# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

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

		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest in	nformation.		Inspect	ion	
A	For the	2017 cale	ndar year, or tax year beginning 07/01 , 2017, and ending	06	5/30	, 20 18		
В			C Name of organization The Humane Society of Baltimore County Inc		D Employ	er identification nu	mber	
$\bar{\Box}$	Address		Doing business as Baltimore Humane Society	- 1		52-0623165		
	Name cl	· ·	Number and street (or P.O. box if mail is not delivered to street address)  Room/sult	e	E Telephor	ne number		
	Initial ret		1601 Nicodemus Road			410-833-8848		
H		4.	City or town, state or province, country, and ZIP or foreign postal code			410-033-0040		
H		m/terminated			C Conne	annimin E 3	020 572	
믐	Amende	· 1	Reisterstown, MD, 21136	Maria ar	G Gross re		030,572	
ш	Applicat	ion pending	F Name and address of principal officer: Andrew Levine			subordinates? Yes		
_			1601 Nicodemus Road, Reisterstown, MD 21136			s Included? Yes	∐ No	
<u></u>		mpt status:	✓ 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or 527			ee instructions)		
1	Website	AND ADDRESS OF THE PARTY OF THE	://www.bmorehumane.org		exemption			
	The second second		✓ Corporation Trust Association Other L Year of formation	on: 1927	M State	of legal domicile:	MD	
Р	art I	Summ						
	1	-	scribe the organization's mission or most significant activities: Provide					
Activities & Governance			unwanted and homeless animals. The Organization works aggressively to p	lace each a	nimal in a	loving, perman	ent	
na			e Organization offers spay and neuter services, cremation and internment.					
Ver	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of	f more thar	1 25% of	its net assets.		
Ö	3	Number of	of voting members of the governing body (Part VI, line 1a)		3		13	
45	4	Number of	of independent voting members of the governing body (Part VI, line 1b)		4		13	
ijes	5	Total nun	ber of individuals employed in calendar year 2017 (Part V, line 2a)		5		49	
2	6	Total nun	nber of volunteers (estimate if necessary)		6		644	
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a		0	
	Ь	Net unrel	ated business taxable income from Form 990-T, line 34		7b		0	
	77.77			Prior Y	ear	Current Ye	ar	
	8	Contribut	ions and grants (Part VIII, line 1h)	-	2,028,653	1	,541,770	
Revenue	9		service revenue (Part VIII, line 2g)		358,442		360,184	
Z.	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	more care - 1	23,516 38,70			
æ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,036		58,451	
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,438,647	1	,999,111	
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		0		0	
	14		paid to or for members (Part IX, column (A), line 4)		0		0	
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		937,750	4	,059,182	
Expenses	16a		anal fundraising fees (Part IX, column (A), line 11e)		0		0.03,102	
E	I .							
X	17		draising expenses (Part IX, column (D), line 25) ► 198,392 penses (Part IX, column (A), lines 11a–11d, 11f–24e)		670 600		752 270	
		•	•		672,633		753,378	
	18	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,610,383	-	,812,560	
_	19	Hevenue	less expenses. Subtract line 18 from line 12	leginning of C	828,264	End of Ye	186,551	
Is or		Tatal and						
Bab	20		ets (Part X, line 16)		3,191,937	- 4	381,272	
Net Assets	21		ilities (Part X, line 26)		85,878	-	89,163	
			ts or fund balances. Subtract line 21 from line 20		3,106,059		,292,109	
	art II		ture Block					
Ur	ider pens	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and staten etc. Declaration of preparer (other tran officer) is based on all information of which preparer	nents, and to t has any know	ine Dest of f Iladoe	my knowledge and	Dellet, it is	
_	,	11			-/-	1122.6		
e:				D.	9//	12019		
Sig	_	16 7	ature of officer	U	ate			
пе	ere		ristine DeCorse, Executive Director					
_		1	or print name and title	to.		PTIN	- 10	
Pa	nid		pe preparer's name Preparer's signature Dai		Check	☐ # [		
Pr	epare	er Chris		24/19	self-em			
	se On	fy Firm's n		Fin	m's E!N ▶	03-04831		
		Firm's a	ddress ► 106 Tunbridge Road, Baltimore, MD 21212	Ph	one no.	410-323-00		
Ma	ly the II	HS discus	s this return with the preparer shown above? (see instructions)			<u></u>	No 🗌 No	

Page 2
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Yes ☑ No
Yes 🗹 No
measured by ons to others,
67,698 ) on works
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14,807 ) ng
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71,597 )
ter.

Part l	
1	Check if Schedule O contains a response or note to any line in this Part III
	Provide a temporary home, a safe refuge and care for stray unwanted and homeless animals. The Organization works
	aggressively to place each animal in a loving, permanent home. The Organization offers spay and neuter services, cremation and
	internment.
	***************************************
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 627,894 including grants of \$ 0 ) (Revenue \$ 67,698 )
	Adoption - provide a temporary home, a safe refuge and care for stray unwanted and homeless animals. The Organization works
	aggressively to place each animal that comes to the shelter in a loving, permanent home.
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4b	(Code: ) (Expenses \$ 499,926 including grants of \$ 0 ) (Revenue \$ 214,807 )
	Spay/Neuter and Medical Services - to strive to end an euthanasia of healthy adoptable animals by promoting and offering
	affordable spay and neuter services to control the population of unwanted animals.
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4c	(Code: ) (Expenses \$ 71,025 including grants of \$ 0 ) (Revenue \$ 71,597 )
	Cemetery - to ensure a peaceful final resting place for beloved companion animals through the operation of animal shelter.
	***************************************
	***************************************
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	444444444444444444444444444444444444444
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 6,082)
40	Total program service expenses ▶ 1198 845

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule I is the organization required to complete Schedule S. Schedule of Contributors (see instructions)?  2 is the organization required to complete Schedule S. Schedule of Contributors (see instructions)?  3 organization required to complete Schedule S. Schedule of Contributors (see instructions)?  4 Section 501(c)(8) organizations. Did the organization engage in ledeot or indicet pollibilac campaign activities on have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-179 if "Yes," complete Schedule C, Part III.  5 is 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 II.  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.  6 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V.  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V.  10 Did the organization maintain collections of works of art, historical treasures, or other similar assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for investments—organization, hold assets in temporarily restr	Form 99			F	age 3
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that raceives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  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 II.  Did the organization service or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historics structures? If "Yes," complete Schedule D, Part III.  Did the organization institution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III.  Did the organization or port an amount for accounts? If "Yes," complete Schedule D, Part IV.  Did the organization or port an amount for positive structures? If "Yes," complete Schedule D, Part IV.  Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part IV.  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 IV.  Did the organization organization seport an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part IV.  Did the organization organiza	Part I	V Checklist of Required Schedules		Vac	Na
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section 501(a)(a) organizations. Did the organization engage in lobbying activities, or have a section 501(n) electrion in effect during the tax year? If "Fes," complete Schedule C, Part II  5 Is the organization action 501(a)(a) 501(a)(b), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  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 III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dibt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V VIV, VIV, IV, IV, X, as a spipicable.  a) Did the organization report an amount for investments—other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIV VIV, VIV, VIV, VIV, VIV, VIV, VIV	4	to the exercipation described in continu 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vec."	-	Tes	No
2 Is the organization required to complete Schedule B, Schedule C, Part I  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part I  4 Section 501(p(ig) organizations. Did the organization engage in in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .  5 Is the organization a section 501(p(ig), 501(p(ig), or 501(p(ig), or 501(p(ig), part II) .  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 II .  7 Did the organization sective 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 .  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V .  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V .  11 If the organization report an amount for investments—other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V .  11 Did the organization report an amount for investments—other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II .  11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X II .  12 Did the organization report an amount for other liabilities in Part	'		-1 l	1	
3 Did the organization engage in direct or indirect political campalign activities on behalf of or in opposition to candidates for public office? If "ves," complete Schedule C, Part I .  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Pes," complete Schedule C, Part II .  5 Is the organization described of 101(e)(4) S01(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II .  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II .  7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .  9 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II .  9 Did the organization or to listed in Part X, Iine 21, for ascrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dieth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V .  10 Did the organization in directly or through a related organization, hold assets in temporarily restricted endowments, for organization, directly or through a related organization, with a directly or through a related organization, but a separate or consolidated financients is the separate or consolidated part X, line 10 If "Yes," complete Schedule D, Part V .  10 Did the organization report an amount for investments—program related in Part X, line 10 Ithat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sche	2	·	$\overline{}$	_	_
election in effect during the tax year? If "Yes," complete Schedule C, Part II   Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)(6) or 791(c)(6) or		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<b>√</b>
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		<b>✓</b>
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custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  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. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. IVI, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  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.  d Did the organization report an amount for investments—organ related in Part X, line 13? If "Yes," complete Schedule D, Part X I.  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 X I.  d Did the organization report an amount for other liabilities 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 X I.  d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional and its the organization aschool described in section 170(b)(I)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional 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 II and IV.  10 Did the organization report on Part IX, column (A), line 3, more than \$1,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts	8		8		<b>/</b> _
If the organization's answer to any of the following questions is "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  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.  c 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.  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 VIII.  c Did the organization amount for other liabilities 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  d Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so ptional Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII so ptional Is the organization and school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F, Parts II and IV.  12a Did the organization and school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F, Parts II and IV.  12b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  12b Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of grants or other	9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		1
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," ormore of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c 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  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  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional list 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 list the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional list the organization answered "No" to line 12a, then complete Schedule F, Parts IX and IXI is optional list the organization answered "No" to line 12a, then completing Schedule D, Parts XI and IXI is optional list the organization answered "No" to line 12a, then complete Schedule F, Parts IX and IXI is optional list the organization answered "No" to line 12a, then complete Schedule F, Parts IX and IXI is optional list the organization answered "No" to line 12a, then complete Schedule F, Parts III and IV.  12a Did the organization report an antipation and progr	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	1	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
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	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	1	
c 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	b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
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	c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			1
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .  12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	d				/
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		/	✓
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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 a Did the organization maintain an office, employees, or agents outside of the United States?  15 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	12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			1
<ul> <li>14 a Did the organization maintain an office, employees, or agents outside of the United States?</li></ul>	13				1
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	14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
<ul> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li></ul>	b	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		1
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15				1
<ul> <li>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 (see instructions)</li> <li>Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II</li></ul>	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1

Form 990 (2017)

Part	V Checklist of Required Schedules (continued)		- M	
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	3-10-10	1
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		1
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		1
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			١,
	employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			1
<b>1</b>		24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	04-		
-1	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	230		·
_	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		<b>V</b>
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	- 3	1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30	-	V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	04		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		1
02	complete Schedule N, Part II	32		1
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		✓.
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	90000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	- 1	<b>/</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	7-		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<b>V</b>	

Form 990 (2017) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V 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 8 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 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 49 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . За Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . 6a If "Yes." did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . . . . . 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . . . . . . . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? . . . . 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management		• •	
	on a determine body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   13	1	-	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13		AN	
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	30.	1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7b	_	<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<b>√</b>	
_	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► MD  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Cathy Rose, (410)833-8848	cords	:▶	

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r anv relate	d ora	aniz	atio	n c	ompe	กรล	ited any currer	nt officer, director	r. or trustee.
(A)  Name and Title	(B) Average	(C) Position (do not check more than one erage box, unless person is both an Reportable Rep							(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Andrew Levine	2,00									
President	0.00	1		✓				0	0	0
Heather Friedman	2.00			ļ						
Executive Vice President	0.00	1		✓	<u> </u>			0	0	0
Gary Zipper	2.00									
Vice President	0.00	1		✓	Ļ			0	0	0
Todd Cioni	2.00			١.				i		
Treasurer	0.00	<u> </u>		✓	╙			0	0	0
Cara Cohen	2.00									
Secretary	0.00	<b>✓</b>	<u> </u>	✓	$\vdash$		╙	0	0	
Brent Baron	2.00									
Director	0.00	1	_	_			_	0	0	0
Jill Bloom	2.00	]								
Director	0.00	✓					_	0	0	Q
Harry Korotki	2,00									
Director	0.00	✓	<u> </u>		<u> </u>			0	0	0
Suzanne Amos	2.00									
Director	0.00	<b>V</b>			<u> </u>			0	0	<u> </u>
Joel Segali	2.00	]								
Director	0.00	1						0	0	
Fran Rifkin	2.00	]								
Director	0.00	✓			$\perp$		_	0	0	
Jeffrey Cohen	2.00	] _								
Director	0.00	1	<u> </u>	_				0	0	
Michael Kruger	2,00									
Director	0.00	1						0	0	
Christine DeCorse	40,00	.]								
Executive Director	0.00			1				55,943	0	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (conti	nued)	
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos eck s pe d a d	rson Irect	than c is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		hours for related organizations below dotted fine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fron organ and r	nsation n the ization elated zations
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~											
				Γ								
	***************************************			Г	Γ							
•••••												
*******												
			}									
1b c	Sub-total	VII, Section	n A	•				<b>&gt;</b> >	55,943 55,943	0		0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				ted	abov	e) w		·		
3	Did the organization list any former of employee on line 1a? If "Yes," complete											Yes No
4	For any individual listed on line 1a, is the organization and related organizations	greater th	an \$	150	,000	3? /	f "Ye	on a s,"	and other composite of the complete of the com	pensation from the dule J for su	ch	
5	individual	or accrue c	ompe	nsa	tion	fro	m an					1
Section	on B. Independent Contractors	111 703, 4	JOIND	7010		100		,,,,	33011 pordo11	- 47	- 3	
1	Complete this table for your five highest compensation from the organization. Reyear.											
900 E	(A) Name and business add	dress		2					(B) Description of	services	(C) Compens	ation
None				83.								31
7 T. J. L.		15				-1125						00
87 A) —												
2	Total number of independent contractor received more than \$100,000 of compensations.							o ti	hose listed ab 0	ove) who		

Form **990** (2017)

Part	: VIII	Statement of Revenue						_
Hand Street		Check if Schedule O contain	s a res	ponse or note to	any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
15 to	1a	Federated campaigns	1a	0		Idadiina		312-314
	b	Membership dues	1b	0	72 33			
٠. E	C	Fundraising events		134,930	10000	19 NO 35 S		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		0	THE PARTY	H. L. Catter		Tite of the last
s, G	e	Government grants (contributions		24,450	THE RESERVE			
io	f	All other contributions, gifts, grants			25 25 - 1	100000		
草		and similar amounts not included abov	1f	1,382,390		(SELECTION OF THE PARTY OF THE		A A RESIDENCE
d dri	g	Noncash contributions included in lines	1a-1f: \$	144,354			MARKET ST	
응 등	h	Total. Add lines 1a-1f			1,541,770			
901		203	-0.00	Business Code		The second second		
Ne.	2a	Spay-Neuter Center and Medica	l Servic	541940	214,807	214,807	0	0
æ	b	Cernetery		541940	71,597	71,597	0	0
Vic.	C	Adoption Center		541940	67,698	67,698	0	0
Program Service Revenue	d	Surrender Fees		541940	6,082	6,082	. 0	0
Ë	8	***************************************						
log.	f	All other program service reve		December — to	0	0	0	0
<u> </u>	9	Total. Add lines 2a-2f			360,184			
	3	Investment income (includin				- 1		
		and other similar amounts)			38,706	0	0	38,706
	4	Income from investment of tax-e	-		0	0	0	0
	5	Royalties		(ii) Personal	0	0	0	0
			181	(II) Personal		199 10 19		
	6a	Gross rents					SEL ESIXIL	
	b	Less: rental expenses			STORY OF THE PARTY OF			
	°	Rental income or (loss)	0	0				
	d   7a	Net rental income or (loss) .  Gross amount from sales of (1) Section (1) Sect	rities	(ii) Other				
	′*	assets other than inventory	0		The state of the s	201	PERMIT	
	Ь	Less: cost or other basis		<del>                                     </del>		51,000 PAGE 1		
	"	and sales expenses .	0	اه				
	c	Gain or (loss)	0				5-7011-18	
	d	Net gain or (loss)			0	0	0	0
		3						
Other Revenue	8a	Gross income from fundraisin events (not including \$ 134 of contributions reported on line See Part IV, line 18	930 1c).					
the								ST CONTROL
ō		Less: direct expenses Net income or (loss) from fund		- Control of the Cont	50,836	12 ST 10 ST	0	50,836
	C	Gross income from gaming ac		events .	50,836		U	30,636
	34	See Part IV, line 19				2000		
	ь	Less: direct expenses	_					Secretary Sections
		Net income or (loss) from gan						
		Gross sales of inventory,			Maria Carlos			
		returns and allowances .		13,995				100 mg 10
	Ь	Less: cost of goods sold .		11,111				
	C	Net income or (loss) from sale			7,615	7,615	0	0
		Miscellaneous Revenue		Business Code	7,010			
	11a		A 1 A 1 M P S	7				
	Ь.				- September -			<u> </u>
	c							53
	d	All other revenue			100000000000000000000000000000000000000		l-verez-sereni	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	e	Total. Add lines 11a-11d .		>	0			
	12	Total revenue See Instruction	ne		1 000 444	267 700	Λ	90 542

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 0 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . . . Ð 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 Benefits paid to or for members . . . . 0 0 Compensation of current officers, directors, trustees, and key employees . . . . . 68,000 15,745 4,745 47,510 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 a 0 Other salaries and wages . . . . . . 826.153 577,212 191,286 57,655 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 Other employee benefits . . . . . . . 93,818 60,673 26,968 6,177 10 Payroll taxes . . . . . . . . . 71,211 49,704 16,731 4,776 11 Fees for services (non-employees): Management . . . . . . O 0 0 0 Legal . . . . . . . . . . . . . . . . 0 0 0 0 Accounting . . . . . . . . . 15.769 0 15.769 0 C Lobbying . . . . . . 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . 8,880 0 8,880 n Other, (If line 11g amount exceeds 10% of line 25, column α (A) amount, list line 11g expenses on Schedule O.) . . . 98,810 90,110 8,700 0 12 Advertising and promotion . . . . . 0 545 545 0 13 Office expenses . . . . . 24,286 7,444 13.327 3,515 14 Information technology . . . 15,613 2.724 9.585 3.304 Royalties . . . . . . . . . . . 15 0 o 0 0 Occupancy . . . . . . . . . . . . 16 50,193 38.729 9,134 2,330 17 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 19 Conferences, conventions, and meetings . 0 0 0 0 20 0 0 0 0 21 0 0 0 0 22 Depreciation, depletion, and amortization . 12,128 3,094 66,645 51,423 23 64,059 40.615 11,385 12,059 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Medical Supplies and Labor 116,434 116,434 0 0 Repairs and Maintenance 69,041 38,206 23,160 7,675 50,677 46,700 0 3,977 C Adoption Center Food and Supplies Cemetery Supplies d 14,463 14,463 0 0 All other expenses 157,963 16.898 52.525 88,540 е 25 Total functional expenses. Add lines 1 through 24e 1,812,560 1,198,845 415.323 198.392 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720) . . . . .

32

33

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 315,426 1 159,119 2 Savings and temporary cash investments . . . . . . 166,483 2 163 3 3 460,949 335,835 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 7 7 Inventories for sale or use . . . . . . . . . 8 8 9 Prepaid expenses and deferred charges . . . 7,665 7,283 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,726,412 10b Less: accumulated depreciation . . . . 717,441 10c 798,760 927,652 Investments—publicly traded securities . . . . . 11 1,523,973 11 2,080,112 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related, See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 3,191,937 16 3.381.272 17 Accounts payable and accrued expenses . . . . . . . . 17 75,372 72,213 18 18 19 10,506 19 16,950 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 Total liabilities. Add lines 17 through 25 85,878 26 89,163 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Balances complete lines 27 through 29, and lines 33 and 34. 2,318,717 27 2,615,323 27 28 28 504,093 373,755 Fund 29 283,249 303.031 Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔲 and complete lines 30 through 34. 5 30 30 Net Assets Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32

Retained earnings, endowment, accumulated income, or other funds. 

Total liabilities and net assets/fund balances . . . . . .

Form 990 (2017)

3,292,109

3,381,272

3,106,059

3,191,937 34

33

_	-4	r.
Page	П	1

Form 99	90 (2017)			Pa	ige 12			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,99	9,111			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		18	6,551			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,10	6,059			
5	Net unrealized gains (losses) on investments	5			-501			
6	Donated services and use of facilities	6			0			
7	Investment expenses	7			0			
8	Prior period adjustments	8			0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		3,29	2,109			
Part	XII Financial Statements and Reporting				_			
-	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other		1000	180				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	1000					
			1000		_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			and beauty	1			
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	ollea o		1000	To the			
	·		10.00	110				
	Separate basis Consolidated basis Both consolidated and separate basis		01	-	-			
D	Were the organization's financial statements audited by an independent accountant?		2b	1	NAME OF TAXABLE PARTY.			
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed On a						
	<u>_</u> `		3.63		E (4)			
_	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 or	oreight	2000	100000	STATE OF THE PARTY.			
G	of the audit, review, or compilation of its financial statements and selection of an independent account		20	100	1			
	If the organization changed either its oversight process or selection process during the tax year, ex				THE REAL PROPERTY.			
	Schedule O.	piair ii	1333	200	7. 00			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in						
QQ	the Single Audit Act and OMB Circular A-133?		3a		1			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				-			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		35					
			For	m <b>99</b> 0	(2017)			

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Humane Society of Baltimore County Inc

**Employer Identification number** 

52-0623165 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . g Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization listed in your governing other support (see (described on lines 1-10) support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . . . . . Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . 11 Total support. Add lines 7 through 10 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . % 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . % 16a 33½% support test-2017. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this b 331/2% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 17a 10%-facts-and-circumstances test-2017. 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 b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

### 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.)

Secti	on A. Public Support	00				20 = 10 E	
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			1.	•		
	received. (Do not include any "unusual grants.")	1,782,390	1,215,555	1,768,568	2,098,410	1,541,770	8,406,693
2	Gross receipts from admissions, merchandise	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,210,000	1,100,000		1,011,110	6,100,000
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	418,630	385,752	355,218	366,842	374,179	1,900,621
3	Gross receipts from activities that are not an	418,630	303,732	333,216	300,642	3/4,1/5	1,500,021
•	unrelated trade or business under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid to			- 1			
	or expended on its behalf						
_	· ·						
5	The value of services or facilities						
	furnished by a governmental unit to the						l)
	organization without charge						8
6	Total. Add lines 1 through 5	2,201,020	1,601,307	2,123,786	2,465,252	1,915,949	10,307,314
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	5,533	9,200	8,000	9,280	0	32,013
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	1230 00 00	220. 0	6		200.00	
C	Add lines 7a and 7b	5,533	9,200	8,000	9,280	0	32,013
8	Public support. (Subtract line 7c from						
	line 6.)						10,275,301
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,201,020	1,601,307	2,123,786	2,465,252	1,915,949	10,307,314
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	3.735	6,330	9,282	23,516	38,706	81,569
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		.				
С		3,735	6,330	9,282	23,516	38,706	81,569
11	Net income from unrelated business	3,733	0,330	3,202	23,510	30,700	01,303
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)	ا ما		E 025	2 550	75.047	95 202
13	Total support. (Add lines 9, 10c, 11,	0	0	5,925	3,550	75,917	85,392
13	and 12.)						40 474 075
14	First five years. If the Form 990 is for the	2,204,755	1,607,637	2,138,993	2,492,318	2,030,572	10,474,275
14	organization, check this box and stop he				<del>-</del>		
041						* * * * *	
	on C. Computation of Public Suppor			0 1 (0)		145	0/
15	Public support percentage for 2017 (line		•			15	98.1 %
16	Public support percentage from 2016 Sci					16	98.86 %
	on D. Computation of Investment In				101	1 1	
17	Investment income percentage for 2017 (		**	•	1 - 1	17	0.78 %
18	Investment income percentage from 2010					18	0.44 %
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box	-	_			_	
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/21%, check this						_
20	Private foundation. If the organization di	id not check a	box on line 14.	. 19a, or 19b, c	heck this box	and see instru	ictions 🕨 🗌

#### 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. A	All :	Supporting	Oı	rganizations
--------------	-------	------------	----	--------------

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Yes No 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. 1 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). 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. За 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. 3b 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. 3с 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. 4a 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. 4b 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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 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). 7 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). 8 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. 9a 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. 9b 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. 9c 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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Schedu	ile A (Form 990 or 990-EZ) 2017			Page 5
Part	IV Supporting Organizations (continued)	15/11/20		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1000		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Coot	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	Ma
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100000	Tes	INO
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	23		118
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	W. C.		Medi
	controlled the organization's activities. If the organization had more than one supported organization,	9736	-3	-
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	123		5,3
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1000		The last
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	23		1500
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	TO ST		
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		Second Second	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		De la constitución de la constit
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	1000	-
3	significant voice in the organization's investment policies and in directing the use of the organization's		3	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		2009	1113
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	e)
	_	113676	- (101r	٠,٠
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(coo in	etnict	ione)
		366 111		2002
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12 13	200	5.5
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1983
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Sec.	-	
	•	2a		The second
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		15000	14 33
	reasons for the organization's position that its supported organization(s) would have engaged in these			-
_	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.	100	-55	913
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	97.0		100
	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	Ol.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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	le ner er	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	enance.	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		4 800
3 Subtract line 2 from line 1d.	3		100
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	30	0.00
7 Recoveries of prior-year distributions	7	70.00	- man
8 Minimum Asset Amount (add line 7 to line 6)	8	more Section 1	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

_	e A (Form 990 or 990-EZ) 2017			Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions				0
1	Amounts paid to supported organizations to accomplish	avamet surseass		Current Year
-	Amounts paid to supported organizations to accomplish a		dod	
-	organizations, in excess of income from activity	with barboses or sabbo	rtea	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	record of purported orga	11120110	
5				
6	Other distributions (describe in Part VI). See instructions.			
7				
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017	Market Barrier		
	(reasonable cause required-explain in Part VI). See	MY PSH HA RIVE		
	instructions.			
_3_	Excess distributions carryover, if any, to 2017			
a				
ь	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
<u></u>	Total of lines 3a through e		an a marine	
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2017 distributable amount			
<del></del>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from			
4	Section D, line 7:			
	Applied to underdistributions of prior years			<del></del>
	Applied to 2017 distributable amount			
c				
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result	THE PARTY OF		
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3h	Calculation and the		
0	and 4b from line 1. For result greater than zero, explain in	The state of the s		
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b				
C				
d				
e				

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part III, Line 12 - Gross receipts from fundraising events and miscellaneous income.
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#### Schedule B

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

Name of the organization

## **Schedule of Contributors**

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

Employer identification number

The Humane Society of Baltimore County Inc			52-0623165						
Organiz	ation type (check or	ne):							
Filers o	f:	Section:							
Form 99	00 or 990-EZ	√ 501(c)( 3 ) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private for	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		☐ 527 political organization							
Form 99	0-PF	☐ 501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ition						
		501(c)(3) taxable private foundation							
	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See						
Genera	l Rule								
<b>V</b>	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								
	regulations under so 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 that received from any one contributor, during the year, total contributor the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								

The Humane Society of Baltimore County Inc

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Elizabeth Heinz Irrevocable Trust  15336 Manor Road  Monkton, MD, 21111	\$436,255_	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Elsie Seeger Barton Trust  PO Box 1377  c/o Wilmington Trust  Buffalo, NY, 14240	\$204,514	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Standiford Family Recovable Trust 9921 Stephen Decatur Highway Unit C Ocean City, MD, 21842	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	David D Smith Family Foundation Inc  1 Olympic Place Suite 1240 Towson, MD, 21204	\$38,200	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Maryland Department of Agriculture  50 Harry Truman Parkway  Annapolis, MD, 21401	\$25,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	State of Maryland Office of Comptroller Louis Goldstein Building Annapolis, MD, 21404	\$24,450	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

The Humane Society of Baltimore County Inc

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of	Part I il additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>7</b>	Bruce Kramer  9601 Heathcliffe Drive  Baltimore, MD, 21237	\$15,500_	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Estate of James Bealmeal c/o Attorney James B Larrimore 1300 York Road Suite 110 Lutherville, MD, 21093	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Cuddlebugs Dog Grooming 2101 Vestal Parkway West Vestal, NY, 13850	\$7,050	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	Mary Jean and Oliver Travers Foundation Inc  15815 Yeoho Road  Sparks Glencoe, MD, 21152	\$6,500	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	Peter Tinsley  924 Maldon Road  Baltimore, MD, 21239	\$6,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.12	Bruce Hoffberger  8417 Stevenson Road  Pikesville, MD, 21208	\$5,880	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

The Humane Society of Baltimore County Inc

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 13	Bruce and Sandy Wentworth  3283 Greenway Drive  Westminster, MD, 21157	\$ <u>5,810</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 14	Lifebridge Health  2401 W Belvedere Avenue  Baltimore, MD, 21215	\$5,400	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Estate of Alice Buchanan Cuomo Law Firm 323-325 S Conkling Street Baltimore, MD, 21224	\$ <u>5,273</u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.16	Dodge Ram Nation  801 18th Avenue South  Nashville, TN, 37203	\$5,231	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Animal Emergency Hospital  722 Baltimore Pike  Bel Air, MD, 21014	\$5,000_	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	IGH Chartiable Foundation PO Box 4542  Lutherville, MD, 21093	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

The Humane Society of Baltimore County Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	PETCO Foundation  9125 Rehco Road  San Diego, CA, 92121	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Estate of Harrison Fletcher c/o Ms Anna Irene Taylor 266 Lakeside Crossing Drive Conway, SC, 29526	\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	Alice A Paxton Charitable Trust c/o Wilmington Trust 14 West Potomac Street Williamsport, MD, 21795	\$5,000	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2200244		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
••••••		\$	Person		

Employer identification number

The Humane Society of Baltimore County Inc

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
********		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
***********		\$	•••••
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$	()

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page Employer identification number Name of organization The Humane Society of Baltimore County Inc Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

### SCHEDULE D (Form 990)

Department of the Treasury internal Revenue Service **Supplemental Financial Statements** 

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

The II	range Conjete of Deltimore County Inc		en nonner
Par	umane Society of Baltimore County Inc t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	52-0623165
гаг	Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) bonoi advisco idios	(b) I ditte zite etilei decente
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		<del>                                     </del>
3	Aggregate value of grants from (during year) .		<del> </del> -
4	Aggregate value at end of year	advisors in writing that the agents is	I denor odvised
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
_		_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
D	conferring impermissible private benefit?		· · · · · · · · · · Yes · No
Par		Wasii an Farm 000 Dart N/ line 7	
	Complete if the organization answered		·
1	Purpose(s) of conservation easements held by the		Partitate Carlly town output found over
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space	8 8 800 8 A A A A A	
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
þ	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		, ,
_	•		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		·
	violations, and enforcement of the conservation ea		<b>—</b>
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	••••••		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line		
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
-	organization's accounting for conservation easem-		
Par	Organizations Maintaining Collection		
	Complete if the organization answered	***	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
_	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila		ducation, or research in turtherance of
	public service, provide the following amounts relat	_	
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X		· · · · • • • • •
2	If the organization received or held works of art		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990, Part Y		<b>b c</b>

Part										
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follow	ing that are a sig	gnificant use of its		
a	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams			
ь	☐ Scholarly research		e	Other						
C	☐ Preservation for future generations									
4										
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easures	i, or other similai	•		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Part	V Escrow and Custodial Arra	ingements.								
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	9, or r	eported an am	ount on Form		
	990, Part X, line 21.									
1a	Is the organization an agent, trustee									
	included on Form 990, Part X?							☐ Yes ☐ No		
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	ıble:					
							An	nount		
C	Beginning balance					10				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount									
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	kplanation	n has been	provide	d on Part XIII .	<u> </u>		
Par										
	Complete if the organization									
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	340,982		324,589	3	05,079	198,988	42,924		
þ	Contributions	4,202		0		23,484	98,437	151,688		
¢	Net investment earnings, gains, and									
	losses	24,384		33,393		-3,974	7,654	4,376		
d	Grants or scholarships	0		0		0	0	0		
е	Other expenditures for facilities and									
	programs	0		17,000		0	0	0		
f	Administrative expenses	0		0		0	0			
g	End of year balance			340,982		24,589	305,079	198,988		
2	Provide the estimated percentage of	-		e (line 1g	, column (a	)) held a	is:			
a	Board designated or quasi-endowme		<u>8</u> %							
þ	Permanent endowment ▶	82 %								
C	Temporarily restricted endowment ►									
	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in the	e possession of th	ie organi	zation tha	at are neto	and adr	ninistered for the			
	organization by:							Yes No		
	(i) unrelated organizations							3a(i) ✓		
L	(ii) related organizations							3a(ii) ✓		
b	If "Yes" on line 3a(ii), are the related of							3b		
4 Part	Describe in Part XIII the intended use:		an s enuc	Millelli II	mus.					
Part	Part VI Land, Buildings, and Equipment.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									
	Description of property	(a) Cost of ot			ther)		preciation	(d) book value		
1a	Land	+	0	<u> </u>	0					
b	Buildings		0	100	0	1000	0	0		
C	Leasehold improvements		0		1,394,569		667,218	727,351		
ď	Equipment		0		322,363		250,954	71,409		
e	Other		0		9,480		9,480	71,409		
	Add lines 1a through 1e. (Column (d) r	nust equal Form 9		X. column		)c.) .	3,700	798.760		

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part		_	
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other			4	
····(^)		_	1	
(B)			-	
(C)				
(D)			-	
(E) (F)	***************************************			
(G)	***************************************		+	
(H)	***************************************			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		h - a	
rait viii	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See I	Form 990	Part X line 13
	(a) Description of Investment	(b) Book value	(c) M	ethod of valuation: id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See	Form 990,	Part X, line 15.
(1)				
(2)		· ·		
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				
(9)				-
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 15.)		. ▶	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11	f. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	ncome taxes			0
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	<u> </u>			<u> </u>
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	* ** * **	-4	0
	or uncertain tax positions. In Part XIII, provide the text of the footnote to the orga 's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the t			
organization	a sability for differential tax positions under Fith 46 (ASC 740). Check fiere if the f	יפצר חו תופ ותחתוחות וא	aa negii hio	AIGGORLESITVIII A

Schedu	e D (Form 990) 2017				Page 4
Parl	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	2,132,402
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			2555	
а	Net unrealized gains (losses) on investments	2a	-501		
b	Donated services and use of facilities	2b	136,292		
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	6,380	11. 13	
e	Add lines 2a through 2d			2e	142,171
3	Subtract line 2e from line 1			3	1,990,231
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1	1000	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,880	ATTEN.	
b	Other (Describe in Part XIII.)	4b	0		
_ C				4c	8,880
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,999,111
Part				r Keturi	n.
1	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements			4	4.045.252
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		State of the last	1,946,352
a	Donated services and use of facilities	2a	136,292		
ь	Prior year adjustments	2b	130,252		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	6,380	1 3	
e	Add lines 2a through 2d			2e	142,672
3	Subtract line 2e from line 1			3	1,803,680
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			STATE OF THE PARTY.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,880	1000	
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b			4c	8,880
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ie 18.)		5	1,812,560
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		vide any additional in	rormatior	1.
Sched	ule D, Part V, Line 4 - To support the current and future operations of the Soc	iety.			
Schoo	ule D, Part X, Line 2 - The Society is exempt from income tax under Section 5	01(0)(2)	of the Internal Devenue	o Codo (t	ha Cada) and
	arable State law, and contributions to it are tax deductible within the limitation				
	nting for uncertainty in income taxes addresses the determination of whether				
	should be recorded in the financial statements. Under that guidance, the Soc				
	on only if it is more likely than not that the tax position will be sustained on ex				
	of the positions. There were no unrecognized tax benefits identified or record				
Sched	ule D, Part XI, Line 2d - Cost of goods sold of \$6,380 netted with merchandise	sales	on Part VIII, Line 10(b);		
Sched	ule D, Part XII, Line 2d - Cost of goods sold of \$6,380 netted with merchandise	e sales	on Part VIII, Line 10(b)		
	**************************************		***************************************		
			***************************************		
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					***************************************
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#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Open to Public Inspection ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization **Employer identification number** The Humane Society of Baltimore County Inc 52-0623165 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а ☐ Mail solicitations e 

Solicitation of non-government grants ☐ Internet and email solicitations b f Solicitation of government grants c Phone solicitations g 

Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col. (i) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (iii) Activity or entity (fundraiser) from activity organization Yes No 1 2 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

b If "Yes," explain:

	rt II	(Form 990 or 990-EZ) 2017  Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross receipts greater tria	(a) Event #1	(b) Event #2	(c) Other events	48741
			Black Tie and Tails	Dog Fest	0	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	col. (c))
E						
Revenue	1	Gross receipts	114,228	96,619		210,847
Œ	2	Less: Contributions	78,294	56,636		134,930
	3	Gross income (line 1 minus	70,234	30,030		134,330
		line 2)	35,934	39,983		75,917
	i _					
	4	Cash prizes	0	0		0
	5	Noncash prizes	o	اه		0
		rtonocon prizes				
Ses	6	Rent/facility costs	25,081	0		25,081
tper	_					_
Ü	7	Food and beverages	0	0	-	0
Direct Expenses	8	Entertainment	0	0		
	9	Other direct expenses .	o	o		O
	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	e organization answer 90-EZ, line 6a.		0, Part IV, line 19, or	50,836 reported more  (d) Total gaming (add
Revenue			(a) Bingo	blngo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Grass rayanya				
_		Gross revenue				· · · · · · · · · · · · · · · · · · ·
Ses	2	Cash prizes				
xpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs		18.7		
ቯ	5	Other direct expenses .				
		Citici direct expendes .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
9	a Is	nter the state(s) in which the or the organization licensed to c "No." explain:			s?	Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . 

Yes 
No

scneau	ile G (Form 990 of 990-E2) 2017		Pag	je 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes		
13	Indicate the percentage of gaming activity conducted in:		_ `	
а	The organization's facility			%
ь	An outside facility			%
14	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?	☐ Yes		No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ► Address ►			
16	Gaming manager information:			
10				
	***************************************			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes		No
ь	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 ▶ \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	nd (v); a mation.	nd	
	***************************************			
	***************************************			
				•••••
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	***************************************			
	***************************************			
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#### SCHEDULE M (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number 52-0623165

The Hu	umane Society of Baltimore County I	nc			2	52-06231	65	
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method o	(d) of determini tribution an	
1 2 3 4 5	Art—Works of art							
6 7 8 9 10 11	Cars and other vehicles  Boats and planes  Intellectual property  Securities—Publicly traded  Securities—Closely held stock .  Securities—Partnership, LLC, or trust interests							
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures							200
14	Qualified conservation contribution—Other							
15 16 17 18 19 20	Real estate—Residential Real estate—Commercial Real estate—Other Collectibles	<b>✓</b>	1		132,578	FMV		
21 22 23	Taxidermy							
24 25 26	Archeological artifacts  Other ► ( Auction Items )  Other ► ( )		74		11,776	FMV		
27 28 29	Other ► ( ) Other ► ( ) Number of Forms 8283 received	by the or	ganization during the tax y	ear for contribu	utions for			
	which the organization completed					29	Ye	0 s No
30a	During the year, did the organiza 28, that it must hold for at least t to be used for exempt purposes	hree years	from the date of the initial	contribution, an	d which is:	n't required	30a	1
ь 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift acce	ptance policy that requir				31	1
32a	contributions?		ties or related organization				32a	1
33	If "Yes," describe in Part II.  If the organization didn't report ar describe in Part II.	amount in	column (c) for a type of pro	perty for which	column (a)	is checked,		

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

20**17** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

The Humane Society of Baltimore County Inc 52-0623165 Form 990, Part VI, Section A, Line 8b - The Organization documents only the Board of Directors meetings. Form 990, Part VI, Section B, Line 11b - The Executive Director, Treasurer and President review Form 990 before it is filed. Form 990, Part VI, Section B, Line 12c - Board Members volunteer their services when needed. Should a Board Member attempt to conduct business with the Organization, they must report it to the Board of Directors and if any Board Member attempts to conduct business with the Executive Director, the Executive Director will report it to the President of the Board. Form 990, Part VI, Section C, Line 19 - The Organization makes its governing documents available to the public upon request.

Schedule O, Statement 1 Form: Form 990 (2017) The Humane Society of Baltimore County Inc

EIN: 52-0623165

Page: 2

**Other Program Services Accomplishments** 

Part III, Line 4d

422	100000000000000000000000000000000000000		700137-06	
Activity Code	Description	Expense	Grants	Revenue
	Surrender Fees	0	0	6,082
Total:		0	0	6,082