

Form **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)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 09/01/16, and ending 08/31/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">HUMANE SOCIETY FOR BOONE COUNTY INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 708 City or town, state or province, country, and ZIP or foreign postal code LEBANON IN 46052	D Employer identification number <p align="center">26-1122066</p> E Telephone number <p align="center">765-485-8888</p> G Gross receipts \$ 519,375
F Name and address of principal officer: <p>SUSAN AUSTIN 601 EAST PIERCE STREET WHITESTOWN IN 46075</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.HSFORBC.ORG		L Year of formation: 2007
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	37
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	53,495	400,657
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,249	22,448
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	421	451
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,237	80,732
		159,402	504,288
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,164	97,006
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,164	97,006
	19 Revenue less expenses. Subtract line 18 from line 12	41,238	407,282
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	778,213	1,185,485
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		778,213	1,185,485

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____ Type or print name and title _____	
Paid Preparer Use Only	Print/Type preparer's name GREGORY D. SIGMAN	Preparer's signature
	Firm's name ▶ L. M. HENDERSON & COMPANY, LLE 450 E 96TH ST STE 200 INDIANAPOLIS, IN 46240	Date 7/11/18 Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN Firm's EIN ▶ 20-5520612 Phone no. 317-566-1000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No