_	00	0	Botur	of Organization	Evomot	Erom Incom			OMB No. 1545-0047		
Form 990 Return of Organization Exempt From Income Tax 2017											
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)										
Denert	► Do not enter social security numbers on this form as it may be made public. Open to Public										
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection											
A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20											
Вс	heck if ap	plicable:	C Name of organization HUMA	NE SOCIETY OF LOU	DOUN COUN	TY		DE	Employer identification no.		
A	ddress ch	nange	Doing business as					54	-6073310		
	ame char	•	•	x if mail is not delivered to street add	dress)		Room/suite		Telephone number		
	itial returr	0	PO BOX 777		,				03)777-2912		
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G G											
Amended return LEESBURG, VA 20178 \$ 20											
Application pending F Name and address of principal officer: H(a) Is this a group return for subord											
	H(b) Are all subordinates i										
. т	ax-exemp	t status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			Iuded? Yes No (see instructions)		
	ebsite:		• HUMANELOUDOUN • OI)21					
		_		ociation Other ►		_ Year of formation: 19	H(c) Group exemp				
Par		ganization: 🔀 Summar				rear of formation: 13	66 M State of	legal dor	nicile: VA		
rai	1			ion or most significant activi							
		-	-	ion or most significant activi		IS AN ANIMA					
e				D SURROUNDING ARE				CRE	ATING A		
Governance	!	NO-KILL	COMMUNITY SAVING	90% OF HOMELESS A	NIMALS TH	ROUGH VARIOU	S MEANS				
err											
õ			-	discontinued its operations				- 1			
ي م			0 0	erning body (Part VI, line 1a)				3	3		
Activities &				s of the governing body (Pa				4	3		
iviti	5	Total numbe	I number of individuals employed in calendar year 2017 (Part V, line 2a) 5 I number of volunteers (estimate if necessary) 6								
Act	6	Total numbe	r of volunteers (estimate if	6	30						
	7a ⁻	Total unrelat	ed business revenue from	Part VIII, column (C), line 12	2		••••	7a	0		
	b	Net unrelate	d business taxable income	from Form 990-T, line 34				7b	0		
							Prior Year		Current Year		
	8	Contributions	and grants (Part VIII, line	1h)			157,	414	165,610		
anc	9	Program ser	vice revenue (Part VIII, lin	ə2g)			44,	279	27,979		
Revenue	10	Investment ir	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			8,	202	14,436		
Re	11	Other revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 1	1e)		8,	823	162		
	12	Total revenue	e - add lines 8 through 11	must equal Part VIII, columr	n (A), line 12)		218,	718	208,187		
	13	Grants and s	imilar amounts paid (Part	X, column (A), lines 1-3)					0		
	14	Benefits paid	I to or for members (Part I	K, column (A), line 4)					0		
	15	Salaries, oth	er compensation, employed	e benefits (Part IX, column (A), lines 5-10				0		
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)			13,	654	21,381		
ben	b	Total fundrai	sing expenses (Part IX, co	lumn (D), line 25) 🕨		21,381					
Щ	17	Other expension	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			158,	927	199,933		
				equal Part IX, column (A), l			172,		221,314		
				18 from line 12			46,		(13,127)		
es				▼			eginning of Current Y		End of Year		
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				201,	159	202,987		
dBass	21	Total liabilitie	s (Part X, line 26)				13,	102	28,057		
Fund	22	Net assets o	r fund balances. Subtract	line 21 from line 20			188,		174,930		
Par			re Block								
Unde	penalties	s of perjury, I dec	lare that I have examined this retu	rn, including accompanying schedul	es and statements	s, and to the best of my kn	owledge and belief, it is				
true, o	correct, ar	nd complete. Dec	claration of preparer (other than of	icer) is based on all information of w	hich preparer has	any knowledge.					
		Juan	ita Easton								
Sigr	ו ו		e of officer					Date			
Here		Juan	ita Easton, Presi	dent							
Here Juanita Easton, President Type or print name and title											
		Print/Type pre		Preparer's signature		Date	Check X	if PTIN			
Paic		Neal E		Neal E Donahue		05-15-2018	self-employed		' P00083528		
		Firm's name				0107-T1-50T0	Firm's EIN		00003320		
030	Unity	Firm's address			4a		Phone no.		_1042		
Marri		diagonag thi -		VA 20147	20)				-1043		
iviay	ne IRS	discuss this	return with the preparer sh	own above? (see instruction	15)	••••			🗌 Yes 🛛 No		

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1 Briefly describe the organization's mission: HSLC IS AN ANIMAL WELFARE ORGANIZATION SERVING LOUDOUN COUNTY AND SURROUNDING AREAS SI 1966 WITH THE MISSION OF CREATING A NO-KILL COMMUNITY SAVING 90% OF HOMELESS ANIMALS T VARIOUS MEANS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 "Yes," describe these new services on Schedule O. 3 Did the organization's program service significant changes in how it conducts, any program services? 4 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:	
HSLC IS AN ANIMAL WELFARE ORGANIZATION SERVING LOUDOUN COUNTY AND SURROUNDING AREAS SI 1966 WITH THE MISSION OF CREATING A NO-KILL COMMUNITY SAVING 90% OF HOMELESS ANIMALS T VARIOUS MEANS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	
1966 WITH THE MISSION OF CREATING A NO-KILL COMMUNITY SAVING 90% OF HOMELESS ANIMALS T VARIOUS MEANS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
VARIOUS MEANS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	NCE
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	IROUGH
 prior Form 990 or 990-EZ?	
 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?	_
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>x</u> No
 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 \$134,252 including grants of \$) (Revenue \$) FOSTER/ADOPTION PROGRAM: TWO KEY COMPONENTS OF THE NO-KILL EQUATION THAT ARE CLOSELY F ARE FOSTER CARE AND COMPREHENSIVE ADOPTION PROGRAMS FOR REPORTING PURPOSES. THESE TWO PROGRAMS ARE CONSOLIDATED WITH THE FOSTER COMPONENT INCURRING THE EXPENSES AND THE ADO PROGRAM GENERATING THE REVENUE. EXPENSES FOR THE FOSTER PROGRAM CONSIST PRIMARILY OF VETERINARIAN FEES (73%) WITH THE BALANCE SPENT ON BOARDING, DOG TRAINING AND PET FOOD. REVENUE IS GENERATED BY APPLYING FOR GRANTS AND BY CHARGING A NOMINAL ADOPTION FEE FOR AND CATS.	_
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4a (Code:) (Expenses \$	
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REVENUE IS GENERATED BY APPLYING FOR GRANTS AND BY CHARGING A NOMINAL ADOPTION FEE FOR AND CATS. 4b (Code:) (Expenses \$18,079 including grants of \$) (Revenue \$) NEIGHBORHOOD CAT PROGRAM: HSLC PERFORMS THE CRITICAL TASK OF TRAP-NEUTER-RETURN (TNR)	
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NEIGHBORHOOD CAT PROGRAM: HSLC PERFORMS THE CRITICAL TASK OF TRAP-NEUTER-RETURN (TNR)	
NEIGHBORHOOD CAT PROGRAM: HSLC PERFORMS THE CRITICAL TASK OF TRAP-NEUTER-RETURN (TNR)	
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NEIGHBORHOOD CAT PROGRAM: HSLC PERFORMS THE CRITICAL TASK OF TRAP-NEUTER-RETURN (TNR))
REDAL GAR GOLONIEG IN THE GONGRUTHY THIS IS A DECURIN WITHOUT FOR THE DECURING THE THE	FOR
FERAL CAT COLONIES IN THE COMMUNITY. TNR IS A PROVEN METHOD FOR IMPROVING THE HEALTH A	ND
DECREASING THE POPULATION OF CATS LIVING OUTDOORS UNDER THE SUPERVISION OF EXPERIENCED	
CARETAKERS. BY PROVIDING VACCINATIONS, MEDICAL TREATMENT AND PREVENTING OVERCROWDING,	THE TNR
PROGRAM ENSURES A SAFE ENVIRONMENT FOR ANIMALS AND PEOPLE.	
4c (Code:) (Expenses \$13,632 including grants of \$) (Revenue \$))
OTHER PROGRAM EXPENSES OF \$13632 REPRESENT THE FINANCIAL ASSISTANCE PROGRAM. HSLC PROV	
FUNDS TO ASSIST LOUDOUN COUNTY RESIDENTS EXPERIENCING A FINANCIAL HARDSHIP THAT IS IMP	
THEIR ABILITY TO PROVIDE NECESSARY MEDICAL CARE TO THEIR PETS. PET OWNERS ARE REQUIRED	
COMPLETE AN APPLICATION AND IF APPROVED MUST CONTRIBUTE A PORTION OF THE MEDICAL EXPEN	
PAYMENT IS MADE DIRECTLY TO THE VETERINARIAN. HSLC BELIEVES THAT HELPING RESIDENTS OVE	RCOME
TEMPORARY FINANCIAL SETBACKS IN SUCH A WAY, ENABLES A PET TO STAY IN A LOVING HOME AND	
REDUCES INTAKE AT THE COUNTY FACILITY WHICH IN TURN REDUCES THE EUTHANASIA RATE AND TA	
LIABILITY. IN 2017 HELC ASSISTED FAMILIES THROUGH THIS PROGRAM. IN ADDITION, HELC PART	
WITH LOUDOUN COUNTY ANIMAL SERVICES AND LOUDOUN HUNGER RELIEF TO OPERATE A FOOD PANTRY	FOR
LOW INCOME RESIDENTS WITH PETS. OVER 10,000 POUNDS OF PET FOOD WAS DISTRIBUTED TO NEEL FAMILIES.	7
4d Other program services (Describe in Schedule O.)	Y
(Expenses \$ 6,135 including grants of \$) (Revenue \$)	¥
4e Total program service expenses ► 172,098	Y

Form	990 (2017) HUMANE SOCIETY OF LOUDOUN COUNTY 54-60733	10	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			37
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41-		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		v
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	10		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		11
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17	17	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		- 22
	If "Yes," complete Schedule G, Part III	19		Х
EEA			990 (2	
			(*	/

Form	990 (2017)HUMANE SOCIETY OF LOUDOUN COUNTY54-60733	310	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
EEA		Form	990 (2017)

Form	990 (2017) HUMANE SOCIETY OF LOUDOUN COUNTY 54-6073	310	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		Х
b	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			
	account)?	4a		Χ
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		37
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		37
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	0-		v
a L	Did the sponsoring organization make any taxable distributions under section 4966?	-		X
b		9b		X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
D	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
13		13a		
а	5	1 Sel		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans	-		
C 1/1-2		14a		X
14a b				Λ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	140		

	1 990 (2017) HUMANE SOCIETY OF LOUDOUN COUNTY 54-60733	10	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			.Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	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 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		10	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	v	
40	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
13		13 14	X	
14 15	5	14	X	
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		Х
a b	Other officers or key employees of the organization	15a		X
D.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	155		21
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iou	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	····		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: Second state of public inspection, inductor for your induct inductor of variable. One of the second state of			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	JUANITA EASTON (703)777-2912, PO BOX 777, LEESBURG, VA 20178			

Form 990 (201	7) HUMANE SOCIETY OF LOUDOUN COUNTY	54-6073310	Page 7					
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and					
	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							
	a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

	u organizatio	n com	Jens	aleu	any	cuiterii	UII	icer, director, or	uu	13166.	
				((C)						
(A)	(B)				sition	_		(D)		(E)	(F)
						nan one					
Name and Title	Average hours per					s both an		Reportable compensation		Reportable compensation from	Estimated amount of
	week (list any	offic	er an	d a di	rector	/trustee)		from		related	other
	hours for							the		organizations	compensation
	related	or In	Ins	_ q	Ke	en Hig	5	organization		(W-2/1099-MISC)	from the
	organizations	livid	titu	Officer	Key employee	plo	Former	(W-2/1099-MISC)	◀		organization
	below dotted	ctor	tion	1	nplo	st co					and related
	line)		al tr		oye	mp					organizations
		or director	Institutional trustee		Ø	Pens					
			96			Highest compensate employee					
						٩					
(4)	50.00										
(1) JUANITA EASTON PRESIDENT	50.00	x		X					0	0	0
(2) DONNA DRAKE	50.00	A							U	0	0
VICE PRESIDENT		x		X					0	0	0
(3) DIANE RICE	5.00	- 21		21					Ū	0	V
		x		x					0	0	0
SECRETARY							_		U	0	0
(4)											
(5)											
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	I			1							Form 000 (2017)

	90 (2017) HUMANE SOCIETY OF	LOUDOUN	COUN	TY						54-6073	310	P	age 8
Part	VII	Section A. Officers, Directors, Trustees	s, Key Emplo	oyees,	and	Hig	hes	t Con	nper	sated Employee	s (continued)			
						(C)							
	(A) (B) Position (D) (E)							(E)		(F)				
		Name and title	Average	1				an one		Reportable	Reportable	E	stimated	
			hours per			•		both an trustee)		compensation	compensation from		mount of	
			week (list any			-		,	1	from	related		other	
			hours for	or director	Institutional trustee	Officer	Key employee	ldu	Highog	the	organizations		npensatio	on
			related organizations	.ecto	utio	er	amp	oye	er ler	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizatio	n
			below dotted	l r ta	nal t		loye	e c					nd related	
			line)	stee	rust		õ	Della				org	anization	าร
					e			employee	ato					
									2					
(15)														
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46	Cub tot													
1b	Sub-tot			$\cdot \cdot \cdot$	•••	•••	•••	•••	►					
С		om continuation sheets to Part VII, Section	on A	••••	•••	•••	•••	•••	►			_		
d				• • •					►					0
2	Total nu	mber of individuals (including but not limite	d to those list	ted abo	ove)	who	rec	eived	mor	e than \$100,000 of				
	reportat	ble compensation from the organization									0			
													Yes	No
3	Did the	organization list any former officer, directed	or, or trustee,	key ei	mplo	yee,	or ł	highes	st co	mpensated				
		ee on line 1a? If "Yes," complete Schedule										3		Х
4		individual listed on line 1a, is the sum of re										-		
-		ation and related organizations greater that						•						
	-		an \$150,000?	n res	5, 00	лпрі	ele	Sche	uuie	J IOI SUCH				37
_		al	• • • • • •	•••	•••	•••	•••		•••	••••		4		X
5	-	person listed on line 1a receive or accrue of			-			-						
		ices rendered to the organization? If "Yes,	" complete S	chedul	le J f	or sı	ıch	perso	n			5		Х
Secti	on B. I	ndependent Contractors												
1	Complet	te this table for your five highest compensate	ed independe	nt cont	racto	ors th	nat r	eceive	ed m	ore than \$100,000	of			
	compen	sation from the organization. Report compe	ensation for th	e caler	ndar	year	enc	ding w	/ith o	r within the organiz	zation's tax			
	year.							-		-				
	,	(A)								(B)			(C)	
		Name and business address								Description of		C	pensatior	
											30111003	Com	pensalior	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

art V	HUMANE SOCIETY OF LOT VIII Statement of Revenue Image: Content of Revenue Image				54-607331	0 Pag
	Check if Schedule O contains a response or no	te to any line in this	s Part VIII			
		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from ta under sections 512-514
s	1a Federated campaigns 1a					
and Other Similar Amounts	b Membership dues 1b					
Amo	c Fundraising events					
ilar	d Related organizations 1d					
Sim	e Government grants (contributions) 1e					
Jer (f All other contributions, gifts, grants,					
Ē	and similar amounts not included above 1f	165,610				
and	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	· · · · · · >	165,610			
	-	Business Code				
	2a ADOPTION INCOME	900099	22,780	22,780		
	b SPAY/NEUTER PROGRAM	900099	912	912		
	C FIN'L ASSIST/PET PANTR	900099	77	77		
	d NEIGHBORHOOD CAT PROG	900099	4,210	4,210		
	f All other program service revenue		•			
Ē	g Total. Add lines 2a-2f		27,979			
	3 Investment income (including dividends, interest,	•••••	21,515			
	and other similar amounts)		14,436	14,436		
	4 Income from investment of tax-exempt bond proceed	-				
	5 Royalties	E E E E E E E E E E E E E E E E E E E				
	(i) Real	(ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	•••••				
	8a Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18					
, I	b Less: direct expenses b c Net income or (loss) from fundraising events b					
		· · · · · •				
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	, , , , , , , , , , , , , , , , , , ,					
	10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
F	Miscellaneous Revenue	Business Code				
F	11a OTHER REVENUE	900099	162	162		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	H	162			
	12 Total revenue. See instructions	•	208,187	42,577	0	

Form 990 (2017))
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(2017) HUMANE SOCIETY OF LOUDOUN COUNTY

Part IX Statement of Functional Expenses

Check If Schedule Q contains a response or note to any line in the Part IX (A) Page 80, model of the assistance to foresist organizations and domestic governments. See Part IV, line 21 (A) Page 80, model of the assistance to domestic organizations and domestic governments. See Part IV, line 22 (A) Page 80, model of the assistance to domestic organizations and domestic governments. See Part IV, line 22 (A) (A) Page 80, model of the assistance to domestic organizations and other assistance to foreign organizations. Foreign yournees (A) (A) <td< th=""><th>Sect</th><th>ion 501(c)(3) and 501(c)(4) organizations must complete all o</th><th>columns. All other orga</th><th>nizations must comple</th><th>te column (A).</th><th></th></td<>	Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all o	columns. All other orga	nizations must comple	te column (A).	
Base Subsection Provide Subs		Check if Schedule O contains a response or note to	any line in this Part IX			
88, 98, and 10b of Part VIII. iopentes genetic opentes supersid opentes 1 Grants and other assistance to domestic individuals. See Part IV, line 21 individuals. See Part IV, line 21 individuals. See Part IV, line 21 3 Grants and other assistance to foreign organization of current offers, fireign individuals. See Part IV, lines 15 and 16 individuals. See Part IV, lines 15 and 16 4 Benefits paid to of romenbers compensation of current offers, directors, trustees, and key employees individuals 6 Compensation on tinclude above, to disqualified persons (as defined under section 4958(l)(1)) and persons described in section 4958(l)(3)(B) individuals 9 Other employees benefits individuals individuals 9 Other employees benefits individuals individuals 9 Other employee benefits individuals individuals 9 Other employees benefits individuals individuals 9 Other employee benefits individuals individuals 9 Other employees benefits individuals individuals 9 Other employees on Schedule O.) individuals individuals 9 Other (If line 11g amount sceeds 10% of line 25, column (A) amount list line 11g amount sceeds 10% of line 25, column (A) amount issine intergeneses individuals individuals 9 Other (I	Do n	ot include amounts reported on lines 6b, 7b,				
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current Differs, directors, trustees, and key employees 6 Compensation not include above, to disqualified persons (as defined under section 4958(IV(1)) and persons described in section 400% of lines 5, column (A) amount, list lin	8b, 9	b, and 10b of Part VIII.	Total expenses			
2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key enployees 4 Benefits paid to or for members Image: Compensation of current officers, directors, trustees, and key enployees Image: Compensation of current officers, directors, trustees, and key enployees 6 Compensation of current officers, directors, trustees, and key enployees Image: Compensation of current officers, directors, trustees, and key enployees 7 Other salaries and wages Image: Compensation of current officers, directors, trustees, and key enployees 8 Pension phan accruals and contributions (include section 401(k) and 403(b) employer contributions) Image: Compensation of current officers, directors, trustees, comployee benefits 9 Other employee benefits Image: Compensation of current officers, directors, director	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 16 and 16	3	Grants and other assistance to foreign				
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key emptyces 6 Compensation not included above, to disqualified persors (as defined under section 4958(d)(1) and persors (as defined under section 4958(d)(1) and persors (as defined under section 4958(d)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 403(c) employee contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-emptyces): 12 Advertising services. See Part IV, line 17 13 Other expenses See Part IV, line 17 </th <th></th> <th>organizations, foreign governments, and foreign</th> <th></th> <th></th> <th></th> <th></th>		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees		individuals. See Part IV, lines 15 and 16				
trustes, and key employees	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4956()(1)) and persons (described in section 4956()(3)(B)	5	Compensation of current officers, directors,				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)		trustees, and key employees				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)	6	Compensation not included above, to disqualified				
persons described in section 4958(c)(3)(B)						
7 Other salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7					
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 21,381 g Other, (fline 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 441 441 13 Office expenses 14 Advertising and promotion 4,048 4,048 14 441 15 Royalties 16 Occupancy 17 Travel or enterta	8	-				
9 Other employee benefits						
10 Payroll taxes	9					
11 Fees for services (non-employees): a Management						
a Management	11	•				
b Legal. 825 825 c Accounting						
cAccounting825825dLobbyingeProfessional fundraising services. See Part IV, line 17fInvestment management feesgOther. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)12Advertising and promotion13Office expenses		-				
d Lobbying	С	-	825		825	
eProfessional fundraising services. See Part IV, line 1721,38121,381fInvestment management fees		-				
f Investment management fees			21.381			21.381
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 4,048 4,048 12 Advertising and promotion 441 441 13 Office expenses 9,997 9,997 14 Information technology 5,149 5,149 15 Royalties - - 16 Occupancy 4,761 4,761 17 Travel - - 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 35 35 20 Interest 80 80 80 12 Payments to affiliates - - 21 Depreciation, depletion, and amortization 1,284 1,284		-				
(A) amount, list line 11g expenses on Schedule O.) 4,048 4,048 12 Advertising and promotion 441 441 13 Office expenses 9,997 9,997 14 Information technology 5,149 5,149 15 Royalties 5,149 5,149 16 Occupancy 4,761 4,761 17 Travel 4,761 4,761 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 35 35 19 Conferences, conventions, and meetings 35 35 35 20 Interest 80 80 80 21 Payments to affiliates 1,284 1,284 1,284 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If 1 1						
12 Advertising and promotion 441 441 13 Office expenses 9,997 9,997 14 Information technology 5,149 5,149 15 Royalties 5,149 5,149 16 Occupancy 4,761 4,761 17 Travel 4,761 4,761 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 35 35 19 Conferences, conventions, and meetings 35 35 20 Interest 80 80 21 Payments to affiliates 1,284 1,284 22 Depreciation, depletion, and amortization 1,284 1,284 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If 1,284 1,284	9		4.048		4.048	
13Office expenses9,9979,99714Information technology5,1495,14915Royalties5,1495,14916Occupancy4,7614,76117Travel4,7614,76118Payments of travel or entertainment expenses for any federal, state, or local public officials353519Conferences, conventions, and meetings353520Interest808021Payments to affiliates1,2841,28422Depreciation, depletion, and amortization1,2841,28424Other expenses. Itemize expenses on t covered above (List miscellaneous expenses in line 24e. If1	12				-	
14Information technology5,1495,14915Royalties16Occupancy-4,7614,76117Travel18Payments of travel or entertainment expenses for any federal, state, or local public officials19Conferences, conventions, and meetings353520Interest808021Payments to affiliates22Depreciation, depletion, and amortization1,2841,28424Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If						
15 Royalties 4,761 4,761 16 Occupancy 4,761 4,761 17 Travel 4,761 4,761 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6 6 19 Conferences, conventions, and meetings 35 35 20 Interest 80 80 21 Payments to affiliates 1,284 1,284 22 Depreciation, depletion, and amortization 1,284 1,284 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If 1 1					-	
16Occupancy4,7614,76117Travel </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
17 Travel Image: Conferences conventions, and meetings Image: Conferences conventions, and amortization Ima			4.761		4.761	
18Payments of travel or entertainment expenses for any federal, state, or local public officialsImage: Conferences, conventions, and meetingsImage: Conferences, conventions, and amortizationImage: Conferences, conventions, and amortization					17701	
for any federal, state, or local public officials119Conferences, conventions, and meetings3520Interest3521Payments to affiliates8022Depreciation, depletion, and amortization1,28423Insurance1,28424Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If						
19Conferences, conventions, and meetings353520Interest808021Payments to affiliates9022Depreciation, depletion, and amortization1,28423Insurance1,28424Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If1,284						
20 Interest	19		35		35	
21 Payments to affiliates Image: Comparison of the precision of						
22 Depreciation, depletion, and amortization Image: Comparison of the provided above (List miscellaneous expenses in line 24e. If 1,284 1,284 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If 1,284 1,284						
23 Insurance 1,284 1,284 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If 1						
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			1 - 284		1 - 284	
above (List miscellaneous expenses in line 24e. If					1/201	
(A) amount, list line 24e expenses on Schedule O.)						
a FOSTER ADOPTION 134,252 134,252	а		134.252	134.252		
b SPAY NEUTER 6,135 6,135			-			
SFAT NEOTER 0,133 0,133 c NEIGHBORHOOD CATS 18,079 18,079						
d FIN'L ASSIST PET PANTRY 13,632 13,632						
e All other expenses 1,215 1,215				13,032	1 215	
		· · · · · · · · · · · · · · · · · · ·		172 009		21,381
25 For a runctional expenses. Add lines if through 24e i. 221,314 172,038 27,835 21,381 26 Joint costs. Complete this line only if the 21 21 21			221, 311	1/2/030	21,000	21,301
organization reported in column (B) joint costs	-	organization reported in column (B) joint costs				
from a combined educational campaign and		from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) · · · · · · · · · · · ·						

	990 (20	,	5	4-6073	310 Page 11
Part	t 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
	1	Cash - non-interest-bearing	66,453	1	58,146
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,584	4	23,364
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	106,619	11	121,055
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	503	15	422
	16	Total assets. Add lines 1 through 15 (must equal line 34)	201,159	16	202,987
	17	Accounts payable and accrued expenses	11,661	17	25,475
	18	Grants payable		18	
	19	Deferred revenue	1,441	19	2,582
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
bilid		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
		of Schedule D	10.100	25	
	26	Total liabilities. Add lines 17 through 25	13,102	26	28,057
		complete lines 27 through 29, and lines 33 and 34.			
ces	27		188,057	27	174 020
lan	27	Temporarily restricted net assets	100,057	28	174,930
Ba	20 29	Permanently restricted net assets		20	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
н К		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	188,057	33	174,930
	34	Total liabilities and net assets/fund balances	201,159	34	202,987
EEA					Form 990 (2017)

Form **990** (2017)

Form	990 (2017) HUMANE SOCIETY OF LOUDOUN COUNTY	54-6073	310	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		208,	187
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		221,	314
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(13,	127)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		188,	057
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		174,	930
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • • •	2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:	/			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • •	<u>2</u> C		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
2-	Schedule O.				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMP Circular A 1222		20		v
L	the Single Audit Act and OMB Circular A-133?		<u>3a</u>		X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	••••		990 ()	2017)
EEA			FOIII	990 (2017)

SCHEDULE A	
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Public Charity Status and Public Support

OMB No. 1545-0047

			Public Charity Status and Public Support					OMB No. 1545-0047	
SCHEDULE A					a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.				2017
(Form 990 or 990-EZ)				► Attach to Form 990 or Form 990-EZ.			Open to Public		
Department of the Treasury Internal Revenue Service			►	Go to www.irs.ge	.gov/Form990 for instructions and the latest information.			Inspection	
Name	of th	e organization						Employer identifica	tion number
HUM	ANE	SOCIETY O	F LOUDOUN COUN	TY				54-607331	0
Pa	rt I	Reason	for Public Charity	y Status (All or	rganizations must co	omplete	this part	.) See instructions	6.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	rated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or	university owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	unit described in section	170(b)(1)	(A)(v).		
7	Х	An organizatio	n that normally receive	s a substantial par	t of its support from a gov	vernmental	unit or fror	n the general public	
		described in s	ection 170(b)(1)(A)(vi). (Complete Part	II.)				
8		A community t	rust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural	research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ge
		or university or	r a non-land-grant colle	ge of agriculture (see instructions). Enter th	e name, cit	ty, and stat	e of the college or	-
		university:	-						
10		An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from a	ctivities related to its e	exempt functions -	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	isiness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by th	e organization after Ju	ne 30, 1975. See	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	S
		of one or more	publicly supported or	ganizations descril	bed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)	3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd complet	te lines 12e, 12f, and 1	2g.
	а	Type I. A s	supporting organization	n operated, superv	vised, or controlled by its	supported	organizati	ion(s), typically by givi	ng
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	on supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or i	management of the sup	oporting organizati	on vested in the same pe	rsons that o	control or n	nanage the supported	
		organizatio	on(s). You must com	olete Part IV, Sect	tions A and C.				
	С	Type III fu	inctionally integrated	I. A supporting org	anization operated in cor	nnection w	ith, and fui	nctionally integrated w	ith,
		its support	ed organization(s) (se	e instructions). Yo	u must complete Part l	V, Section	is A, D, an	ld E.	
	d	Type III no	on-functionally integ	rated. A supporting	g organization operated i	in connecti	on with its	supported organization	on(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution I	equiremer	nt and an attentiveness	
		requireme	nt (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I, ⁻	Type II, Type III	
		functionall	y integrated, or Type II	I non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the numb	per of supported organ	izations					• • • •
	g	Provide the foll	owing information abo	ut the supported of	rganization(s).	1			
	() Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
()									
(C)									

(D)

(E)

			F LOUDOUN CO			54-6073310	
Pa	rt II Support Schedule for Org			• • • •	,,,,,,		
	(Complete only if you check	ked the box on	line 5, 7, or 8 o	of Part I or if the	e organization f	failed to qualify	under
	Part III. If the organization f	ails to qualify u	inder the tests I	isted below, pl	lease complete	e Part III.)	
Sec	tion A. Public Support			-			
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(1)		(-)		(-) -	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	122 250	160 099	117 520	170 793	102 751	774 400
		132,250	160,088	117,530	170,783	193,751	774,402
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	132,250	160,008	117,530	170,783		580,571
4	Total. Add lines 1 through 3	264,500	320,096	235,060	341,566	193,751	1,354,973
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)						
6	Public support. Subtract line 5 from line 4						1,354,973
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	264,500	320,096	235,060	341,566	193,751	1,354,973
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources		1,140	(2,724) 8,202	14,436	21,054
					, 0,202	21,100	
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .					40	1,376,027
12	Gross receipts from related activities, etc. (s			••••	•••••	12	
13	First five years. If the Form 990 is for the c	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	. 🗆
<u> </u>	organization, check this box and stop here			• • • • • • • • •	••••		•••••□
	tion C. Computation of Public Su		-			44	
14	Public support percentage for 2017 (line 6, c		-				98.47 %
15	Public support percentage from 2016 Sched	The second se				15	%
16a	33 1/3% support test - 2017. If the organiz						न्नि
	box and stop here. The organization qualif						· · · ▶ 🛛
b	33 1/3% support test - 2016. If the organiz						
	this box and stop here. The organization q						▶ Ц
17a	10%-facts-and-circumstances test - 2017	-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact	s-and-circumstanc	es" test. The organi	ization qualifies as	a publicly support	ed	_
	organization						▶□
b	10%-facts-and-circumstances test - 2016	 If the organization 	n did not check a b	oox on line 13, 16a	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization r	neets the "facts-ar	nd-circumstances" t	est, check this bo	x and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-c	rcumstances" test.	The organization of	qualifies as a public	ly	
	supported organization						►
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	17a, or 17b, cheo	ck this box and see)	
		<u>.</u>	<u></u> .	• • • • • • • • • • •	<u>.</u>	<u></u> .	
EEA						Schedule A (For	m 990 or 990-EZ) 2017

Sche			OF LOUDOUN CO			54-6073310	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you checl	ked the box or	n line 10 of Part	I or if the orga	nization failed t	o qualify under I	Part II.
	If the organization fails to q	ualify under th	e tests listed be	elow, please co	omplete Part II.		
	ction A. Public Support		T				
Cale	endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 $$.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
c	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
ő							
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	· · · · · · · · · · · ·				► 🗌
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	.,)		15	%
16	Public support percentage from 2016 Schedu					16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2017 (line			())		17	%
18	Investment income percentage from 2016 S	-				18	%
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicly	y supported organiz	zation	► 🗌
	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	n qualifies as a pu	blicly supported or	ganization	_
20	Private foundation. If the organization did r	not check a box or	n line 14, 19a, or 19	b, check this box	and see instruction	IS	<u> ► []</u>

hedul Part	e A (Form 990 or 990-EZ) 2017 HUMANE SOCIETY OF LOUDOUN COUNTY 54-6073 IV Supporting Organizations	310	Page
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Section	s A
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c		071
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	•	
ecti	ion A. All Supporting Organizations		
			Yes N
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
	organization was described in section 509(a)(1) or (2).	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.	3a	
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	
с	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.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	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	
С	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	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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	
с	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? <i>If "Yes," provide detail in Part VI.</i>	9c	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
5	determine whether the organization had excess business holdings.)	10b	
	asterning when or organization nut oxees business holdings.	(Form 990 or	

Sched	lule A (Form 990 or 990-EZ) 2017 HUMANE SOCIETY OF LOUDOUN COUNTY	54-6073310	P	Page 5
Pa	rt IV Supporting Organizations (continued)			I
			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	. ,		
	below, the governing body of a supported organization?	11a	-	
	A family member of a person described in (a) above?	11k	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	in Part VI. 11c	;	
Sec	tion B. Type I Supporting Organizations		N.	
	Did the disectory to start any the methic of any supervision start and any institute have the method		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times duri	-		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the su			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the ergenization operate for the henefit of any supported organization other than the supported			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	in Port		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sec	supervised, or controlled the supporting organization.	Z		
000	tion c. Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the di	rectors	100	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c			
	or management of the supporting organization was vested in the same persons that controlled or ma			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month	of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
	organization's governing documents in effect on the date of notification, to the extent not previously p			
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in F			
	the organization maintained a close and continuous working relationship with the supported organization			
		ation(s). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	s 🛛		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	on's		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	he year (see instru e	ctions)).
a				
b				
С		rnment entity (see i		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide	-		
	those supported organizations and explain how these activities directly furthered their exempt put			
	how the organization was responsive to those supported organizations, and how the organization deit	_		
F	that these activities constituted substantially all of its activities.	or more		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Par			
	reasons for the organization's position that its supported organization(s) would have engaged in thes			
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, of	or land		
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	addious of outer of the supported organizations: I revide details III Fait VI.	Ja	1	1

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2017 HUMANE SOCIETY OF LOUDOUN COUNTY		54-60	73310 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying t			
instructions. All other Type III non-functionally integrated supporting organiz	ation	s must complete Section	
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		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally-	integi	rated Type III supportin	g organization (see
instructions).		· // · ··· ···········	

Schedule A (Form 990 or 990-EZ) 2017

Schee	lule A (Form 990 or 990-EZ) 2017 HUMANE SOCIETY OF LOUDOUN	COUNTY	54-607	3310 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organiz	zations (continued)	
Se	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
Ŭ	(provide details in Part VI). See instructions.	organization to respond		
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
-	Section D, line 7: \$			
	Applied to underdistributions of prior years			
_	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
-	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			

EEA Excess from 2017

.

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Forr	n 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
EEA	Schedule A (Form 990 or 990-EZ) 2017

SCH	IEDULE D	Supplemental Financial Statements		OMB No. 1545-0047
(Form 990) Department of the Treasury		► Complete if the organization answered "Yes" on Form 990,	2017	
		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2017	
		► Attach to Form 990.		Open to Public
	Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information	Employer identifi	Inspection
	of the organization IANE SOCTE	TY OF LOUDOUN COUNTY	54-607	
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Acco		5510
		if the organization answered "Yes" on Form 990, Part IV, line 6.		
	•	(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at er	nd of year		
2		of contributions to (during year) .		
3		of grants from (during year)		
4		at end of year		
5	-	on inform all donors and donor advisors in writing that the assets held in donor advised anization's property, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds can be used		
Ũ	-	purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	, ,	issible private benefit?		🗌 Yes 🗌 No
Pa		vation Easements.		
	Complete	e if the organization answered "Yes" on Form 990, Part IV, line 7.		
1		servation easements held by the organization (check all that apply).		
	_	of land for public use (e.g., recreation or education)		rea
	Protection of n		d historic structure	
2	Preservation of Complete lines 22	through 2d if the organization held a qualified conservation contribution in the form of a c	openvation	
-		ast day of the tax year.		he End of the Tax Year
а		onservation easements	2a	
b		tricted by conservation easements		
с	Number of conserv	vation easements on a certified historic structure included in (a)	. 2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a		
		sted in the National Register	2d	
3		vation easements modified, transferred, released, extinguished, or terminated by the org	anization during the	
4	tax year ►			
4 5		where property subject to conservation easement is located		
5	•	orcement of the conservation easements it holds?		🗌 Yes 🗌 No
6	,	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations		
	•			
7	Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the	e year
	►\$			
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	, , , , , ,	
•	and section 170(h)			Yes No
9	,	be how the organization reports conservation easements in its revenue and expense stat d include, if applicable, the text of the footnote to the organization's financial statements th	,	
		ounting for conservation easements.	ial describes the	
Pa		izations Maintaining Collections of Art, Historical Treasures, or C	Other Similar As	ssets.
		te if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet	
	works of art, histor	rical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of	
		vide, in Part XIII, the text of the footnote to its financial statements that describes these it		
b	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and		
		rical treasures, or other similar assets held for public exhibition, education, or research in	rurtherance of	
		ivide the following amounts relating to these items:	⊾ ¢	
		ided on Form 990, Part VIII, line 1		
2		received or held works of art, historical treasures, or other similar assets for financial gai		
-	-	required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	-	on Form 990, Part VIII, line 1	▶ \$	
b		Form 990, Part X	▶ \$	
For F	aperwork Reducti	ion Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017 HUMANE SOCIETY OF	LOUDOUN CO	UNTY		54-60733	310	Pa	age 2
Pa	rt III Organizations Maintaining Colle	ections of Ar	t, Historical Tr	easures, or O	Other Similar Asse	ets (cor	ntinue	d)
3	Using the organization's acquisition, accession, and	other records, ch	eck any of the follow	ving that are a sig	nificant use of its			
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loar	or exchange progra	ams				
b	Scholarly research	_	r					
с	Preservation for future generations	_						
4	Provide a description of the organization's collection	s and explain ho	w they further the or	anization's exem	not purpose in Part			
	XIII.			g				
5	During the year, did the organization solicit or receive	e donations of art	historical treasures	s or other similar				
•	assets to be sold to raise funds rather than to be ma					Πγ	′es 🛛	No
Pa	rt IV Escrow and Custodial Arrangem		or the organizations		<u></u>	• 🗆 •	<u> </u>	
	Complete if the organization answe		Form 990 Par	t IV line 9 or	reported an amour	nt on Ec	orm	
	990, Part X, line 21.				roportoù an amou		,,,,,,	
1a	Is the organization an agent, trustee, custodian or oth	oer intermediary f	or contributions or o	ther assets not				
Ia						. П у	′es [No
h	If "Yes," explain the arrangement in Part XIII and cor					• 🗆 •	63	
b	in res, explain the arrangement in Part XIII and con	inplete the followi	ng table.		A			
_					Amo	ount		
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f		- F	-
2a	Did the organization include an amount on Form 990							No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explan	nation has been prov	vided on Part XIII	• • • • • • • • • • • • • • • • • • •		•••	
Pa	rt V Endowment Funds.		-					
	Complete if the organization answe	ered "Yes" on	Form 990, Par			-		
	(;	a) Current year	(b) Prior year	(c) Two years bac	(d) Three years back	(e) Four	years ba	ack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	end balance (lin	e 1g, column (a)) he	eld as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment %							
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should equa	100%.						
3a	Are there endowment funds not in the possession of		that are held and a	dministered for the	9			
	organization by:	0					Yes	No
						3a(i)		
						3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed					3b		
4	Describe in Part XIII the intended uses of the organi	•				0.0		
	rt VI Land, Buildings, and Equipment							
ı a	Complete if the organization answe		Form 990 Par	t IV line 11a	See Form 990 Pa	rt X line	10 د	
	· · · · · · · · · · · · · · · · · · ·							
	Description of property	(a) Cost or othe (investment		or other basis other)	(c) Accumulated depreciation	(d) Boo	k value	
1-	Land	(Lopionation			
1a ⊾		•						
b		•						
C	Leasehold improvements	•						
d		•						
e	Other	•		<u> </u>				
Tota	I. Add lines 1a through 1e. (Column (d) must equal I	∽orm 990, Part X	, column (B), line 1	0c.)				

EEA

Schedule D (Form 990) 2017

Schedule D (Form	,	TY OF LOUDOUN COUNTY	54-607331	LO Page :
Part VII	Investments - Other Securities.		art IV line 11h Cas Farm 000 Da	nt V line 40
	Complete if the organization answe			n X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
 Financial 	derivatives	•		
2) Closely-h	eld equity interests	•		
Other		_		
(A)		_		
(B)				
(C)				
(D)				
(E)				
(F)		_		
(G)		_		
(H)		•		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answe	ared "Ves" on Form 990 P	art IV line 11c See Form 990 Pa	rt X lino 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11d. See Form 990, Pa	rt X, line 15.
		a) Description		(b) Book value
.,	AID EXPENSE			42
(2)				
(3)				
(4)				
(5)		· ·		
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line	0.15	_	4.5
Part X	Other Liabilities.	u 10.j · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	42
Τάιτ Χ	Complete if the organization answe	ared "Ves" on Form 990 P	art IV line 11e or 11f See Form 9	00 Part X
	line 25.			55, i alt A,
	iiiio 20.			
1	(a) Description of lightlity	(h) Poole voluo		
	(a) Description of liability	(b) Book value		
(1) Federal	(a) Description of liability income taxes	(b) Book value	_	
(1) Federal (2)		(b) Book value		
()		(b) Book value		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(6) (7) (8) (9)

	ule D (Form 990) 2017 HUMANE SOCIETY OF LOUDOUN COUNTY	54-6073310	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informatio	n Regar	ding Fun	draising or Gam	ning Acti	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ) 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.					if the	2017		
Department of the Treasury	organization ente	ered more th tach to Forn	an \$15,000 c n 990 or Forn	on Form 990-EZ, line 6a n 990-EZ.			Open to Public	
Internal Revenue Service		Go to www.irs	s.gov/Form9	990 for the lat	test instructions.			Inspection
Name of the organization								ntification number
HUMANE SOCIETY OF				Totion on	owered "Vee" op	Form 00	54-607	
	-	•	-		swered "Yes" on	Form 99	0, Part IV,	line 17.
		t required to com	•		vities. Check all that a	nnlu		
a X Mail solicitations	organization rais	eu iunus iniougn a		-	of non-government gr			
b Internet and email	solicitations				of government grants	anto		
c Phone solicitation					draising events			
d 🗌 In-person solicitati			5 -		3 • • •			
2a Did the organization		oral agreement wi	ith any indiv	ridual (includ	ling officers, directors,	trustees,		
or key employees list	ed in Form 990,	Part VII) or entity i	n connectio	n with profe	ssional fundraising se	rvices?	🛛 Ye	es 🗌 No
b If "Yes," list the 10 hi	ghest paid individ	duals or entities (fu	ndraisers) p	oursuant to a	agreements under whi	ch the fund	Iraiser is to be)
compensated at leas	t \$5,000 by the c	organization.						
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundra		(ii) Activity		r control of outions?	from activity	fundrais	ser listed in	(or retained by) organization
			Vee	Na		C	ol. (i)	
	THA THA		Yes	No				
1 ALPHA DOG MARKE 8001 SOUTH 13TH S		DIRECT MAIL		x	74,112		21,381	52,731
2	IRE, 00512	SOLICITATION			74,112		21,301	52,751
-								
3								
4								
5								
6								
7								
1								
8								
0								
9								
10								
Total				<u> ►</u>	74,112		21,381	52,731
3 List all states in which		is registered or lic	ensed to so	dicit contribu	itions or has been not	ified it is ex	cempt from	
registration or licensin Virginia	g.							
virginia								

Schee	dule G		ANE SOCIETY OF LO			6073310 Page		
Pa	rt II		•			-		
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with		
		gross receipts greater than	\$5,000.	1	1			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
е			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts						
	2	Less: Contributions						
	3	Gross income (line 1 minus						
		line 2)						
	4	Cash prizes						
	5	Noncash prizes						
sesue	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direc	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines						
	11	Net income summary. Subtract line	10 from line 3, column (d)					
Pa	rt II			'Yes" on Form 990, Part	t IV, line 19, or reported	more		
		than \$15,000 on Form 990	-EZ, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
0	2	Cash prizes						
penses	3	Noncash prizes						
Direct Exp		Rent/facility costs						
Dir	4							
	5	Other direct expenses	Vac n/		Yes %			
	6	Volunteer labor	Yes % ■ No	│	│			
	7	Direct expense summary. Add lines	2 through 5 in column (d)					
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)				
9	Fn	ter the state(s) in which the organizat	ion conducts gaming activ	ities:				
a		Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?						
		N Le III accessible for						
	_							
		ere any of the organization's gaming I Yes," explain:	icenses revoked, suspend	-	e tax year?	Yes 🗌 No		
		· · · · · · · · · · · · · · · · · · ·				-		

EEA

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. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HUMANE SOCIETY OF LOUDOUN COUNTY

54-6073310

Employer identification number

01. Form 990 governing body review (Part VI, line 11)

THE COMPLETE FORM 990 WAS REVIEWED BY ALL MEMBERS OF THE GOVERNING BODY PRIOR TO

SUBMISSION. THE DOCUMENTS ARE DISTRIBUTED ELECTRONICALLY WITH THE OPTION OF IN-PERSON

EXAMINATION.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD APPROVED A WRITTEN CONFLICT OF INTEREST POLICY IN MARCH OF 2014. THE POLICY IS

DISTRIBUTED TO ALL NEW BOARD MEMBERS AND ALL BOARD MEMBERS ARE REQUIRED TO CONFIRM

COMPLIANCE IN WRITING ANNUALLY.

03. Governing documents, etc, available to public (Part VI, line 19)

THE HSLC FORM 990 AND SELECT POLICIES ARE AVAILABLE TO THE PUBLIC AT

WWW.HUMANELOUDOUN.ORG. THIS WEBSITE ALSO PROVIDES CONTACT INFORMATION FOR ADDITIONAL

INQUIRIES.

Stateme	nt of Program Service Accomplishme	onts on a
Name(s) as shown on return <u>HUMANE SOCIETY OF LOU</u>	IDOUN COUNTY	Your Social Security Number 54-6073310
State	Form 990-Part III(a) ement of Service Accomplishmen	Statement #4
Program Service Code Program Service Exper Grants and allocation Program Services Reve	is included in above expense $\dot{\$}$	6135 0 0
	S: HSLC PROVIDES SEVERAL LOW COST SPAY, ERWISE HAVE THE INFORMATION OR RESOURCI	

990	Overflow Statement	2017 Page 1							
Name(s) as show HUMANE	o on return SOCIETY OF LOUDOUN COUNTY	FEIN 54-6073310							
	ADMINITRATIVE COSTS								
Descrip	TRATIVE COSTS	Amount \$4,048							
	Total:	\$ 4,048 \$ 4,048							
	OTHER EXPENSES								
Descrip	ption	Amount							
<u>Descrip</u> BANK FF	IES Total:	\$1,215_							

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