricted net assets		1,920,199.	27	2,432,193.
ala	28	Temporarily restricted net assets		172,364.	28	172,550.
Ыd	29			148,416.	29	148,416.
Fund Balances		Organizations that do not follow SFAS 117 (ASC 95	8), check here 🕨 🗌			
ę		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income,	or other funds		32	
z	33	Total net assets or fund balances		2,240,979.	33	2,753,159.
	34	Total liabilities and net assets/fund balances		2,280,062.	34	2,873,754.

Form **990** (2016)

Form 990 (2016)
Part X Balance Sheet

	1990 (2016) HUMANE SOCIETY OF GREATER DAYTON	31-053	37073	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			I	
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	2,240	9,19 3,1(),97 1,07	90. 03. 79. 77. 0.
_	column (B))	10	2,753	3,15	59.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				X
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 Were the organization's financial statements compiled or reviewed by an independent accountant?			Yes	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	d on a		x	
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	edule O. ngle Audit	. 2c	x	
	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		3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Eorm	990 (3	2016)

Form **990** (2016)

SCHEDULE A	
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Department of the Treasury

(Form 99) or 99	0-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2016	
Open to Public	

OMB No. 1545-0047

Internal Revenue Service

	_	
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	rm99) 0.

Nam	Name of the organization Employer identification number								
		HUMA	NE SOCIETY	OF GREATER	DAYTO	N		3	1-0537073
Pai	τI	Reason for Public	Charity Status (/	All organizations must co	omplete th	iis part.) Se	ee instruction	S.	
The o	organ	nization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					ii).		
4		A medical research organiz)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in :	section 1	70(b)(1)(A)	(v).		
7	Х	An organization that norma	-					the general	public described in
		section 170(b)(1)(A)(vi). (C			U U			Ū	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or				ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:						-	
10		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	Ind gross receipts from
		activities related to its exen	•		-			-	-
		income and unrelated busi							
		See section 509(a)(2). (Co						-	
11		An organization organized	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	egrated. A supporting	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)
		that is not functionally int	с С	e ,	•		•	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, o		nally integrated support	ing organi	zation.			
f		er the number of supported of	•						
g		vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the ora:	nization listed	(v) Amount o	fmonotony	(vi) Amount of other
	(organization		(described on lines 1-10		anization listed ing document?	support (see ii	,	support (see instructions)
		0.9		above (see instructions))	Yes	No			

Schedule A (Form 990 or 990-EZ) 2016 HUMANE SOCIETY OF GREATER DAYTON Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	873,929.	1031874.	1075766.	1048118.	983,960.	5013647.		
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	873,929.	1031874.	1075766.	1048118.	983,960.	5013647.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						63,688.		
6	Public support. Subtract line 5 from line 4.						4949959.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Amounts from line 4	873,929.	1031874.	1075766.	1048118.	983,960.	5013647.		
	Gross income from interest,					,			
Ŭ	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	25,404.	30,221.	44,757.	44,831.	32,922.	178,135.		
9	Net income from unrelated business			,			_/ _ /		
3	activities, whether or not the								
	business is regularly carried on	96,668.	169,036.	127,609.	155,138.	219,939.	768,390.		
10	Other income. Do not include gain	50,0001	200,0000		20072001		,,		
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	47,540.				18,546.	66,086.		
44	Total support. Add lines 7 through 10	17,5100				10,510.	6026258.		
	Gross receipts from related activities,		200)			12 1	,137,901.		
	First five years. If the Form 990 is for		,	d fourth or fifth to			,137,301.		
13	organization, check this box and stop	-	s inst, second, trii	u, iourin, or munic	ax year as a sectio	11 50 1(0)(5)			
Sec	ction C. Computation of Publ		rcentage						
-	Public support percentage for 2016 (I			olumn (f))		14	82.14 %		
	Public support percentage for 2015					15	82.75 %		
	33 1/3% support test - 2016. If the c								
104		-							
h	stop here. The organization qualifies								
L L	33 1/3% support test - 2015. If the c								
47-	and stop here. The organization qual								
ı/a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
b		-							
	more, and if the organization meets th								
	organization meets the "facts-and-circ								
18	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2016 HUMANE SOCIETY OF GREATER DAYTON 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	ization,
_	check this box and stop here		-				>
-	ction C. Computation of Public						
	Public support percentage for 2016 (lin					15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	tment Incom	ne Percentage)		· · ·	
17	Investment income percentage for 201	l 6 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
1 9a	33 1/3% support tests - 2016. If the o	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b	33 1/3% support tests - 2015. If the o	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The org	anization qualifies	as a publicly supp	oorted organizatio	n ▶∐
20	Private foundation. If the organization	did not check a	1 box on line 14, 19	9a, or 19b, check t			
63202	23 09-21-16				Sch	nedule A (Form 99	90 or 990-EZ) 2016

Yes

No

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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990 EZ) 2016 HUMANE SOCIETY OF GREATER DAYTON Part IV Supporting Organizations (continued)

II has the organization accepted a gift or contribution from any of the following persons? Image: https://doi.org/10.10000/10.10000/10.1000/10.1000/10.1000/10.1000/10.1000/10.1000/10				Yes	No
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 Barent of Supported Organizations. Answer (a) and (b) below. 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. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2h		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, directors, directors, directors, directors, directors, director	2		20		
trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the sup					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		20		
	h		Ja		
	J		3b		

s. All

Sche	edule A (Form 990 or 990-EZ) 2016 HUMANE SOCIETY OF GREATE	ER D	AYTON	<u>31-0537073 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain i	n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Sec	tion 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	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) 2016 HUMANE SOCIETY OF GREATER DAYTON

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	. (ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
	From 2013			
	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h			
0	-			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
'	and 4c			
8	Breakdown of line 7:			
<u> </u>				
-	Excess from 2013			
-	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
	LV0299 110111 2010			

Part VI Supplemental Infor Part IV, Section A, lines 1	HUMANE SOCIETY OF GI mation. Provide the explanations requ , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a,	ired by Part II, line 10; Part II, lir 11b, and 11c; Part IV, Section	B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and 3; Part IV, Section E, lines 1c, 8; and Part V, Section E, lines 2, 5, and 6	2a, 2b, 3a, and 3b; Part V, line Also complete this part for an	1; Part V, Section B, line 1e; Part V, y additional information.
SCHEDULE A, PART II	, LINE 10, EXPLANATIO	ON FOR OTHER INC	OME:
MISCELLANEOUS			
2012 AMOUNT: \$ 47	,540.		
2016 AMOUNT: \$ 18	,546.		
632028 09-21-16			Schedule A (Form 990 or 990-EZ) 2016

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

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

|--|

HUMANE	SOCIETY	OF	GREATER	DAYTON	
Organization type (check one):					

5 51 (
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

31-0537073

HUMANE SOCIETY OF GREATER DAYTON

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 55,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Х Person Payroll 400,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 X Person Payroll 240,735. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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

31-0537073

HUMANE SOCIETY OF GREATER DAYTON

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

Part II	Noncash Property (See instructions). Use duplicate copies of Part I	ii ir additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		—	
		— — \$	
		^Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		-	
		— _{\$}	

Name of orga	nization			Employer identification number
HUMANE	SOCIETY OF GREATER DA	YTON		31-0537073
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000	owing line entry. For organizatio	Ins
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
 - -				
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4		ansferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
 -		(e) Transfer of gi	 ft	
	Transferee's name, address, a			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
- - -		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(h) During of sift			cription of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	
-		(e) Transfer of g	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
-				

SCHEDULE I)
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Department of the Treasury

(Form 990)

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. Den about Schedule D (Form 990) and its instructions is at www.is of



Interna	Revenue Service Information about Schedule D (Fe	orm 990) and its instructions is at www.irs.g	ov/form990.	Inspection
	of the organization HUMANE SOCIETY OF		3	identification number $1 - 0537073$
Par	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, I			
		(a) Donor advised funds	(b) Funds an	d 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	n writing that the assets held in donor advised	l funds	
	are the organization's property, subject to the organization'	's exclusive legal control?		_ Yes No
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose co	onferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the o	organization answered "Yes" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).		
	Preservation of land for public use (e.g., recreation or	r education)	cally important la	and area
	Protection of natural habitat	Preservation of a certifie	ed historic struct	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	a conservation	easement on the last
	day of the tax year.		Held	at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic s	structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic structure	e l	
	listed in the National Register			
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the c	organization duri	ng the tax
	year 🕨			
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conse	rvation easemen	ts during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements du	iring the year
-	\$		<i></i>	
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?			Ves No
9	In Part XIII, describe how the organization reports conserva	•	,	,
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes th	e organization's	accounting for
Da	conservation easements. t III Organizations Maintaining Collections	of Art Historical Treasures or Oth	or Similar A	ecote
1 0	Complete if the organization answered "Yes" on For			33613.
10			nt and balance (boot works of art
Id	If the organization elected, as permitted under SFAS 116 (A historical treasures, or other similar assets held for public e			
	the text of the footnote to its financial statements that desc			ce, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (A		nd balanco shor	t works of art historical
b				
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publi	c service, provid	e the following amounts
	relating to these items:		► ¢	
	(i) Revenue included on Form 990, Part VIII, line 1		N A	
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical to	roasuros, or other similar assets for financial o		
2			jairi, provide	
~	the following amounts required to be reported under SFAS	TTO (AGO 800) Telating to these items:	▶ \$	
a	Revenue included on Form 990, Part VIII, line 1		Ψ	

a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
632051	1 08-29-16	

►

Sche		SOCIETY OF					37073	
Pa	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Simi	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	a significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	U Other					
с	Preservation for future generations							
4	Provide a description of the organization's c					ose in Par	t XIII.	
5	During the year, did the organization solicit of					_	7	
	to be sold to raise funds rather than to be m						Yes	└── No
Pai	t IV Escrow and Custodial Arran	-	te if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						٦	V
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
-	Distributions during the year							
f	Ending balance					l		
	Did the organization include an amount on F				• • • • • • •	L	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete i					vooro book	(a) Fours	aara baak
4.		(a) Current year 202,808.	(b) Prior year 202,808.	(c) Two years back 202,808		202,808.		202,808.
	Beginning of year balance	202,000.	202,000.	202,000	•	202,000.		.02,000.
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	202,808.	202,808.	202,808	· ·	202,808.		202,808.
g	End of year balance	,			•	202,000.	2	.02,000.
2	Provide the estimated percentage of the cur	26.82		a)) neid as:				
	Board designated or quasi-endowment ► Permanent endowment ► 73.18		_%					
	·	%						
C	Temporarily restricted endowment	%						
30	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that are hold a	nd administored fo	r tha araani	zation		
Ja	by:		alion that are new a	nu auministereu io	r the organ	zation		es No
							3a(i)	<u> </u>
	0 0							
h	(ii) related organizations	ations listed as requir	ed on Schedule R2				3b	
4	Describe in Part XIII the intended uses of the						50	
	t VI Land, Buildings, and Equipm		whield lands.					
	Complete if the organization answere		Part IV line 11a S	See Form 990 Part	X line 10			
	Description of property	(a) Cost or of	· · · · · ·		Accumulat	ed	(d) Book	value
	Description of property	basis (investr			depreciation		(u) Book	Value
1a	Land	· · · · ·	,		,			
	Buildings		1.25	0,019.	730,5	49.	519	,470.
	Leasehold improvements			0,722.	86,7			,997.
	Equipment			8,943.	168,0			,874.
	Other			0,901.	32,7			,126.
	Add lines 1a through 1e. (Column (d) must e							<u>,</u> 467.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes"	on Form 990, Part IV, lir			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end	d-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.				
		44 - 0 F 000 B	ant M. Kara 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, lin (b) Book value	ie 11c. See Form 990, P	art X, line 13.	d-of-year market value
	(b) BOOK Value	(C) Method of Val	uation. Cost or end	1-01-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, lin	ne 11d. See Form 990, P	art X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Part X Other Liabilities.	, 10.,			
Complete if the organization answered "Yes"	on Form 000 Part IV lir	o 110 or 11f Soo Form	000 Part V lina 25	
(a) Description of lightlifts		(b) Book value	550, 1 art A, iirie 25	·
(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 fin	ancial statements	that reports the

HUMANE SOCIETY OF GREATER DAYTON

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 🔟

31-0537073 Page 3

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2016 🛛 🛛 🖁	HUMANE	SOCIETY	OF	GREATER	DAYTON		31-	-0537073	Page 4
Pa	rt XI Reconciliation of I	Revenue p	per Audited	Finar	ncial Statem	ents With	Revenue per F	Retur	'n.	
	Complete if the organiza	ation answere	ed "Yes" on For	m 990,	Part IV, line 12	a.				
1	Total revenue, gains, and other	r support per	audited financia	al state	ments			1	2,492	,861.
2	Amounts included on line 1 but	t not on Form	990, Part VIII, I	ine 12:						
а	Net unrealized gains (losses) or	n investments	s			. 2a	24,077.	•		
b	Donated services and use of fa	acilities				. 2b				
с	Recoveries of prior year grants					2c				
d	Other (Describe in Part XIII.)					. 2d	161,491.	•		
е	Add lines 2a through 2d							2e	185	,568.
3	Subtract line 2e from line 1							3	2,307	<u>,293.</u>
4	Amounts included on Form 990									
а	Investment expenses not inclue	ded on Form	990, Part VIII, li	ne 7b		. 4 a				
b	Other (Describe in Part XIII.)					4b				_
С	Add lines 4a and 4b							4c		0.
5	Total revenue. Add lines 3 and	4c. (This mus	st equal Form 99	90. Par	t I. line 12.)			5	2,307	,293.
	rt XII Reconciliation of I	Expenses	per Audited	l Fina	ncial Stater	nents With				
	rt XII Reconciliation of I Complete if the organiza	Expenses ation answere	per Audited	l Fina m 990,	ncial Stater Part IV, line 12	nents With a.	i Expenses per		urn.	
	rt XII Reconciliation of I Complete if the organiza Total expenses and losses per	Expenses ation answere audited finan	per Audited ed "Yes" on Form notial statements	l Fina m 990,	ncial Stater Part IV, line 12	nents With a.	i Expenses per			
Pa	Total expenses and losses per Amounts included on line 1 but	Expenses ation answere audited finan t not on Form	per Audited ed "Yes" on Form incial statements in 990, Part IX, lir	I Fina m 990, s ne 25:	ncial Stater Part IV, line 12	nents With a.	i Expenses per		urn.	
Pa 1	Tt XII Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa	Expenses ation answere audited finan t not on Form acilities	per Audited ed "Yes" on Forn ncial statements n 990, Part IX, lir	HFina m 990, s ne 25:	ncial Stater Part IV, line 12:	nents With a. 2a	i Expenses per		urn.	
Pa 1 2	Tt XII Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments	Expenses ation answere audited finan t not on Form acilities	per Audited ed "Yes" on Forn ncial statements n 990, Part IX, lir	I Fina m 990, s ne 25:	ncial Stater Part IV, line 12	nents With a. 	i Expenses per		urn.	
Pa 1 2 a	Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses	Expenses ation answere audited finan t not on Form acilities	per Audited ed "Yes" on Forn ncial statements n 990, Part IX, lir	I Fina m 990, ne 25:	ncial Stater Part IV, line 12	2a 2b 2c	i Expenses per		urn.	
Pa 1 2 a b	Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.)	Expenses ation answere audited finan t not on Form acilities	per Audited ed "Yes" on Forn ncial statements n 990, Part IX, lir	I Fina m 990, ne 25:	ncial Stater Part IV, line 12	2a 2b 2c	i Expenses per	r Ret	urn.	,681.
Pa 1 2 a b	Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Expenses ation answere audited finan t not on Form acilities	per Audited ed "Yes" on Form noial statements n 990, Part IX, lin	I Fina m 990, ne 25:	ncial Stater Part IV, line 12	2a 2b 2c 2d	161,491.	r Ret	urn. <u>1,980</u> 161	<u>,681.</u> ,491.
Pa 1 2 a b c d	Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.)	Expenses ation answere audited finan t not on Form acilities	per Audited ed "Yes" on Form noial statements n 990, Part IX, lin	I Fina m 990, ne 25:	ncial Stater Part IV, line 12	2a 2b 2c 2d	161,491.	r Ret	urn.	<u>,681.</u> ,491.
Pa 1 2 b c d e	Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990	Expenses ation answere audited finan t not on Form acilities 0, Part IX, line	per Audited ed "Yes" on Form ncial statements n 990, Part IX, lin 990, but not on	I Fina m 990, ne 25:	ncial Stater Part IV, line 12	2a 2b 2c 2d	161,491.	r Ret	urn. <u>1,980</u> 161	<u>,681.</u> ,491.
Pa 1 2 a b c d 3	Reconciliation of I Complete if the organization Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 Investment expenses not included	Expenses ation answere audited finan t not on Form acilities 0, Part IX, line ded on Form	per Audited ed "Yes" on Form noial statements n 990, Part IX, lin e 25, but not on 990, Part VIII, lin	I Fina m 990, ne 25: line 25:	ncial Stater Part IV, line 12	2a 2b 2c 2d	161,491.	r Ret	urn. <u>1,980</u> 161	<u>,681.</u> ,491.
Pa 1 2 a b c d e 3 4	Reconciliation of I Complete if the organization Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 Investment expenses not include Other (Describe in Part XIII.)	Expenses ation answere audited finan t not on Form acilities 0, Part IX, line ded on Form	per Audited ed "Yes" on Form noial statements n 990, Part IX, lin e 25, but not on 990, Part VIII, lin	I Fina m 990, ne 25: line 25:	ncial Stater Part IV, line 12	2a 2b 2c 2d	161,491.	r Ret	urn. <u>1,980</u> 161	<u>,681.</u> ,491.
Pa 1 2 a b c d 3 4 a	Reconciliation of I Complete if the organization Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 Investment expenses not include Other (Describe in Part XIII.) Add lines 4a and 4b	Expenses ation answere audited finan t not on Form acilities 0, Part IX, line ded on Form	per Audited ed "Yes" on Forn ncial statements n 990, Part IX, lin e 25, but not on 990, Part VIII, li	I Fina m 990, ne 25: line 1: ne 7b	ncial Stater Part IV, line 12	2a 2b 2c 2d 2d	161,491.	Ret	urn. 1,980 161 1,819	,681. ,491. ,190.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of I Complete if the organiza Total expenses and losses per Amounts included on line 1 but Donated services and use of fa Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 Investment expenses not included other (Describe in Part XIII.)	Expenses ation answere audited finan t not on Form acilities 0, Part IX, line ded on Form d 4c. (This mo	per Audited ed "Yes" on Forn ncial statements n 990, Part IX, lin e 25, but not on 990, Part VIII, li	I Fina m 990, ne 25: line 1: ne 7b	ncial Stater Part IV, line 12	2a 2b 2c 2d 2d	161,491.	Ret	urn. <u>1,980</u> 161	,681. ,491. ,190.

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 X, LINE 2:

THE SOCIETY DETERMINES THE RECOGNITION OF UNCERTAIN TAX POSITIONS, IF
APPLICABLE, THAT MAY SUBJECT THE SOCIETY TO UNRELATED BUSINESS INCOME TAX
NECESSARY BY APPLYING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND
DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS CONSIDERING THE
AMOUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON
ULTIMATE SETTLEMENT WITH TAX AUTHORITIES. THE SOCIETY HAS NO TAX
POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. THE SOCIETY BELIEVES
IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO
2013.

Schedule D (Form 990) 2016 HUMANE SOCIETY OF GREATER DAYTON Part XIII Supplemental Information (continued)	31-0537073 Page 5
SPECIAL EVENTS COSTS RECLASSIFIED ON FORM 990	142,735.
GAMING COST RECLASSIFIED ON FORM 990	18,756.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	161,491.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS COSTS RECLASSIFIED ON FORM 990	142,735.
GAMING COST RECLASSIFIED ON FORM 990	18,756.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	161,491.

SCHEDULE G	ental Information Regarding		draia	ing or Coming	Activitico	OMB No. 1545-0047	
(Form 990 or 990-F7)	he organization answered "Yes" on organization entered more than \$1	Form	990, F	Part IV, line 17, 18, o		2016	
Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection							
Name of the organization Employer identification numbe HUMANE SOCIETY OF GREATER DAYTON 31-0537073							
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
required to complete this part.							
 a X Mail solicitations b Internet and email solicitation c Phone solicitations 	b Internet and email solicitations f Solicitation of government grants						
 d In-person solicitations 2 a Did the organization have a written 	or oral agreement with any individua	l (inclu	dina o	fficare directore tru	stees or		
	Part VII) or entity in connection with p	•	•			Yes 🗌 No	
b If "Yes," list the 10 highest paid inc compensated at least \$5,000 by th	· /·	uant to	agree	ments under which	the fundraiser is	to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)	
GRIZZARD - 229 PEACHTREE ST		Yes	No	5.00.000	170.0	21 200 001	
NE, ATLANTA, GA 30303	DIRECT MAIL		X	560,022.	170,9	31. 389,091.	
Total			. 🕨	560,022.	170,9	31. 389,091.	
3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit	contrik	oution	s or has been notified	d it is exempt fro	om registration	

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

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				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CAPITAL CAMPAIGN	PET AFFLAIRE	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(01011)(0)		(1010111001)	
Revenue	1	Gross receipts	148,800.	100,441.	110,984.	360,225.
	2	Less: Contributions		17,532.		17,532.
	3	Gross income (line 1 minus line 2)	148,800.	82,909.	110,984.	342,693.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	62,002.		29,286.	142,735.
	10	Direct expense summary. Add lines 4 through				142,735.
Da	11 rt					199,958.
Fd		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 off Form 990-EZ, life 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue			38,737.	38,737.
	-				-	
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes			18,756.	18,756.
Direct E	4	Rent/facility costs				
	F	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	X Yes 100 %	
	6	Volunteer labor			□ No	
	7	Direct expense summary. Add lines 2 through				18,756.
	'	Direct expense summary. Add intes 2 through				2077000
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			19,981.
9	En	ter the state(s) in which the organization condu	ucts gaming activities: O	Н		
		the organization licensed to conduct gaming a				X Yes No
b	lf "	No," explain:				
40	<u></u>					v v
		ere any of the organization's gaming licenses re		-	-	Yes X No
b	IT "	Yes," explain:				

632082 09-12-16

Sch	edule G (Form 990 or 990-EZ) 2016 HUMANE SOCIETY OF GREATER DAYTON 31-0	537(073	Page 3
11			Yes	X 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?	<u>ا</u>	Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
á	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			
	Address			
		_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>ا ا ا</u>	Yes	X No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	: If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	ِ 🗌 <i>۱</i>	Yes	X No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v);	nes 9, 9	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<u>S:</u>		
(I) NAME OF FUNDRAISER: GRIZZARD			
-				
(1) ADDRESS OF FUNDRAISER: 229 PEACHTREE ST NE, ATLANTA, GA 303	03		
<u> </u>				

I GILIV	/	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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



Employer identification number

31-0537073

HUMANE SOCIETY OF GREATER DAYTON

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH PETS.

FORM 990, PART VI, SECTION B, LINE 11B:

FINANCE COMMITTEE WILL REVIEW FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ARE REQUIRED TO

DISCLOSE INFORMATION THAT COULD GIVE RISE TO A CONFLICT OF INTEREST BY

SIGNING AND DATING A STATEMENT INDICATING COMPLIANCE WITH THE ENTITY'S

CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE PERFORMANCE OF THE EXECUTIVE

DIRECTOR TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES128,198.MANAGEMENT AND GENERAL EXPENSES84,415.FUNDRAISING EXPENSES42,733.

TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2016)

255,346.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization ULIMANE COCLEMY OF CREAMED DAYMON	Employer identification number
HUMANE SOCIETY OF GREATER DAYTON	31-0537073
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	255,346.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	SES:
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	30,505.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,639.
TOTAL EXPENSES	44,144.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	42,057.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,057.
ANIMAL SUPPLIES AND FOOD:	
PROGRAM SERVICE EXPENSES	29,945.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,945.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	17,115.
MANAGEMENT AND GENERAL EXPENSES	3,418.
FUNDRAISING EXPENSES	2,256.
TOTAL EXPENSES	22,789.

<u>Schedule O (Form 990 or 990-EZ) (2016)</u> Name of the organization		Page 2 Employer identification number
HUMANE SOCIETY OF GRE	ATER DAYTON	31-0537073
PROGRAM SERVICE EXPENSES		6,890.
MANAGEMENT AND GENERAL EXPENSES		8,156.
FUNDRAISING EXPENSES		1,129.
TOTAL EXPENSES		16,175.
ORGANIZATION DUES:		
PROGRAM SERVICE EXPENSES		14,964.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		14,964.
EMPLOYEE DEVELOPMENT:		
PROGRAM SERVICE EXPENSES		6,290.
MANAGEMENT AND GENERAL EXPENSES		6,152.
FUNDRAISING EXPENSES		824.
TOTAL EXPENSES		13,266.
POSTAGE:		
PROGRAM SERVICE EXPENSES		7,375.
MANAGEMENT AND GENERAL EXPENSES		2,458.
FUNDRAISING EXPENSES		2,458.
TOTAL EXPENSES		12,291.
NEWSLETTER:		
PROGRAM SERVICE EXPENSES		10,254.
MANAGEMENT AND GENERAL EXPENSES		1,327.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		11,581.
632212 08-25-16	36	Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Employer identification number
HUMANE SOCIETY OF GREATER DAYTON	31-0537073
GENERAL PRINTING:	
PROGRAM SERVICE EXPENSES	1,599
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	6,397
TOTAL EXPENSES	7,996
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	5,269
MANAGEMENT AND GENERAL EXPENSES	1,052.
FUNDRAISING EXPENSES	695
TOTAL EXPENSES	7,016.
MEALS AND ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	3,853
FUNDRAISING EXPENSES	2,569
TOTAL EXPENSES	6,422
TECHNOLOGY:	
PROGRAM SERVICE EXPENSES	4,385
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	4,385
AUTO EXPENSE:	
PROGRAM SERVICE EXPENSES	4,118.
MANAGEMENT AND GENERAL EXPENSES	0 .

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2 Employer identification number
HUMANE SOCIETY OF GREATER DAYTON	31-0537073
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,118.
LICENSES AND PERMITS:	
PROGRAM SERVICE EXPENSES	1,985.
MANAGEMENT AND GENERAL EXPENSES	220.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,205.
UNIFORMS:	
PROGRAM SERVICE EXPENSES	1,953.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,953.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 241,307.
FORM 990, PART XII, LINE 2C	

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS.

623841 01-11-17

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

File a separate application for each return.

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

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

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

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

				Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN) or	
print						
File by the due date for filing your return. See instructions	HUMANE SOCIETY OF GREATER DAYTON		31-0537073			
	1661 NICHOLAS RD			Social se	Social security number (SSN)	
	City, town or post office, state, and ZIP code. For a DAYTON , OH 45418	foreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (file a separa	ate application for each return)			0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)	rm 4720 (other than individual)		
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
box ▶ 1 I re for	is for a Group Return, enter the organization's four diginal for a Group Return, enter the organization's four diginal for a structure of the group, check this box \blacktriangleright or the calendar year 2016 or tax year beginning	and atta NOVE	nch a list with the names and EINs o MBER 15,2017, to file	f all memb		
2 If th	If the tax year entered in line 1 is for less than 12 months, check reason:					
	Change in accounting period					
3a lftl	nis application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 606	69, enter an	y refundable credits and			
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System). See instructions.			ctions.	3c	\$	0.
instructio				3453-EO a		
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)						

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

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Form **8868**