WEGNER CPAS, LLP 2110 LUANN LN MADISON, WI 53713-3074

DANE COUNTY HUMANE SOCIETY, INC. 5132 VOGES RD MADISON, WI 53718-6941

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 622-800

990

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

А	For the	e 2017 calendar year, or tax year beginning and	enaing	_					
В	Check if applicabl	C Name of organization		D Employer identifi	cation number				
	Addre chang								
	Name chang	e Doing business as		39-0	806335				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	one number				
	Final return.	5132 VOGES RD		608-838-0413					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,262,582.				
	Amen- return	MADISON, WI 53718-6941		H(a) Is this a group re					
	Application pendi			for subordinates	? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) 0	or 527	If "No," attach a	list. (see instructions)				
		te: WWW.GIVESHELTER.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1921 N	M State of legal domicile: WI				
P	art I	Summary	~-	DE	017 1170				
ė	1	Briefly describe the organization's mission or most significant activities: PROV	IDE CA	RE, EDUCATI	ON, AND				
Activities & Governance		ADOPTION SERVICES TO REDUCE THE POPULATION							
Jerr	1	Check this box if the organization discontinued its operations or dispose		ı	ssets. 				
်				3	10				
જ		Number of independent voting members of the governing body (Part VI, line 1b)			126				
ţį		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		_	1381				
ξ		Total number of volunteers (estimate if necessary)			0.				
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	D	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)	-	2,778,301.					
Jue				1,186,755.	1,289,346.				
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,060.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,093.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,954,023.	3,924,236.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	13,000.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
က	1			2,216,457.	2,475,133.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  540,0		0.	0.				
g	b	Total fundraising expenses (Part IX, column (D), line 25) 540,0	76.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,077,322.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,293,779.	3,719,068.				
	19	Revenue less expenses. Subtract line 18 from line 12		660,244.	205,168.				
Net Assets or			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		6,755,688.	6,986,984.				
t As	21	Total liabilities (Part X, line 26)		204,473.	175,553.				
		Net assets or fund balances. Subtract line 21 from line 20		6,551,215.	6,811,431.				
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of when the complete is the complete.	nich preparer	has any knowledge.					
		Signature of officer		 Date					
Sig		<b>'</b>		Date					
He	re	PAM MCCLOUD SMITH, EXECUTIVE DIRECTOR  Type or print name and title							
			П	Date Check	II PTIN				
Pai	d	Print/Type preparer's name  SCOTT HAUMERSEN, CPA  Preparer's signature	'	if					
	parer	Firm's name WEGNER CPAS, LLP		self-employ Firm's EIN ▶	39-0974031				
	Only	Firm's address 2110 LUANN LN		FIIIII S EIN	32 0214031				
550	. O.I.I.J	MADISON, WI 53713-3074		Phone no 60	8-274-4020				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		Ti none no. O O	X Yes No				
ivia	y u io li	To disous this return with the preparer shown above: (see instructions)		<u></u>	103 110				

Form	990 (2017) DANE COUNTY HUMANE SOCIETY, INC. 39-0806335 Page	e <b>2</b>
Pai	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	DANE COUNTY HUMANE SOCIETY (DCHS) IS A LEADER IN CREATING A MORE	
	HUMANE COMMUNITY FOCUSING ON THE HUMAN RELATIONSHIP WITH COMPANION	
	ANIMALS. DCHS'S MISSION FOCUSES ON "HELPING PEOPLE HELP ANIMALS."	
	DCHS IS EFFECTIVE IN ITS MISSION THROUGH (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	V٥
	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? Yes X	V٥
	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 \$1,631,966. including grants of \$13,000. ) (Revenue \$\$	• )
	DCHS'S ANIMAL SERVICES INCLUDE OPEN-ADMISSION ANIMAL INTAKE, CUSTOMER	
	SERVICE, DAILY CARE OF ANIMALS, SPAY/NEUTER SERVICES, HUMANE	
	EUTHANASIA, AND PARTIPICATION IN THE SHELTERING ANIMALS OF ABUSE	
	VICTIMS PROGRAM. IN ADDITION, DCHS WORKED WITH MADISON AND DANE COUNTY	
	ANIMAL SERVICES AND THE CITY OF EDGERTON TO ENSURE IT PROPERLY FULFILLS	<u>s_</u>
	THE SERVICES OUTLINED IN ITS CONTRACTS WITH THESE MUNICIPALITIES. IN	
	2017, MEDICAL STAFF AND VOLUNTEER VETERINARIANS PERFORMED ABOUT 3,000	
	SURGERIES.	
4b	(Code:) (Expenses \$ 547,985. including grants of \$) (Revenue \$ 661,264	<u>•</u> )
	DCHS'S ADOPTION AND RECEPTION SERVICES INCLUDE CUSTOMER SERVICE AND	
	ANIMAL ADOPTIONS AT DCHS'S MAIN LOCATION, MOUNDS PET FOOD WAREHOUSE	
	SATELLITE CENTERS, AND ADOPTION CENTER WEST. THE MAIN ADOPTION CENTER	
	AND ADOPTION CENTER WEST ALSO OFFER MERCHANDISE SUCH AS EDUCATIONAL	_
	BOOKS AND PET SUPPLIES FOR SALE TO INDIVIDUALS ADOPTING ANIMALS AS WELL	<u> </u>
	AS TO OTHER PATRONS. IN 2017, ABOUT 3,400 ANIMALS WERE ADOPTED FROM	
	THE MAIN SHELTER AND THE FOUR SATELLITE CENTERS. DCHS'S 2017 ANIMAL	
	SAVE RATE WAS 90%.	
		—
		—
4-	(Code: ) (Expenses \$ 310,039 • including grants of \$ ) (Revenue \$	
4c	(Code: ) (Expenses \$ 310,039 including grants of \$ ) (Revenue \$ DCHS'S WILDLIFE REHABILITATION PROGRAM PROVIDES CARE FOR THE ILL,	_ '
	INJURED, AND ORPHANED WILDLIFE OF SOUTH CENTRAL WISCONSIN. IN 2017,	—
	DCHS STAFF AND VOLUNTEERS HELPED 4,101 WILD ANIMALS INCLUDING	—
	SONGBIRDS, MAMMALS, RAPTORS, WATERFOWL, AND REPTILES.	—
	DONODINDS / IMMINIS / IMMI	_
		—
		—
		—
		—
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 324, 287 • including grants of \$ ) (Revenue \$ 128, 799 •)	
4e	Total program service expenses 2,814,277.	
	Form <b>990</b> (20	117

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	امدا		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	77	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19		77

Form **990** (2017)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	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	Х	
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		<u> </u>
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		
	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		<u> </u>
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		<u> </u>
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,7
	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			v
•	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1096. Enter 0- if not applicable   10   11   10   0   0   0   0   0   0		Check it Scriedule O Contains a response of note to any line in this Part V			ш
be Enter the number of Forms W2G included in line 1a. Enter of Ind applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) with ownings to prize without services or from W.S. Transmittat of Woge and Tax Statements, lead for the calendar year ending with or within the year covered by this return  if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a					
Learn three number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, lea learn to the calendar year ending with or within the year covered by this return    File   F					
28 Enter the number of employees reported on Form W3, Transmittat of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return  19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  29 X  30 Left the organization have unretated business gross income of \$1,000 or more dumpt they war?  30 Left the organization have unretated business gross income of \$1,000 or more dumpt they war?  30 Left the organization have unretated business gross income of \$1,000 or more dumpt they war?  30 Left they shall filed a form \$90.7 for this year? If "No," to time \$2b, provide an explanation in Schedule O  31 Left they shall filed a form \$90.7 for this year? If "No," to time \$2b, provide an explanation in Schedule O  32 Left they shall filed a form \$90.7 for this year? If "No," to time \$2b, provide an explanation in Schedule O  33 Left they shall filed shall filed they organization they shall the was or is a party to a prohibitote tax shall filed they shall filed they organization solicit any contributions that were not tax deductible as charitable contributions?  40 Left Yes, "do the organization they every solicitation an express statement that such contributions or gifts were not tax deductible?  40 Left they shall determine they shall filed they organization shall engage they shall filed they organization shall engage they shall they shall filed they organization shall engage they shall be shall	С		4.		
filed for the calendar year ending with or within the year covered by this return     2a	20	I I	IC		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 Did the organization and unrelated business gross income of \$1,000 or more during the year?  32 Did **New organization have unrelated business gross income of \$1,000 or more during the year?  33 Did **New organization and the foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  54 Was the organization a party to a prinhibited tax shelter transaction at any time during the tax year?  55 Was bid any taxable party notify the organization that it was or is a party to a prinhibited tax shelter transaction?  55 Was bid any taxable party notify the organization that it was or is a party to a prinhibited tax shelter transaction?  56 Uses the organization aparty to a prinhibited tax shelter transaction?  57 Was bid when the organization that it was or is a party to a prinhibited tax shelter transaction?  58 Was the organization and party notify the organization that it was or is a party to a prinhibited tax shelter transaction?  59 Was bid when the organization that were not tax deductible as charitable contributions?  60 Was were not tax deductible?  61 Was were not tax deductible?  62 Organizations that many racelve deductible contributions under section 170(c).  63 Did the organization shelt many racelve deductible contributions under section 170(c).  64 Did the organization shelt many calculated the party of the organization foreign spential necesses of \$75 made party as a contribution of quality to goods and services provided to the payor?  65 Did the organization receive a payment in accesse of \$75 made party as a contribution of undersective organization which was required to file form 8282?  66 Did the organization receive a payment in ex	Za	100			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	h			x	
3a   X   Marker or the commendation have unreliated business gross income of \$1,000 or more during the year?   3a   X   4a   At any time during the catendary year, of 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)?   A   A   X   5b   If 'Yes,' rist inter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   5b   Was the organization party to a prohibited tax shelter transaction?   5a   X   5b   Was 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?   5c   5c   5c   5c   6c   6c   7c   7c   7c   7c   7c   7	b		20		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country.  **See instructions for filing requirements for Fine EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for Fine EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for Fine EN FOREIGN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for Fine EN FOREIGN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for this requirements for Fine S696-17.  **See Instructions for this requirements for Fine S696-17.  **See Instructions for this requirements for Fine S696-17.  **See To See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles.  **See Instructions for the value of the account for the value of the goods or services provided to the payor?  **To Value of the organization include with every see pay per seem on the value of the goods or services provided to the payor?  **To Value of the organization on toff ty the done of the value of the goods or services provided to the payor?  **To Value of the organization on toff ty the done of the value of the goods or services provided to the payor?  **To Value of the organization on the foreign seems of the value of the goods or services provided to the payor and the fore	За		3a		х
4a Al 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, or other financial accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF),  So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Vas the organization in party to a prohibited tax shelter transaction at any time during the tax year?  5b Us 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 V Vers, "to line 5a or \$5, did the organization file Form 8886*T?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  10 Id the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c If Yes," did the organization notify the donor of the value of the goods or services provided?  7c If Yes," indicate the number of Forms 8282 filed during the year  1c If If Yes, "indicate the number of Forms 8282 filed during the year  1c If If Yes," indicate the number of Forms 8282 filed during the year  1c If If Yes, "indicate the number of Forms 8282 filed during the year  1c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations and a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?  9 Sponsoring organization					
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12s 13s Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O.  13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b	11	Section 501(c)(12) organizations. Enter:			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			40		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а		างล		
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	<b>L</b>				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	D				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			14a		Х
		, , , , , , , , , , , , , , , , , , , ,		990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10						
	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	10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5	X	X				
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint one or		x					
	more members of the governing body?								
b									
	persons other than the governing body?		7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
				Yes	No				
	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 cl								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\dots}$			37					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the forn	1? <b>11a</b>	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37					
12a				X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		1 37					
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?			X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- V					
a	The organization's CEO, Executive Director, or top management official			X	х				
a	Other officers or key employees of the organization		15b		Λ				
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mant with a							
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		40-		х				
	taxable entity during the year?		16a						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the organization and the company of the c								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		4Ch						
800	exempt status with respect to such arrangements? tion C. Disclosure		16b						
	List the states with which a copy of this Form 990 is required to be filed ►WI								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(a)(2)a a	alv) availal						
10	for public inspection. Indicate how you made these available. Check all that apply.	(08011011 00 1(0)(3)8 0	ny) availai	JI <del>C</del>					
		in Schedule O)							
19	·······································	,	and fine	ncial					
19	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 bo	oks and records.							
_0	SARA HOVEN - 608-838-0413								
	5132 VOGES RD, MADISON, WI 53718-6941								

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	below line)	1 ' '   10		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JOSEPH GOODE	2.50	.,		77				0	0	0
PRESIDENT	2.50	Х		Х				0.	0.	0.
(2) LAURA MURRAY VICE PRESIDENT	2.50	x		х				0.	0.	0 .
(3) BRIDGET BUSH, CPA	2.50	^		Λ				0.	0.	0.
TREASURER	2.50	Х		Х				0.	0.	0.
(4) CATHY HOLMES, CPA	6.00								<u>.</u>	
SECRETARY		x		х				0.	0.	0.
(5) SARA COLOPY	2.50									
DIRECTOR		Х						0.	0.	0 .
(6) SHIRLEY CROCKER	2.50									
DIRECTOR		Х						0.	0.	0.
(7) LILLY BICKERS	2.50									
DIRECTOR		Х						0.	0.	0.
(8) JOEL DAVIDSON	2.50									
DIRECTOR		Х						0.	0.	0 .
(9) MAGGIE PREMO	2.50							_	_	_
DIRECTOR		Х						0.	0.	0 .
(10) AMY JOHNSON	2.50									•
DIRECTOR		Х						0.	0.	0 .
(11) PAM MCCLOUD SMITH	55.00	-		37				115 050	0	10 060
EXECUTIVE DIRECTOR	55.00			Х				115,952.	0.	10,962
(12) DOUG BROWN	33.00	-		х				02 /27	0.	0 403
ASSISTANT EXECUTIVE DIRECTOR				Λ				83,437.	0.	9,403.
		-								
		1								
		1								
		1								
		]								

Form **990** (2017)

	990 (2017) DANE COUL									39-08	063	35	Page <b>8</b>
rai	t VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an	( <b>D</b> ) Reportable compensation	(E)  Reportable compensation from related		(F) Estima amour	ited it of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations	
									100 200				265
c d	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						> > >	199,389. 0. 199,389.		0. 0.		365. 0. 365.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportable			1
	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										Yes	X No
	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue comper	" co nsat	<i>mple</i> ion f	ete S rom	Sche any	e <i>dule</i> / unr	e <i>J f</i> elat	for such individualed organization or indivi	dual for services		4	X
Sect	rendered to the organization? If "Yes," combined to the organization B. Independent Contractors	plete Schedule	e J f	or si	ıch	pers	son .					5	<u> </u>
1	Complete this table for your five highest co										ensati	on from	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  Description of services  Co							Con	(C)				

Total number of individuals (including but not limited to those listed above) who received more than \$100 compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated e line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ...... Did any person listed on line 1a receive or accrue compensation from any unrelated organization or indiv rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than the organization. Report compensation for the calendar year ending with or within the organization's tax (A) (B) Name and business address NONE Description of s Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2017) 732008 11-28-17 8

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 188,251. 1 a Federated campaigns 62,535. **b** Membership dues ..... 252,503 c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and  $|_{1f}|_{2,079,170}$ similar amounts not included above ..... 73,947 g Noncash contributions included in lines 1a-1f: \$ 2,582,459. h Total. Add lines 1a-1f ... Business Code 813312 2 a ADOPTION FEES 591,224 591,224 Program Service Revenue **B** GOVERNMENT CONTRACTS 813312 393,636. 393,636. c CAMP REGISTRATION FEES 813312 118,173. 118,173. 39,120. 39,120. d SURRENDER FEES 813312 541940 8,428. 8,428. e SPAY/NEUTER SERVICES 138,765. 138,765. 813312 f All other program service revenue 289,346. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,684. 19,684. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 265,169. assets other than inventory b Less: cost or other basis 231,799 and sales expenses 33,370. c Gain or (loss) 33,370. 33,370. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 252,503. of contributions reported on line 1c). See 7,175 Part IV, line 18 a Other 46,395. **b** Less: direct expenses -39,220. -39,220 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 6,130 Part IV, line 19 \_\_\_\_\_ a 0. **b** Less: direct expenses 6,130. 6,130. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 92,318. and allowances 60,152. **b** Less: cost of goods sold 32,166. 32,166. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 301. 301. b d All other revenue 301. e Total. Add lines 11a-11d 3,924,236.1,321,512. 20,265. Total revenue. See instructions.

732009 11-28-17

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 13,000. 13,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 219,754. 98,890. 32,962. 87,902. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,887,765. 1,461,919. 174,353. 251,493. Other salaries and wages ..... 7 Pension plan accruals and contributions (include 29,942. 24,172. 2,599 3,171. section 401(k) and 403(b) employer contributions) 141,368. 183,596. 17,145. 25,083. Other employee benefits 9 15,018. 154,076. 115,081. 23,977. Payroll taxes 10 Fees for services (non-employees): a Management ..... 31,071. 31,071. Legal 16,350. 16,350. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 5,171. 3,238. 27,872. 19,463. column (A) amount, list line 11g expenses on Sch O.) 21,138. 15,788. 3,289. 2,061. Advertising and promotion 12 553,095. 425,656. 42,178. 85,261. 13 Office expenses 6,106. 4,561. <u>595.</u> 950. 14 Information technology 15 Royalties 238,691. 210,133. 18,525. 10,033. 16 Occupancy 6,688. 633. 1,010. 5,045. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 41,532. 31,020. 4,049. 6,463. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 10,707. 204,323. 6,706. 221,736. Depreciation, depletion, and amortization ..... 22 58,122. 43,412. 5,665. 9,045. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **PUBLICATIONS** 7,935. 7,935. С 599. 446. 59. 94. All other expenses 3,719,068. 2,814,277. 364,715. 540,076. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2017)

		Check if Schedule O contains a response or note to any line in this Part X	(A)	 I	
			(A)		
			Beginning of year		<b>(B)</b> End of year
:	1	Cash - non-interest-bearing	156.	1	46,018.
	2	Savings and temporary cash investments	639,945.	2	562,585.
:	3	Pledges and grants receivable, net	8,500.	3	233,011.
,	4	Accounts receivable, net	67,686.	4	37,675.
,	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			
σ l		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As		Inventories for sale or use	19,689.	8	24,820.
	9		49,700.	9	64,626.
	-	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other	1377000	9	01/0201
"	Ua	basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b 3,283,498	5,279,921.	10c	5 197 445.
	i1	Investments - publicly traded securities	<del>'</del>	11	5,197,445. 820,804.
1	2	Investments - other securities. See Part IV, line 11	030,031.	12	020,004.
	3			13	
		Investments - program-related. See Part IV, line 11		14	
	4	Intangible assets		15	
1	5	Other assets. See Part IV, line 11	6,755,688.	16	6 986 984
-	6	Total assets. Add lines 1 through 15 (must equal line 34)	192,520.	17	6,986,984.
17		Accounts payable and accrued expenses	172,320.	18	103,000.
19	8	Grants payable		19	
20		Deferred revenue		20	
2		Tax-exempt bond liabilities		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, trustees, key employees, highest compensated employees, and disqualified persons.			
iii				22	
ر ا <u>ا</u>	2	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
				24	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
2	.5	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
			11,953.	25	11,953.
9	26		204,473.	26	175,553.
<del>-   -</del> '	.0	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here	201,1701	20	27373331
σ l		complete lines 27 through 29, and lines 33 and 34.			
9 2	7	Unrestricted net assets	6,406,486.	27	6,707,026.
	28	Temporarily restricted net assets	4 4 4 = 0 0	28	104,405.
8 2	.9	Permanently restricted net assets	•	29	,
_ ا ق		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u> </u>		and complete lines 30 through 34.			
Net Assets or Fund Balances	Ю	Capital stock or trust principal, or current funds		30	
SS 3	11	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥   3	2	Retained earnings, endowment, accumulated income, or other funds		32	
Ž 3		Total net assets or fund balances	6,551,215.	33	6,811,431.
	4	Total liabilities and net assets/fund balances	6,755,688.	34	6,986,984.

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	2 3	, 55	9,0 5,1	68. 68. 15.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		- 01	1 4	21		
Da	column (B))	10	,81	1,4	<u> 31.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	163	X		
b	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  Were the organization's financial statements audited by an independent accountant?						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  c 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?							
За	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a 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 OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b	000	(22:=		
			Form	990	(2017)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DANE COUNTY HUMANE SOCIETY, 39-0806335 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2062564.	2497092.	2752425.	2778301.	2582459.	12672841.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2062564.	2497092.	2752425.	2778301.	2582459.	12672841.			
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)						851,713.			
	Public support. Subtract line 5 from line 4.						11821128.			
	ction B. Total Support	<del> </del>			<b>-</b>					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Amounts from line 4	2062564.	2497092.	2752425.	2778301.	2582459.	12672841.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	F 6 3 6 7	22 201	14 700	0 604	10 601	100 654			
	and income from similar sources	56,367.	23,291.	14,708.	9,604.	19,684.	123,654.			
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.)						12796495.			
11	<b>Total support.</b> Add lines 7 through 10	-t- / it					,860,418.			
12	Gross receipts from related activities, First five years. If the Form 990 is for		,	d fourth or fifth to			,000,410.			
13	organization, check this box and stor	•			•	. , . ,				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2017 (			column (f))		14	92.38 %			
15	Public support percentage from 2016					15	91.52 %			
	33 1/3% support test - 2017. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2016. If the o									
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t VI how the orgar	nization			
	meets the "facts-and-circumstances"			-	•	-				
b	10% -facts-and-circumstances tes									
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explain	in Part VI how the	•			
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization				
18	Private foundation. If the organization									

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2311	(6) 2515	(4) 2010	(6) 2317	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1			_	
	ndar year (or fiscal year beginning in) ► 🛚	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 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						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	s first second thi	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organi:	zation
•	ala a al Alafa la accidinata de la com	· ·	,		•		· .
Sec	etion C. Computation of Public						
	Public support percentage for 2017 (lir			column (f))		15	%
	Public support percentage from 2016					16	
	etion D. Computation of Inves					1 10 1	70
	· · · · · · · · · · · · · · · · · · ·					17	%
	Investment income percentage for 201 Investment income percentage from 2					18	
18							
198	33 1/3% support tests - 2017. If the compare then 22 1/2%, shock this box an	-					
J.	more than 33 1/3%, check this box an						
0	33 1/3% support tests - 2016. If the c	· ·			·	•	
00	line 18 is not more than 33 1/3%, chec						
20	<b>Private foundation.</b> If the organization	i did not check a	pox on line 14, 19	ıa. or 19b. check t	nis box and see ii	istructions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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•		
2		
3a		
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3b		
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4a		
4b		
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4c		
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5a		
5b		
5c		
6		
7		
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8		
9a		
9b		
9c		
30		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
		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 E	3. Type I Supporting Organizations			
				Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800		pported organization(s).	1		
Sec	LIOII L	D. All Type III Supporting Organizations		Yes	Na
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		uson of the relationship described in (2), did the organization's supported organizations have a			
3	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activit	ies Test. Answer (a) and (b) below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	За		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	rt V   Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	S		
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	th the organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

Organizat	Organization type (check one):						
Filers of:		Section:					
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990-	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General F	lule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special R	ules						
s	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
У	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
y is p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mus	t answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

# DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 226,395.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$54,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>135,143.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 61,325.	Person X Payroll

Name of organization Employer identification number DANE COUNTY HUMANE SOCIETY, INC. 39-0806335

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
5	PET FOOD	_				
			12/31/17			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		  \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		  _ \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		  \$				
3453 11-01	.17		90, 990-EZ, or 990-PF) (20			

Name of orga	anization			Employer identification number
DANE C	OUNTY HUMANE SOCIETY,	TNC		39-0806335
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations descri	ped in section 501(c)	(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	Olumns <b>(a)</b> through <b>(e) and</b> the f s, charitable, etc., contributions of \$1,00	DIIOWING IINE ENTRY. For IO or less for the year. (Ent	r organizations er this info, once.) \$
/ \ \ \ \ \	Use duplicate copies of Part III if addition		,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	aift	
	Transferos's name address as			hin of transferor to transferoe
-	Transferee's name, address, ar	10 ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
		(e) Transfer of	gift	
_	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
-		(e) Transfer of	nift	
<u> </u>	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
raiti				
			= =	
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC. **Employer identification number** 39-0806335

Schedule D (Form 990) 2017

Pa			or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	•
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
D-	conservation easements.	A - 11'-1	Unan O'mailan Assaula
Pa	organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		ı gaın, provide
	the following amounts required to be reported under SFAS 11	-	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		> 3

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

	t III Organizations Maintaining C	collections of A			or Other		sets/conti	. a.g.e _
	Using the organization's acquisition, accessi							
3		on, and other record	is, check arry or th	e following tha	at are a sigi	illicarit use or	its collection	on items
	(check all that apply):							
а	Public exhibition	d		change progra	ams			
b	· · · · · · · · · · · · · · · · · · ·							
С								
4	, , , , , , , , , , , , , , , , , , , ,							
5								
_	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizat	ion answered	"Yes" on F	orm 990, Part	IV, line 9, o	r
1a	Is the organization an agent, trustee, custod on Form 990, Part X?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII							
	Too, explain the arrangement in rate xiii	and complete the re	mowning table.				Amour	
c	Beginning balance					1c	7111001	
	Additions during the year					<del>                                     </del>		
						1e		
f	Distributions during the year					<del>                                     </del>		
	Ending balance  Did the organization include an amount on F						Yes	□ No
	<u> </u>		*		•			
Pai	If "Yes," explain the arrangement in Part XIII.  T V Endowment Funds. Complete i							
. u	Endownient Fands. Somplete i	(a) Current year	(b) Prior year			) Three years ba	ack (a) Four	r years back
4.	Deginning of year belongs	` '	(b) Phor year	(C) TWO yea	15 Dack (u	ij Tillee years be	ack (e) rou	i years back
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	<u></u> %						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	ered for the	organization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990	D, Part X, lir	ne 10.		
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Acc	umulated	(d) Boo	k value
	, , ,	basis (investr	' '	s (other)		eciation	( )	
1a	Land	,	, I	40,097.	,		1.24	0,097.
	Buildings			64,968.	2.23	30,859.		4,109.
	Leasehold improvements			30,044.		12,837.		7,207.
				14,919.		58,025.		6,894.
	Equipment Other			30,915.		31,777.		9,138.
	Other							$\frac{5,130}{7,445}$
TOLA	. Add iiiles Ta tiliough Te. (Columin (d) Must e	quai i Oiiii 330, Pail	$\Lambda$ , column (b), line	100.)			<u> </u>	.,

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 DANE COUNTY	HUMANE SO	CIETY, INC.	39-	0806335 <sub>Page</sub> :
Part VII Investments - Other Securities.				rage.
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-c	f-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV			
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-c	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b></b>	
Part X Other Liabilities.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forn	n 990, Part X, line 25.	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , ,	(b) Book value		
(1) Federal income taxes				
(2) ADVANCES ON CONDITIONAL G	RANTS	11,953.		
(3)		,		
(4)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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

Schedule D (Form 990) 2017

(6) (7) (8)

11,953.

Complete if the organization answered "Yes" on Form 990, Part IV,		Thevenue per ri	Cturr	
1 Total revenue, gains, and other support per audited financial statements			1	4,147,633.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments		55,048.		
<b>b</b> Donated services and use of facilities		61,802.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d			116 050
e Add lines 2a through 2d			2e	116,850.
3 Subtract line 2e from line 1			3	4,030,783.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		-106,547.		
b Other (Describe in Part XIII.)		· ·	4-	-106,547.
<ul> <li>c Add lines 4a and 4b</li> <li>5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)</li> </ul>			4c	3,924,236.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)  Part XII Reconciliation of Expenses per Audited Financial S			,	
Complete if the organization answered "Yes" on Form 990, Part IV,		xpeniece per		
Total expenses and losses per audited financial statements			1	3,887,417.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	61,802.		
<b>b</b> Prior year adjustments	2b			
c Other losses				
d Other (Describe in Part XIII.)	2d	106,547.		
e Add lines 2a through 2d			2e	168,349.
3 Subtract line 2e from line 1			3	3,719,068.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Other (Describe in Part XIII.)				0
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	e 18.)		5	3,719,068.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4; Part	X, line 2; Part XI,
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
DIRECT EXPENSES REPORTED ON FORM 990, PA	ART VIII, I	LINE 8B		-46,395.
COST OF GOODS SOLD REPORTED ON FORM 990,				
10B				-60,152.
TOTAL TO SCHEDULE D, PART XI, LINE 4B				-106,547.
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
DIRECT EXPENSES REPORTED ON FORM 990, PA				
COST OF GOODS SOLD REPORTED ON FORM 990,	, PART VIII	I, LINE		
10B				60,152.
TOTAL TO SCHEDULE D, PART XII, LINE 2D				106,547.

29

Schedule D (Form 990) 2017	DANE COU	NTY HUMANE	SOCIETY,	INC.	39-0806335	Page 5
Schedule D (Form 990) 2017  Part XIII   Supplemental Infor	mation (continu	red)				
- Сирристенти						

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

Schedule G (Form 990 or 990-EZ) 2017

Employer identification number

	OHIT HOLLING DOCTOR	-,	<del>10</del>	•	33 0000			
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts fundraiser listed in col. (i)  (v) Amount paid to (or retained by) fundraiser listed in col. (ii)								
		Yes	No					
Fotal			<b></b>					
<b>3</b> List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration		

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017 DANE COUNTY HUMANE SOCIETY, INC. 39-0806335 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through TOTO'S GALA BARK & WINE col. (c)) (event type) (event type) (total number) 129,765. 259,678. 90,142. 39,771. 1 Gross receipts 122,590 90,142. 39,771. 252,503. 2 Less: Contributions 7,175. 7,175. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 540. 2,623. 3,163. 6 Rent/facility costs 10,269. 955. 13,938. 2,714. 7 Food and beverages 1,500. 3,270. 250 5,020. 8 Entertainment 24,274. 11,141. 9 Other direct expenses 12,489. 644. 46,395. **10** Direct expense summary. Add lines 4 through 9 in column (d) -39,220. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

b	o if "No," explain:		
0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	☐ No
b	o If "Yes," explain:		

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 DANE COUNTY HUMANE SOCIETY, INC. 39-0	0806335	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\sum_{		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— 103	110
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9 9h 10	)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11103 3, 35, 10	,, 100,
	· · · · · · · · · · · · · · · · · · ·		

Schedule G (Form 990 or 990-EZ) DANE COUNTY HUMANE SOCIETY, INC. 39-08063.  Part IV Supplemental Information (continued)	

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2017**Open to Public

Inspection

Name of the organization **Employer identification number** 39-0806335 DANE COUNTY HUMANE SOCIETY, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) HAPPILY EVER AFTER ANIMAL COVER CARE AND TREATMENT SANCTUARY, INC. - E5714 BORK RD -OF DOGS TRANSFERRED FROM MARION, WI 54950-9602 20-4031006 501(C)(3) 13,000. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
DCHS DISBURSES GRANT FUNDS TO I	DESIGNATED O	RGANIZATIO	ONS FOR THE	CARE AND	
TREATMENT OF SPECIFIC INDIVIDUA	AL ANIMALS.	DCHS MONIT	TORS THE PR	OGRESS OF	
THESE ANIMALS THROUGHOUT THEIR	STAYS AT TH	ESE ORGANI	IZATIONS. D	CHS ALSO	
ROUTINELY VERIFIES THAT THE ORG					
	ANIZATIONS A	AKE PODETI	THING THEIR	DECHARED	
MISSIONS.					

# SCHEDULE M (Form 990)

Noncash Contributions

| 2017

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	29,690.	QUOTED MARK	ET P	RIC	CES
10	Securities - Closely held stock			,	~			
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	40,187.	COST/SELLIN	G PR	ICI	E
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			2 010	8085/8555		_ ~-	_
25	Other (SUPPLIES)	X	7		COST/SELLIN			
26	Other (EQUIPMENT)	X	3	860.	COST/SELLIN	G PR	TCI	<u> </u>
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz		-					
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement <b>29</b>				
	5					<u>'</u>	/es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	·		20-		Х
	exempt purposes for the entire holding period?	·				30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p	action that r	oquiros the review	of any populandard contribu	utions?	24		Х
31						31		
o∠d	Does the organization hire or use third parties of contributions?					32a		Х
h	If "Yes," describe in Part II.					SZA		
33	If the organization didn't report an amount in c	olump (c) fo	r a type of propert	y for which column (a) is che	ecked			
55	describe in Part II.	o.a.i.ii (0 <i>)</i> 10	a type of propert	y 101 William Column (a) is one	onou,			
	GOOGHAO HITI GIVII.							

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

Schedule M (Form 990) 2017

732142 09-07-17 Schedule M (Form 990) 2017

# SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

**Employer identification number** 39-0806335

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MAINTAINING FINANCIALLY STABLE AND SUSTAINABLE OPERATIONS WITH BALANCED REVENUE AND EXPENSES. DCHS EDUCATES AND SUPPORTS THE PUBLIC REGARDING ANIMAL WELFARE AND COMPANION ANIMAL OWNERSHIP AND INSTILLS THE VALUE THAT A PET IS A LIFE-LONG COMMITMENT AND PRIVILEGE. DCHS'S WILDLIFE PROGRAM PROVIDES RESPONSIBLE CARE FOR THE ILL, INJURED, AND ORPHANED WILDLIFE OF SOUTH CENTRAL WISCONSIN. DCHS'S WORK ALSO INCLUDES PROMOTING A LEGISLATIVE AGENDA IN SUPPORT OF CREATING A MORE HUMANE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DCHS'S EDUCATION AND OUTREACH SERVICES INCLUDE YOUTH, ADULT, AND PUBLIC EDUCATION PROGRAMS SUCH AS CAMP PAWPRINT, HUMANE HEROES, GIRL SCOUT BADGE WORKSHOPS, DOG TRAINING CLASSES, SCHOOL FIELD TRIPS, SHELTER AND PUBLIC SPEAKING ENGAGEMENTS. TOURS,

EXPENSES \$ 187,932. INCLUDING GRANTS OF \$ 0. REVENUE \$ 118,203.

DCHS'S VOLUNTEER PROGRAM INCLUDES RECRUITMENT, TRAINING, SUPERVISION, AND RETENTION OF DCHS'S VOLUNTEERS. IN 2017, 1,381 VOLUNTEERS PROVIDED APPROXIMATELY 113,000 VOLUNTEER HOURS TO DCHS.

EXPENSES \$ 136,355. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,596.

FORM 990, PART VI, SECTION A, LINE 6:

DCHS HAS A SINGLE CATEGORY OF MEMBERSHIP FOR WHICH A MINIMUM AMOUNT OF DUES IS REQUIRED TO BE ENTITLED TO VOTING RIGHTS.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERSHIP ELECTS THE DIRECTORS OF DCHS AT THE ANNUAL MEMBERSHIP MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL CURRENT MEMBERS SHALL BE ENTITLED TO VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF THE MEMBERSHIP AND SUCH OTHER ADDITIONAL RIGHTS AND POWERS AS SET FORTH IN THE BYLAWS OR CONFERRED UPON VOTING MEMBERS OF NON-STOCK

CORPORATIONS UNDER APPLICABLE LAW; PROVIDED, HOWEVER, THAT NO MEMBER SHALL HAVE VOTING RIGHTS UNTIL HE OR SHE HAS BEEN A MEMBER OF DCHS FOR THREE (3)

CONTINUOUS MONTHS IMMEDIATELY PRIOR TO THE DATE OF SUCH VOTE. A MAJORITY OF THE VOTES ENTITLED TO BE CAST BY THE MEMBERSHIP AT A MEETING AT WHICH A QUORUM IS PRESENT SHALL BE NECESSARY FOR THE ADOPTION OF ANY MATTER VOTED UPON BY THE MEMBERSHIP, UNLESS A GREATER PROPORTION IS REQUIRED BY LAW, THE BYLAWS, OR THE ARTICLES OF INCORPORATION. AT ANY MEMBERSHIP MEETING, THOSE VOTING MEMBERS PRESENT, BUT NOT FEWER THAN TWENTY-FIVE (25), SHALL HAVE THE AUTHORITY TO TRANSACT ALL BUSINESS THAT MAY COME BEFORE THE MEMBERSHIP MEETING.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT AS

PART OF THE ANNUAL FINANCIAL STATEMENT AUDIT ENGAGEMENT. WHEN COMPLETED,

THE FORM 990 IS REVIEWED BY DCHS'S EXECUTIVE DIRECTOR AND THE GOVERNING

BODY. UPON APPROVAL OF THE COMPLETED FORM 990 BY BOTH THE EXECUTIVE

DIRECTOR AND THE GOVERNING BODY, THE FORM 990 WILL BE FILED WITH THE IRS.

THE SECTIONS OF THE APPROVED FORM 990 OPEN TO PUBLIC INSPECTION ARE POSTED

ON DCHS'S WEBSITE ONCE FILED.

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

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

ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BODY DELEGATED POWERS AGREES TO BE BOUND BY DCHS'S CONFLICT OF INTEREST THIS CONFLICT OF INTEREST POLICY REQUIRES SELF-REPORTING. POLICY. CONNECTION WITH ANY ACTUAL OR POSSIBLE REPORTED CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS AFTER DISCLOSURE OF OF COMMITTEES WITH GOVERNING BODY DELEGATED POWERS. THE INTEREST AND ALL MATERIAL FACTS, THE INTERESTED PERSON SHALL LEAVE THE GOVERNING BODY OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING DIRECTORS OR THE GOVERNING BODY OR A DESIGNATED COMMITTEE CONDUCTS COMMITTEE MEMBERS. PERIODIC REVIEWS TO ENSURE THAT DCHS DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

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

THE PERFORMANCE OF THE DCHS EXECUTIVE DIRECTOR IS REVIEWED BY THE GOVERNING BODY ON AN ANNUAL BASIS. THIS REVIEW OCCURS WITHIN FOUR WEEKS OF THE ANNIVERSARY OF THE EXECUTIVE DIRECTOR'S HIRE DATE. WHEN THE REVIEW HAS BEEN COMPLETED AND FORMALLY APPROVED BY THE GOVERNING BODY, THE DIRECTORS DETERMINE AND APPROVE ANY SALARY ADJUSTMENT AND SUBMIT THE CHANGE TO DCHS'S ACCOUNTANT. APPROXIMATELY 60 DAYS PRIOR TO THE EXECUTIVE DIRECTOR'S ANNIVERSARY DATE, THE GOVERNING BODY APPOINTS A DIRECTOR TO LEAD THE REVIEW EFFORT. THE LEAD COMPILES ALL COMMENTS SUBMITTED BY THE DIRECTORS AND CREATES A SINGLE COHESIVE REVIEW THAT IS SHARED WITH THE EXECUTIVE DIRECTOR AFTER BEING APPROVED BY THE GOVERNING BODY.

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