### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2020

Department of the Treasury
Internal Pevenue Service

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

		ine Treasury le Service	▶ Go to	www.irs.gov/Form990 for instruc	tions and the latest	information.		Inspection		
			ar year, or tax year begin			nd ending		, 20		
-		pplicable:	The same of the sa	OWA COUNTY HUMANE SOCI	ETY INC		D Empl	oyer identification number		
	Address o		Doing business as					39-1976679		
	Name cha			O. box if mail is not delivered to street address	ss)	Room/suite	E Telepi	hone number		
	nitial retu		305 COUNTY HI		•		(608) 935-1381			
		rn/terminated		ovince, country, and ZIP or foreign postal code	·		G Gross receipts			
$\overline{}$	Amended		DODGEVILLE, W				\$ 553,11			
一		n pending	F Name and address of p			H(a) Is this	a group return	for subordinates? Yes X No		
L /	пррисацо	in pending	1 Name and address of p	mopal officer.		1		es included? Yes No		
	Гах-ехет <sub>і</sub>	ot status: X	501(c)(3) 501(c) (	) <b>4</b> (insert no.) 4947(a)(1) or	527			st. See instructions		
	Nebsite:		.ICHS.NET	) T (moore no.)			exemption			
				ssociation Other	L Year of formation	on: 1998 M	State of leg	gal domicile: <b>WI</b>		
Part Control	rt I	Summary								
BARRING.	1	Briefly describ	oe the organization's miss	ion or most significant activities:	HUMANE SOCIE	TY FOR ANIM	AL CAR	E		
Ø1			0							
Governance										
r.										
9	2	Check this bo	x 🕨 🗌 if the organization	n discontinued its operations or disp	osed of more than 25	% of its net asset	S.			
C)	3	Number of vo	ting members of the gove	rning body (Part VI, line 1a)			. 3	8		
SS	4	Number of inc	dependent voting member	s of the governing body (Part VI, lin	e 1b)		. 4	8		
Activities &	5	Total number	of individuals employed in	calendar year 2020 (Part V, line 2a	)		. 5	14_		
ŧ	6	Total number	of volunteers (estimate if	necessary)			. 6			
A	7a	Total unrelate		. 7a	0					
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line 11			. 7b	0		
						Prior Yea	ar	Current Year		
	8	Contributions	and grants (Part VIII, line	1h)		. 3	7,150	43,975		
Jue	9	-	rice revenue (Part VIII, line				5,426	477,291		
Revenue	10	Investment in	come (Part VIII, column (/	A), lines 3, 4, and 7d)			198	330		
Re	11		e (Part VIII, column (A), lir		55,543	31,519				
	12			must equal Part VIII, column (A), lir			8,317	553,115		
	13			IX, column (A), lines 1-3)		•		0		
	14		to or for members (Part I)		0					
S	15		er compensation, employee		7,049	110,676				
Expenses			fundraising fees (Part IX,	•		0				
g	1		sing expenses (Part IX, col		5,766					
ш	1		ses (Part IX, column (A), li				19,610	137,599		
				equal Part IX, column (A), line 25)			6,659	248,275		
	19	Revenue less	expenses. Subtract line	18 from line 12			1,658	304,840		
Net Assets or	2 2	T-4-1 1 1	D-4 V II- 40			Beginning of Cu		End of Year		
Sset	20		Part X, line 16)				73,720	879,427		
etA	21		(Part X, line 26) fund balances. Subtract	line 24 from line 20			39,962 3,758	488,360 391,067		
	rt II		re Block	ille 21 Horn ille 20		- 10	13,130	391,007		
				urn, including accompanying schedules and s	tatements, and to the best	of my knowledge and b	elief, it is			
true,	correct,	and complete. Dec	claration of preparer (other than of	fficer) is based on all information of which pre	parer has any knowledge.	, ,	` '			
		TUDA	TANDHOLM ON	a a. Crem				5-11-2021		
Sig	n	Signature	o of officer	0			Da	ate		
Hei		LIS	A CVENGROS	ITED						
			TINDHOLM, TREAS	VALA I						
		Print/Type pre		Preparer's signature	Date	Chec	k X if	PTIN		
Pai	d		L Johnson	Rebecca L Johnson, C	PA 5/101	121	employed	P00833951		
	parei			Accounting		Firm's EIN				
	Only			ve Street		Phone no.				
		, initia dudies		rdville WI 53516			608-	523-1114		
Mav	the IRS	3 discuss this		nown above? (see instructions)				Yes X No		
			on Act Notice, see the se					Form <b>990</b> (2020)		

Page 2

Part IV

IOWA COUNTY HUMANE SOCIETY INC

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors See instructions? X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .......... 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ...................... X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 20 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? 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

Part IV

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Yes 22 No Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ..... Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 22 X 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 23 X \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? X Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior X year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current X 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key X employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V ................. Yes No 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2020)

20) IOWA COUNTY HUMANE SOCIETY INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?- · · · · · · · · · · · · · · · · · · ·	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:	- 1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		7/40 MARKET
	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			
14a		14a		X_
b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section 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						
	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 on Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2		x			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x			
6	Did the organization have members or stockholders?	6		x			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
a	The governing body?	8a	x				
b	Each committee with authority to act on behalf of the governing body?	8b	х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	***************************************					
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	V Sec Sci Handardon			
b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c	х				
13	Did the organization have a written whistleblower policy?	13	х				
14	Did the organization have a written document retention and destruction policy?	14		х			
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		x			
b	Other officers or key employees of the organization	15b		х			
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		x			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b		MATERIAL STATES			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,						
	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	JUDY LINDHOLM (608) 935-1381, 305 COUNTY HIGHWAY YZ, DODGEVILLE, WI 53533						

Form	000	(2020)
-om	990	(2020)

#### IOWA COUNTY HUMANE SOCIETY INC

39-1976679

Page 7

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.

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

See instructions for the order in which to list the persons above.

Check this box if fleither the organization nor any relate	a organization	100111	50110		(C)	ourrei	it oil	iooi, airostoi, or tra	0.00.		
(A)	(B)			Po	sition			(D)	(E)	(F)	
Name and title	Average hours per week	box,	unles	ss pe	rson is	han one s both ar /trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	rrom tne organization and related organizations	
(1) LISA SCHNEDLER ACTING TREASURER	4.00	x		x				0	0	0	
(2) DONNA GRIFFIN	4.00								0		
DIRECTOR		Х						0	0	0	
(3) SANDIE BRICK MARGELOFSKY DIRECTOR	2.00	x						0	0	0	
(4) CYD BICKFORD PRESIDENT	3.00	х		X				0	0	0	
(5) JUDY_LINDHOLM	2.00	Α		^					0	0	
TREASURER		х						0	0	0	
(6) ALYANA HUSOM	3.00										
SECRETARY		х		X				0	0	0	
(7) LOUANNA SCHULTE	4.00										
DIRECTOR		×		多				0	0	0	
18) Joanne Wilson DIRECTOR		X									
(9)											
<u>(10)</u>											
(11)											
<u>(12)</u>											
(13)											
(14)											

ıaıı	Section A. Officers, Directors, Trustees	s, ivey Limpic	уссэ,	unu	ing	iic 3t	Joill	heir	Succa Limpioyees	(continuou)		
						(C) sition						
	(A)	(B)	(do r	not ch			han one		(D)	(E)		(F)
	Name and title	Average	box,	unles	s per	son is	s both ar	n	Reportable	Reportable		ated amount
		hours per week	offic	er and	d a di	rector	/trustee)	)	compensation from the	compensation from related		of other opensation
		(list any	0 =	_		-	о т		organization	organizations	1	om the
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	1000-000	ization and organizations
		related	dual	ition	4	mplo	est co	er				
		organizations below	trust	al tru		руее	ompe					
		dotted line)	0	stee			ensa					
							.ed					
(15)												
(40)												
(16)												
(17)_												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal											
С	Total from continuation sheets to Part VII, Sect	tion A .										
d	Total (add lines 1b and 1c)							- ▶	0	0		0
2	Total number of individuals (including but not limite	d to those list	ted abo	ve) v	who	rece	ived m	ore	than \$100,000 of			
	reportable compensation from the organization	<b>&gt;</b>										
											,	Yes No
3	Did the organization list any <b>former</b> officer, director,			ee, c								
	employee on line 1a? If "Yes," complete Schedule										3	X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than \$\frac{1}{2}\$											
	individual											
5	Did any person listed on line 1a receive or accrue of										4	X
٠	for services rendered to the organization? If "Yes," or							Zauc			5	
Secti	on B. Independent Contractors											X
1	Complete this table for your five highest compensation	ted independe	ent cor	trac	tors	that	receive	ed m	nore than \$100.000	of		
	compensation from the organization. Report compe											
	(A)						T		(B)	ĺ	(C)	
	Name and business addres	SS			**********				Description of service	es	Compensat	tion
2	Total number of independent contractors (including	but not limite	ed to th	ose l	liste	d abo	ove) w	ho				
	received more than \$100,000 of compensation from			<b>&gt;</b>			-,					

Page 9

Form 990 (2020)
Part VIII

	Check if Schedule O contains a response or not	e to any line in this	Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns 1a					000001100112011
w	b Membership dues 1b	100				
unts	c Fundraising events 1c	200				
D O	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions) 1e	43,875				
s, G	f All other contributions, gifts, grants,	10,0.0				
tion r Si	and similar amounts not included above 1f					
ibu	g Noncash contributions included in					
don	lines 1a-1f 1g	\$				
ğ Ç	h Total. Add lines 1a-1f		43,975	are an expension of the same	and the state of t	
		Business Code				
ė	2a DONATIONS PUBLIC	900099	178,347	178,347		
Z a	b fee animal adoptons	900099	25,301	25,301		
Program Service Revenue	C SURRENDER REDEMPT LICEN	900099	15,689	15,689		
am	d MEMORIAL FUNDS	900099	257,765	257,765		
P. S.	e STORE PURCHASE	900099	189	189		
P	f All other program service revenue					
	g Total. Add lines 2a-2f		477,291			
	3 Investment income (including dividends, interest, ar	nd				
	other similar amounts)	▶	330	330		
	4 Income from investment of tax-exempt bond procee	ds · · · ▶				
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross rents 6a	4,500				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c	4,500				
	d Net rental income or (loss)		4,500	4,500		
	7a Gross amount from (i) Securities	(ii) Other				
	sales of assets					
	other than inventory 7a					
ø	b Less: cost or other basis and sales expenses 7b					
Revenue						
ev	d Net gain or (loss)					
	8a Gross income from fundraising					
Other	events (not including \$					
O	of contributions reported on line					
	1c). See Part IV, line 18 8a	27,019				
	b Less: direct expenses 8b	21,019				
			27,019			27,019
	9a Gross income from gaming		21,013			21,013
	activities, See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	10a Gross sales of inventory, less					
	returns and allowances					
	b Less: cost of goods sold 10b					
		Business Code				
sno	11a					
nue	b					
scellanous Revenue	С					
Misc	d All other revenue					
_	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions	▶	553,115	482,121	0	27,019
EΑ						Form 990 (2020)

Page 10 39-1976679 Form 990 (2020) IOWA COUNTY HUMANE SOCIETY INC 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) (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 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 . . . . Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 87,250 15,397 102,647 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . 8,029 6,825 1,204 Payroll taxes . . . . . . . . . 10 11 Fees for services (nonemployees): b 331 331 C d Professional fundraising services. See Part IV, line 17 74 492 418 f Other. (If line 11g amount exceeds 10% of line 25, column 2,105 371 (A) amount, list line 11g expenses on Schedule O.) 2.476 12 Advertising and promotion 319 271 48 5,765 4,900 865 13 Office expenses . . . . . . . . 1,705 301 2,006 14 Information technology . . . . . 15 7,703 16 51,355 43,652 60 51 9 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 20,010 17,062 2,948 1,781 1,514 267 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,766 FUNDRAISING EXPENSE 5,766 6,162 41,080 34,918 b VET EXPENSE 547 3,648 3,101 C GENERAL SHELTER EXPENSE d 2,510 2,133 377 All other expenses 6 5,766 Total functional expenses. Add lines 1 through 24e . . 248,275 205,905 36,604 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

following SOP 98-2 (ASC 958-720)

▶ ∐ if

**Balance Sheet** 

Part X

39-1976679

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 44,470 74,131 1 Cash - non-interest-bearing 2 467,453 12,075 2 Pledges and grants receivable, net 3 3 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net ......... 7 Assets 8 8 Inventories for sale or use 9 . . . . . . . . . . . . . . . . . . 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . . 10a 387,514 10c 367,504 b Less: accumulated depreciation . . . . . . . . . 10b 237,061 11 11 12 12 Investments - other securities. See Part IV, line 11 . . . . . . . . . . . . . 13 Investments - program-related. See Part IV, line 11 ....... 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 473,720 879,427 16 17 1,961 2,590 17 18 18 19 ........... 19 Deferred revenue 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 138,300 Secured mortgages and notes payable to unrelated third parties 24,631 23 342,741 24 348,099 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 369,962 488,360 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . . . . . . . . . . . . . . . . . . 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 391,067 Retained earnings, endowment, accumulated income, or other funds 103,758 31 32 103,758 391,067 32 879,427 33 473,720 33 

Part XI   Reconciliation of Net Assets   Check if Schedule O contains a response or note to any line in this Part XI   1   553,115   1   1   5   5   1   1   5   5   1   1	_	990 (2020) IOWA COUNTY HUMANE SOCIETY INC	39-1	97667	9	Pa	ge <b>12</b>
Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part X) (Jun column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 103,758 8 Revenue less expenses. Subtract line 2 from line 1 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 6 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 7 Investment expenses 8 Consoled services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:							
1 Total revenue (must equal Part VIII, Column (A), line 12) 2 Total expenses (must equal Part VIII, Column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 304,840 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 103,758 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 1 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	Pai						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 304,840 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:							115
2 Total expenses (must equal Part X, cotulin (x, citudin (x), line 23)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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 Consolidated basis Consolidated basis	1	Total revenue (must equal Part VIII, column (A), line (2)	. 7	2		248,	275
3 Revenue less expenses. Subtract line it in line in line in the Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  Cash   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2 Were the organization's financial statements compiled or reviewed by an independent accountant?  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. or bot	2	Total expenses (must equal Part IX, column (A), line 25)	. :	3	VIII - VIII VIII VIII VIII VIII VIII VI		
Net unrealized gains (losses) on investments   6   6   7   7   7   7   7   7   7   7	3			4		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Section Net unrealized gains (losses) on investments  Donated services and use of facilities  To Investment expenses  Prior period adjustments  Prior period adjustments  Pother changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other □ Ves No  Accounting method used to prepare th	4	Net assets or fund balances at beginning of year (must equal Part X, life 52, column (A))					
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	5	Net diffeduzed gains (1995) on investment	-		-		
Prior period adjustments   Section   Prior period adjustments   Section   Prior period adjustments   Section   Prior period adjustments   Section   Sectio	6	Donated Corners and an analysis and an analysi	-				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	7		-	-		(17	531)
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No	8	Prior period adjustments	_			(1//	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No	9	Other changes in net assets or fund balances (explain on Schedule O)	-				
Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	١.	10		201	067
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:		32, column (B))	•   _	10		391,	067
1 Accounting method used to prepare the Form 990:	Par	t XII Financial Statements and Reporting					П
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				Voc	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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:  Separate basis, consolidated basis, or both:  Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)						163	140
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)	1	Accounting method used to prepare the Form 990.					
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)		If the organization changed its method of accounting from a prior year or checked "Other," explain in					
Were the organization's financial statements complied or reviewed by an independent accountant?  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:  Separate basis Consolidated basis Doth consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)		Schedule O.					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Za		X
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
Separate basis Consolidated basis Both consolidated and separate basis  b 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:  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)							
b 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:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)		The state of the s					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)	b				2b		X
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis Consolidated basis Both consolidated and separate basis  consolidated basis Consolidated basis Both consolidated and separate basis  consolidated basis Consolidated basis Both consolidated and separate basis  consolidated basis Consolidated basis Both consolidated and separate basis  consolidated and separate basis  consolidated and separate basis  consolidated and separate basis  both consolidated and separate basis Both consolidated and separate basis  consolidate and separate basis  consolidated and separate basis  consolidate and separate basis  consolidated and separate basis		If "Yes." check a box below to indicate whether the financial statements for the year were audited on a					
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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)							
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?  If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)		The state of the s					
the audit, 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 on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)	c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)	٠	the audit review or compilation of its financial statements and selection of an independent accountant?			2c		
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?		If the organization changed either its oversight process or selection process during the tax year, explain on					
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?							
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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Form 990 (2020)	20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	Ja				3a		X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		If "Voc." did the organization undergo the required audit or audits? If the organization did not undergo the					
Foilii <b>990</b> (2020)	D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
EEA		required addition addition, explain with on contedute of artist abboting any every transfer to			Forn	990	2020)

Page **12** 

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

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

		organization					39-1976679						
		OUNTY HUMANE SOCIETY INC Reason for Public Charity	Status, (All ord	anizations must co	mplete th	nis part.)	See instructions.						
Ра	rt I	nization is not a private foundation because	e it is: (For lines 1 t	hrough 12, check only or	ne box.)		9						
	organ	A church, convention of churches, or ass	enciation of churche	s described in section 1	70(b)(1)(A)	(i).							
1	Н	A school described in section 170(b)(1)	(A)(ii) (Attach Sch	edule E (Form 990 or 990	D-EZ).)								
2	H	A hospital or a cooperative hospital servi	ce organization desi	cribed in section 170(b)	(1)(A)(iii).								
3		A medical research organization operate	d in conjunction with	n a hospital described in s	section 170	(b)(1)(A)(i	ii). Enter the						
4			a in conjunction with	i a nospital accompca in a		( // // //							
	_	hospital's name, city, and state:  An organization operated for the benefit	of a college or unive	ereity owned or operated	by a govern	mental uni	t described in						
5		An organization operated for the benefit	or a college or univ	ersity owned or operated	<i>z</i> , <i>z g</i>								
		section 170(b)(1)(A)(iv). (Complete Pa	II II.) revernmental unit de	secribed in section 170(	o)(1)(A)(v).								
6		A federal, state, or local government or g	governmental unit de	its support from a govern	mental unit	or from the	e general public						
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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		An agricultural research organization de	1/U(D)(1)(A)(VI). (	470/h)/4)//\(\int \rightarrow\)	l in conjunct	ion with a	and-grant college						
9		An agricultural research organization de	scribed in section	instructions) Enter the n	ame city a	nd state of	the college or						
		or university or a non-land-grant college	of agriculture (see	instructions). Enter the	arrie, oity, o	na otato o							
	_	university: An organization that normally receives:	(4) mare than 22.1/	23% of its support from co	ntributions	members	hip fees, and gross						
10		An organization that normally receives: receipts from activities related to its exe	(1) more trial 33 1/	sign to certain excentions	and (2) no	more than	33 1/3% of its						
		receipts from activities related to its exe support from gross investment income	mpt functions - suc	oss tavable income (less	s section 51	1 tax) from	businesses						
		support from gross investment income	and unrelated busil	ion 509(a)(2) (Complete	Part III.)	1 tody							
		acquired by the organization after June	30, 1975. See <b>sect</b>	for public safety. See sec	tion 509(a)	(4).							
11	Ц	An organization organized and operated	exclusively to test i	hanafit of to perform the	functions	of ortocal	rry out the purposes						
12		An organization organized and operated	d exclusively for the	in section 509/21/11 or s	ection 509	(a)(2). See	section 509(a)(3).						
		of one or more publicly supported organ	nizations described i	time of curporting organ	ization and	complete li	nes 12e, 12f, and 12g.						
		Check the box in lines 12a through 12c	that describes the	type or supporting organ	ported organ	nization(s)	typically by giving						
	a	Type I. A supporting organization of	perated, supervised	1, or controlled by its supp	of the direct	ors or trus	tees of the						
		the supported organization(s) the p	ower to regularly a	Sections A and B	of the direct	013 01 11 40	1000 01 1110						
	supporting organization. You must complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having												
	b	Type II. A supporting organization	supervised or contro	olled in connection with it	one that cor	trol or mar	nage the supported						
		control or management of the supp	porting organization	vested in the same pers	JIIS (IIat Wi	iti oi oi iiiui	age are supported						
		organization(s). You must comple	ete Part IV, Section	is A and C.	otion with a	nd function	nally integrated with.						
	C	Type III functionally integrated.	A supporting organ	ization operated in conne	Cuon will, a	D and F	ially integrated many						
		its supported organization(s) (see	instructions). You n	nust complete Part IV,	oppostion W	ith ite eunr	orted organization(s)						
	d	Type III non-functionally integra	ated. A supporting o	organization operated in c	tribution roc	wirement s	and an attentiveness						
		that is not functionally integrated.	The organization ge	nerally must satisfy a dis	Cribution rec	ini enienta 4 M	and an attentiveness						
		requirement (see instructions). Yo	u must complete i	Part IV, Sections A and	D, allu Fai	Two I Tu	no II Tyrne III						
	е	Check this box if the organization	received a written d	etermination from the IR	5 that It is a	Type I, Ty	pe II, Type III						
		functionally integrated, or Type III		egrated supporting organ	ization.								
	f	Enter the number of supported organize	zations										
	g	Provide the following information about		anization(s).	C. A le the ex	manization	(v) Amount of monetary	(vi) Amount of					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or		support (see	other support (see					
				above (see instructions))	docum		instructions)	instructions)					
					Vac	No							
					Yes	INO							
(A	1												
17	,												
/D	,												
(B	<i>,</i>												
ıc	1												
(C	,												
(D	1												
10	7												
(E	)												
To	otal					1	4						

990 or 990-EZ) 2020 IOWA COUNTY HUMANE SOCIETY INC 39-1976679

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

Sect	ion A. Public Support		11.1.0047	(-) 2019	(d) 2019	(e) 2020	(f) Total
Cale	ndar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(a) 2019	(e) 2020	(1)
1 (	Gifts, grants, contributions, and						
	membership fees received. (Do not				050 501	463,131	1,318,000
	nclude any "unusual grants.")	196,999	191,296	207,783	258,791	463,131	1,310,000
	Tax revenues levied for the						
	organization's benefit and either paid to				05 450	42 075	201,904
	or expended on its behalf	40,595	42,324	37,860	37,150	43,975	201,304
	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			245 642	295,941	507,106	1,519,904
	Total. Add lines 1 through 3	237,594	233,620	245,643	295,941	307,100	1,010,001
	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						59,579
	shown on line 11, column (f)						1,460,325
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Cale	endar year (or fiscal year beginning in)► Amounts from line 4	237,594			295,941	507,106	1,519,904
	Gross income from interest, dividends,	231,394	233,020	210/010			
8	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		52	89	198	330	669
0	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
40	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)	40,107	56,178	76,316	32,179	45,679	250,459
11	Total support Add lines 7 through 10						1,771,032
	a the form related activities ato (	see instruction	s)			12	1/0)
13	First five years. If the Form 990 is for the o	organization's fi	irst, second, thi	ird, fourth, or it	nn tax year as	a section 501(	c)(3)
	organization, check this box and stop here						▶ 🗌
Se	ction C. Computation of Public Suppo	ort Percentag	ge				
11	Public support percentage for 2020 (line 6.	column (f), div	rided by line 11	, column (f)) .		14	82.46 %
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dula A Dart II	line 14			15	79.84 %
16a	as 4000 444 2020 If the organiz	ation did not ch	neck the box or	n line 13. and ii	ne 14 IS 33 I/	3% of more, cm	> 🕱
	The ergenization qualif	ios as a nublic	v supported or	danization			
1	box and <b>stop nere</b> . The organization quality <b>33 1/3% support test - 2019</b> . If the organiz	ation did not cl	heck a box on I	ine 13 or 16a,	and line 15 is	33 1/376 01 11101	▶ □
	this box and <b>stop here.</b> The organization q	ualifies as a pu	blicly supporte	d organization	ing 12 160 0	r 16h and line 1	14 is
178	this box and stop here. The organization quality 10%-facts-and-circumstances test - 2020	). If the organiz	ation did not ci	neck a box on i	hey and stor	here Evnlain	in
	10%-racts-and-circumstances test - 2020 10% or more, and if the organization meets	s the facts-and-	circumstances	test, check this	s box and <b>stop</b>	nublicly suppo	rted
	Part VI how the organization meets the fac	ts-and-circums	stances test. If	ne organization	qualifies as a	publicly suppo	▶ □
	organization					6h or 17a and	line
	400/ factor and aircumstances test - 2010	If the organiz	ration did not cl	heck a box on	line 13, 16a, 1	ob, or 17a, and	IIIIC
	45: 400/ ar mare and if the organization	moets the facts	s-and-circumsta	ances test, che	CK this box and	stop liefe. LA	piairi
	in Dart VI how the organization meets the t	facts-and-circu	mstances test.	i he organizat	ion qualifies a	s a publicly sup	ported
	and the state of t						
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	oa, 100, 1/a, 0	DI 17D, CHECK L	IIIS DON AIR SEC	▶ □
	instructions					Schedule A (Fo	rm 990 or 990-EZ) 2020

39-1976679

IOWA COUNTY HUMANE SOCIETY INC

S-k-dula A (Earm	990 or 990-EZ) 2020	IOWA	COUNTA	HUMANE	SOCIET	T THO	E00(-1(0)
Schedule A (FOITH	990 01 000 LL) L010	L. In San O	rannizat	ione De	ecribed	in Section	1 509(a)(Z)
Part III	990 or 990-EZ) 2020 Support Scheo	guie for O	ryanizat	10113 DC	3011000		
							fthe emani

(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.)

	If the organization range to quanty						
Sec	tion A. Public Support	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Cale	endar year (or fiscal year beginning in)	(4) 2010	(-/				
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	cold or services performed or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 -						
4	Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
, ,	received from disqualified persons						
h	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			and the second second		2000000	
	line 6.)						
Se	ction B. Total Support	1	43.0047	(c) 2018	(d) 2019	(e) 2020	(f) Total
Ca	lendar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(C) 2010	(u) 2010	(0) = ===	
9	Amounts from line 6						
10	a Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
k	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
4.	Total support. (Add lines 9, 10c, 11,						
4	First Evenes If the Form 990 is for the ord	ganization's fir	st, second, thir	d, fourth, or fift	th tax year as a	section 501(c)	(3)
14	organization, check this box and <b>stop here</b>						▶ ∐
0	tion C. Computation of Public Sunn	ort Percent	age				
4/	Dublic cupport percentage for 2020 (line 8	column (†), c	livided by line	13, column (f))		. 15	%
10		edule A, Part I	III, line 15			. 16	%
-	- tion D. Computation of Investment	Income Pero	centage				%
41	- Investment income percentage for 2020 (li	ne 10c. colum	n (f), divided b	/ line 13, colun	nn (f))	. 17	
							% and line
1							%, and line
1	9a 33 1/3% support tests - 2020. If the organ 17 is not more than 33 1/3%, check this bo	ox and stop he	ere. The organ	ization qualifie	s as a publicly	supported orga	nn 33 1/30% and
2	line 18 is not more than 33 1/3%, check to Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, cl	neck this box a		Form 990 or 990-EZ) 2020
	Arran Indiana de la Companya del Companya de la Companya del Companya de la Compa					Julieuule M	

39-1976679

**Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A nd B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12b, Part I, complete Sections A and D, and complete I Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete I	Part V	(.)	
	Sections A, D, and E. If you checked box 12d, 1 dit 1, complete			
	on A. All Supporting Organizations		Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing			
1	the suments of the "No." describe in Part VI how the supported organizations are designated. If describe in Part VI			
	the designation of historic and continuing relationship, explain.	1		
2	ti li anno anti our portod organization that does not have all into determination of			
2	Did the organization have any supported organization that the supported under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	$\frac{1}{2}$	2		
32	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
		3a		
b	and the confirm that each supported organization qualified under section 501(c)(4), (5), 01 (0) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	3b		
		30		
С	The support to such organizations was used exclusively for section 130(0)(2)(2)	3с		
	o is the attention in Part VI what controls the organization but in place to ensure sach use.	30		
4a	Was any supported organization not organized in the United States (Toreign supported organization ).	4a		
	" 1 to 1 - 1 - 1 40 or 10h in Part I answer lines 40 dilu 40 00000.	70		
b	in the base ultimate control and discretion in deciding whether to make grants to the letters.			
	are noted erganization? If "Ves " describe in Part VI how the organization had such control and discretion	4b	i katawa na	20163
	to the second of a supervised by or in connection with its supported organizations.	40		
C				
	TOUR VIOLENT FOO(a)(1) or (7)(2) If "Vee " evolain in Part VI Wild Colling the Organization assu			
	under sections $501(c)(3)$ and $509(a)(1)$ of $(2)(1)$ if $(3)(3)$ and $(3)(3)(3)$ and $(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)($	4c		
5a	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"  Did the organization add, substitute, or remove any supported organizations during (i) the pames and EIN			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	numbers of the supported organizations added, sabstituted, or removed (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a		
	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	5b		
	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
C	Substitutions only. Was the substitution the result of an event beyond the organization of services or facilities) to Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6	Did the organization provide support (whether in the form of grants of the provider support of 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			
	The filing ergonization's cumnorted organizations ( IT Yes, provide detail it is as	6		
7	/ Letinad in acction 4059(c)(3)(C)) a family member of a substantial contributor, of a 50% contributor			
	""	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	15 10 / 11	8		
0	When the agreement on controlled directly or indirectly at any time during the tax year by one or more			
98	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	it and in position 500(a)(1) or (2)\2 If "Ves." provide defail in Part VI.	9:	а	
,	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
1	" provide detail in Fall VI.	9	b	tion of the
	District marking person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	seems to which the supporting organization also had an Interest? If Yes, provide detail in Yes.	9	C	
40	the approximation publicat to the excess husiness holdings rules of section 4945 because of section			
10	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10	a	
	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.)	10	D	

chedule	A (Form 990 or 990-EZ) 2020 IOWA COUNTY HUMANE SOCIETY INC			
Part			Yes	No
	to describe the contribution from any of the following persons?			
1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	A person who directly or indirectly controls, either alone of together with persons	11a		
	11c below, the governing body of a supported organization?	11b		
b	A family member of a person described in line 11a above?			
С	A family member of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide  A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
	detail in Part VI.			
ect	ion B. Type I Supporting Organizations		Yes	No
	the street parting in their official capacity or membership of one or			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	Did the governing body, members of the governing body, officers at least a majority of the organization's officers, more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	more supported organizations have the power to regularly appoint or supported organization (s) directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization (s)			
	directors, or trustees at all times during trie tax year. If No, doesn't trie tax year in No, doesn't t			
	organization, describe how the powers to appoint and/or remove officers, the exists, or wastering the tax year.	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated,			
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated,  VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			
ec	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	Were a majority of the organization's directors of trustees during the tax year and the trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or trustees of each of the organization's supported organization or management of the supporting organization was vested in the same persons that controlled or managed			
	or management of the supporting organization was vested in the same persons are a supporting organization was vested in the same persons are a supporting organization.	1		
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	Did the organization provide to each of its supported organizations, by the last support provided during the prior tax organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax organization's tax year, (ii) a written notice describing the type and amount of support provided during the prior tax			
	organization's tax year, (i) a written notice describing the type and amount or capped and (iii) copies of the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of motification, to the extent not previously provided? organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in effect of the date of notification, to the organization's officers, directors, or trustees either (i) appointed or elected by the supported were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization? If "No " explain in <b>Part VI</b> how			
2	Were any of the organization's officers, directors, of trustees cities (i) appendix of the organization of the organization of the governing body of a supported organization organization of the supported organization of the supported organization of the organization			
	the organization maintained a close and continuous working relationship with the supported organizations have	2		
	and the description of the line of the lin	-		
3	By reason of the relationship described in line 2, above, and the organization's a significant voice in the organization's investment policies and in directing the use of the organization's			
	a significant voice in the organization's investment policies and in diseases the role the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
	supported organizations played in this regard.			
Se	ction E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	stru	ctions	<b>)</b> .
1	Check the box next to the method that the organization used to satisfy the method that the organization used to satisfy the method that the organization used to satisfy the method that the organization are a fine 2 below.			
	= complete illes pelow.			
	- 1. I was a ded a governmental entity I lescribe in Part VI 110W you supported a government	(see	instru	ctions
	Total American lines 20 and 2h holow		Ye	s No
2	and the argenization's activities during the tax year directly further the exempt purposes of			
	to the which the organization was responsive! If Jes. Well in the second			
	the supported organization(s) to which the organization was responsed to the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	how the organization was responsive to those supported organizations, and not was a	2:	a	
	that these activities constituted substantially all of its activities.  b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	b Did the activities described in line 2a, above, constitute activities that, but for the organization in			
	till visit and aumorated ergonization(s) would have been endaded in ? If it is, explain in	5150,7000		
	of the argenization's supported organization(s) would lidve been engaged in: " " " " " " " " " " " " " " " " " " "			STATES AND SERVICE
	one or more of the organization's supported organization(s) would have been engaged in Proceedings of the organization's position that its supported organization(s) would have engaged in	2	b	
	one or more of the organization's supported organization(s) would have been engaged in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2	b	
	one or more of the organization's supported organization(s) would have been engaged in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2	b	
	one or more of the organization's supported organization(s) would have been engaged in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	3		
	one or more of the organization's supported organization(s) would have been engaged in <i>Part VI</i> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers.	3		
	one or more of the organization's supported organization(s) would have been engaged in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	3		

	A (Form 990 or 990-EZ) 2020 IOWA COUNTY HUMANE SOCIETY INC		39-1976	679 Page 0
Part		janiza	ations	in Part VI) See
1				A through E
, [	Check here if the organization satisfied the Integral Part Test as a qualifying to instructions. All other Type III non-functionally integrated supporting organization.	ations	must complete Section	(B) Current Year
			(A) Prior Year	(optional)
Secti	on A - Adjusted Net Income			(optional)
4 1	Net short-term capital gain	1		
1 [	Recoveries of prior-year distributions	2		
2	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
4 /	Depreciation and depletion	5		
5	Portion of operating expenses paid or incurred for production or collection			
6	of gross income or for management, conservation, or maintenance of			
	of gross income of for management, conservation, or management, conservation, conserva	6		
	property held for production of income (see instructions)	7		
7	Other expenses (see instructions)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		(A) D : V	(B) Current Year
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
/CANADA	instructions for short tax year or assets held for part of year):	1a		
а	Average monthly value of securities	1b		
b	Average monthly cash balances	1c		
С	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)	Iu		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	2		
2	Acquisition indebtedness applicable to non-exempt-use assets	3		
2	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
				Current Year
Sec	ction C - Distributable Amount			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 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		
	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6	Distributable Amount. Subtract line of the	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

(see instructions).

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

39-1976679

IOWA COUNTY HUMANE SOCIETY INC Organization type (check one): Section: Filers of: ) (enter number) organization x 501(c)(3 Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

IOWA COUNTY HUMANE SOCIETY INC

Part I	Contributors (see instructions). Use duplicate copies	(c)	(0)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_		\$14,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
_2_	CALCULAR RADIAN	\$ 10,000	Person R Payroll
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
_3_	ANONYMOUS  LOCAL  DODGEVILLE WI 53533	\$\$	Person R Payroll Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No4		\$5,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TOUR BOARD SEE STORY	\$ 5,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

	evenue Service	1000 101 111011	Employer identification number
	he organization		39-1976679
	COUNTY HUMANE SOCIETY INC  Organizations Maintaining Donor Advised	Funds or Other Similar Fun	
Part I	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
	Complete if the organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts
1 To	otal number at end of year		
2 A	ggregate value of contributions to (during year)		
	aggregate value of grants from (during year)		
4 A	Aggregate value at end of year	iii with at the appets hold in donor	advised
5 D	oggregate value at end of year.  Oid the organization inform all donors and donor advisors in the control of th	writing that the assets held in donor	
fu	unds are the organization's property, subject to the organization	LIOITS CACIGOIVE 10gui -	
6 D	Did the organization inform all grantees, donors, and donor a	Idvisors in writing that grant range s	nurnose
0	only for charitable purposes and not for the benefit of the dor	nor or donor advisor, or for any other	Yes No
С	only for charitable purposes and not for the benefit of the dor-		
Part	II Conservation Easements.	" on Form 990 Part IV line 7	
	Complete if the organization answered "Yes	: (-bask all that apply)	
1 F	Purpose(s) of conservation easements held by the organizat	dunction)	reservation of a historically important land area
L	Preservation of land for public use (e.g., recreation or ec		reservation of a certified historic structure
	Protection of natural habitat	Ь.	
	Preservation of open space	ind concentration contribution in the	form of a conservation
2 C	omplete lines 2a through 2d if the organization held a qualif	led conservation contribution in the	Held at the End of the Tax Ye
	easement on the last day of the tax year.		
a ¯	Total Humber of conscivation decement		2b
b T	Total acreage restricted by conservation easements .	tura included in (a)	2c
c	Number of conservation easements on a certified historic st	ructure included in (a)	
d I	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a	2d
1	historic structure listed in the National Register		by the organization during the
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	by the organization and g
1	tax year •	tis located	
4	Number of states where property subject to conservation ea	sement is located	ing of
5	Does the organization have a written policy regarding the pe	it holds?	Yes N
	violations, and enforcement of the conservation easements	It noids?	or conservation easements during the year
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emoron	g contain case of
	<b>•</b>	W	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and emorcing of	Moor vacon outcomes
	<b>▶</b> \$	tief, the requirements of sect	ion 170(h)(4)(B)(i)
	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of sect	Yes N
	and section 170(h)(4)(B)(ii)?	tion assembly in its revenue and 6	expense statement and
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and	statements that describes the
	balance sheet, and include, if applicable, the text of the foo		
	organization's accounting for conservation easements.  t III Organizations Maintaining Collecti	one of Art Historical Trea	sures, or Other Similar Assets.
Par	t III Organizations Maintaining Collecti	(oc" on Form 990 Part IV line	8
	Complete if the organization answered "Y	os on Form 990, ratery, mo	ement and balance sheet works
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue state	arch in furtherance of public
	of art, historical treasures, or other similar assets held for p	oublic exhibition, education, or research	ese items
	service, provide, in Part XIII the text of the footnote to its fill	nancial statements that describes th	and halance sheet works of
b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue stateme	h in furtherance of public service
	art, historical treasures, or other similar assets held for pul	blic exhibition, education, or researc	II III futticianice of public controls,
	to the state of th		
	Company in studed on Form 000 Part VIII line 1		
	(iii) Appets included in Form 990 Part X		
2	If the organization received or held works of art, historical	treasures, or other similar assets for	Tinanciai gain, provide the
	an in the second of the second	C 958 relating to these items:	
а	Payonus included on Form 990 Part VIII, line 1		
b	Assets included in Form 990, Part X		Schedule D (Form 990)

a   Public dehibition   a   Pu		COLDINA HIM?	NE COCTETY I	INC				39-19766	79	Page	2
Using the organization's acquisition, accession, and other records, crieck, ally with the content growth purpose in Part VIII   During enhance   Cheer   Cheer   Preservation for future generations   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part VIII   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to reside tunder rather than to be maintained as part of the organization's collection?	Control of the	D (Form 990) 2020 IOWA COUNTY HUMA	collections of	Art, Histor	ical Tr	easures, or	Oth	er Similar Asse	ets (COII	unue	<u>u)</u>
a   Louise or exchange programs   Louise of the substitution   Louise or exchange programs   Louise   Lou	Part	loing the organization's acquisition, accession,	and other records, c	check any of th	e followii	ng that make sigr	nificar	nt use of its			
a   Public exhibition   d   Camericange programme   Public exhibition   Public exhibition   Camericange programme   Public exhibition   Public exhibition   Camericange programme   Public exhibition   Public	3 (	pollection items (check all that apply):									
Scholarly research   c   Other	Г			d 🗌	Loan or	exchange progra	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets to be sold to make function that there has been been asset to be sold to make function that there has been provided in the organization and custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, fursites, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21.  If Yes, "explain the arrangement in Part XIII and complete the following table:  Beginning balance  If the description of the year 1d.  Additions during the year 1d.  If he holip balance as mount on Form 990, Part X, line 21, for escrew or custodial account fability?   Yes   No 11 "Yes," oppin the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance   International Part All International Part All International Part Part Part Part Part Part Part Part				е 🗌	Other _						
4. Provide a description of the organization socilections and explain how they further the organization is XIII.  5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assists to be sold to raise tunds attend that ho the maintained as part of the organization's collection?		- " for follows generations									
XVII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?  Part IV Ecrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  It is the organization an agent, inusies, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  It "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  B Beginning of the every service of the complete the following table:  D B T'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  D B T'Yes, "organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	4 1		tions and explain ho	ow they further	the orga	nization's exemp	t purp	ose in Part			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar alease to the solid to raise funds after than to be maintained as part of the organization solid crise funds after than to be maintained as part of the organization and severed "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  2 Beginning balance  1	,	VIII									
assets to be sold to raise funds rather than to be meintained as part or the organizations.    Part IV			ceive donations of a	art, historical tr	easures,	or other similar			□ Voc		No
Secrow and Custodial Arrangements   Secrow and Custodial arrange		assets to be sold to raise funds rather than to be	e maintained as part	t of the organiz	ation's c	ollection?			163	П.	-
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 01 reported but separate and separa	Part	IV Escrow and Custodial Arran	gements.		00 D	. 11/ 1:00 0 0	r ror	norted an amou	int on Fo	orm	
a is the organization an agent, trustee, ousdoilan or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Fee," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  d Additions during the year  f Ending balance  Jethory an an additional forms 1 to 1 t		Complete if the organization a	inswered "Yes"	on Form 9	90, Pa	rt IV, iiile 9, 0	n iel	Jorted all allioc	inc on .		
included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  Yes Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  The Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  The Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part XIII. Line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  The Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  The Endowment I is a second programs or scholarships  Complete if the organization answered in the second programs or scholarships  Complete if the organization is an expert of the current year end balance (line 1g, column (a)) held as:  Beginning of year balance  Complete if the organization is the organization that are held and administered for the organization by the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Are there endowment funds not in the possession of the organization that are held and administered for the organization by the programization in the possession of the organization sendowment funds on the interest organization is endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment (all post of t		QQD Part X line 21									
included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  Yes Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  The Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  The Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part XIII. Line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  The Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  The Endowment I is a second programs or scholarships  Complete if the organization answered in the second programs or scholarships  Complete if the organization is an expert of the current year end balance (line 1g, column (a)) held as:  Beginning of year balance  Complete if the organization is the organization that are held and administered for the organization by the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Are there endowment funds not in the possession of the organization that are held and administered for the organization by the programization in the possession of the organization sendowment funds on the interest organization is endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment (all post of t	1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contribut	ions or of	ther assets not			. Tyes	П	No
d Additions during the year  Distributions during the year  Distributions during the year  Ending balance  Distributions during the year  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  Contributions  Net investment earnings, gains, and losses  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Demander endowment  Solumnian and programs  A rethere endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Description of property  (ii) Line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (ii) Control balas (characteristic)  (iii) Accomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (iii) Control balas (characteristic)  (iii) Accomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organ		included on Form 990. Part X?							. 🗀		
d Additions during the year  Distributions during the year  Distributions during the year  Ending balance  Distributions during the year  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  Contributions  Net investment earnings, gains, and losses  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Demander endowment  Solumnian and programs  A rethere endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Description of property  (ii) Line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (ii) Control balas (characteristic)  (iii) Accomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (iii) Control balas (characteristic)  (iii) Accomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organ	b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	wing table:				Amo	unt		
E Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							10	7,1110			
d Additions during the year    Distributions during the year   Ending balance	С						-				
E Distributions during the year   1   1   1   1   1   1   1   1   1	d	Additions during the year					-	-			
f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  Contributions  Net investment earnings, gains, and losses  Other expenditures for facilities and programs  Other expenditures for facilities and programs  End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Me Term endowment  Me Term endowment  Me Term endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Coater other basis (c) Accumulated deposication  (a) Book value of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Coater other basis (c) Accumulated deposication  (b) Book value of the property (c) Coulter other basis (c) Accumulated deposication  (c) Leasehold improvements  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part X, column (B), line 10c.  Leasehold improvements  Leasehold impr	е	Distributions during the year					-				
2a Did the organization include an amount on Form 990, Part X, line 21, for esculor of Castodian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year	f	Ending balance			or queto	dial account liabili			Yes		No
Part V   Endowment Funds.   (e) Prior year   (e) Prior years back   (e) Four years bac	2a	Did the organization include an amount on Form	n 990, Part X, line 2	21, for escrow	oop prov	ided on Part XIII					
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions			heck here if the exp	nanation has b	een prov	idea on i dicyani					
(a) Current year (b) Prior year (c) Two years back (t) Innew years back (to Innew years back (to Innew years) and the pack to Innew years back (to Innew years) and the pack to Innew years back (to Innew years) and the pack to Innew years back (to Innew years) and the pack to Innew years back (to Innew years) and years back to Innew years back (to Innew years) and years back to Innew years back	Par	tV Endowment Funds.	onewared "Ves"	on Form 9	90 Pa	art IV. line 10.					
Beginning of year balance   (a) Current year   (b) Find year   (c) Arribot year   (c) A		Complete if the organization a				(c) Two years bad	ck	(d) Three years back	(e) Four	years ba	ack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment b % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (cherr) (b) Cost or other basis (cherr) (cherr)  Description of property 4 Description of property 5 Description of property 6 Description of property 6 Description of property 7 Description of property 8 Description of property 9 Description of property 9 Description of property 9 Description of property 9 Description of property 148, 313 1 140, 381 7, 932			(a) Current year	(a) Phor	year	(c) Two years see	OIL				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment	1a			_							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  8 Board designated or quasi-endowment Permanent endowment Mercentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (chher) (d) Book value	b			-							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment	С										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment											
programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  c Term endowment  make a percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (c) Accumulated depreciation  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (c) Accumulated depreciation  depreciation  430,443  96,680  333,763  c Leasehold improvements  d Equipment  Cother  148,313  140,381  7,932  Cother Jane Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  367,504	d										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  c Term endowment  make there endowment to the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (cher)  (c) Accumulated depreciation  (d) Book value  25,809  225,809  430,443  96,680  333,763  c Leasehold improvements  d Equipment  148,313  140,381  7,932	е										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment b Permanent endowment b Permanent endowment	f			-							
Board designated or quasi-endowment    Permanent endowment   %   %	g	End of year balance	nt year and halance	(line 1g. colur	nn (a)) h	eld as:					
b Permanent endowment	2		nt year end balance	(iiiic 1g, colui	(=),						
Term endowment	a										
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iv) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value (d) Book val	b	Fermanent endowment	70								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Fest on line 3a(ii), are the related organization sendowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  25,809  1a Land 25,809 25,809 25,809 25,809 25,809 26,680 333,763 27,932 28 Leasehold improvements 430,443 43	С	Territ endowriterit	ıld equal 100%								
organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  25,809  25,809  b Buildings  430,443  96,680  333,763  c Leasehold improvements  d Equipment  Other  Other  Table Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **Table Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **Table Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **Table Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)		The percentages on lines 2a, 2b, and 2c shock	sion of the organiza	tion that are h	eld and a	dministered for the	he				
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment) (cther)  1a Land 25,809 25,809 b Buildings c Leasehold improvements d Equipment 430,443 140,381 7,932  Tatal Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  Tatal Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)	3a		Cion of the organiza								No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (investment)  (a) Cost or other basis (other)  (a) Cost or other basis (other)  430,443  96,680  333,763  c Leasehold improvements  d Equipment  e Other  Tatal Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  Tetal Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)		9									-
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  25,809  b Buildings  c Leasehold improvements  d Equipment  e Other		*,								1	-
Describe in Part XIII the intended uses of the organization's endowment funds.    Part VI		(II) Related organizations	ions listed as requir	ed on Schedu	le R?				. 3b		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       25,809       96,680       333,763         b Buildings       430,443       96,680       333,763         c Leasehold improvements       148,313       140,381       7,932         e Other       148,313       140,381       7,932         Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)       367,504		Describe in Part VIII the intended uses of the	organization's endo	wment funds.							
Complete if the organization answered "Yes" on Form 990, Part IV, line Tra. See Form 990, Fart IV,		the state of Equi	amont						D-4 V 1	ine 4	0
Cost or other basis (investment)   Cost or other basis (other)	F	Complete if the organization	answered "Yes	s" on Form	990, F	Part IV, line 11	1a. S	See Form 990,	Part X, I	me T	U.
1a Land     25,809       b Buildings     430,443       c Leasehold improvements     148,313       d Equipment     148,313       e Other     367,504       Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)       Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)					(b) Cos	t or other basis	(c)	Accumulated	(d) Bo	ok value	,
1a Land       25,809         b Buildings       430,443       96,680       333,763         c Leasehold improvements       148,313       140,381       7,932         e Other       148,313       140,381       367,504		Description of Property				(other)		depreciation			
b Buildings	40	land		25,809							
c Leasehold improvements       148,313       140,381       7,932         e Other       148,313       140,381       367,504				430,443				96,680		333,	763
d Equipment		I la la la impressamente									
e Other		S (		148,313				140,381		7,	932
Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											F 0 1
Schedule D (Form 990) 2	Tot	al Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	rt X, column (l	B), line 1	0c.)					

ule D (Form 9	90) 2020 IOWA COUNTY HUMANE SOCIETY Investments - Other Securities.		
rt VII	Investments - Other Securities.  Complete if the organization answered "Yes" on F	Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial de			
	d equity interests		
)			
3)			
<b>(</b> )			
))			
Ξ)			
=)			
<u>3)</u>			
H)	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
art VIII	Investments - Program Related. Complete if the organization answered "Yes" on		11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)			
2)			
3)			
4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9) otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
(7) (8) (9) otal. (Colum	on (b) must equal Form 990, Part X, col. (B) line 13.)		11d. See Form 990, Part X, line 1
(7) (8) (9) otal. (Colum Part IX	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1
(7) (8) (9) Otal. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1
(7) (8) (9) Otal. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1
(7) (8) (9) otal. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1  (b) Book value
(7) (8) (9) otal. (Colum	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1  (b) Book value
(7) (8) (9) otal. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1  (b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1  (b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 1  (b) Book value
(7) (8) (9) otal. (Colum Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or	Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (6) (7) (8) (9) (8)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.	Form 990, Part IV, line	(b) BOOK VALUE
7) 8) 9) tal. (Column art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, line	(b) BOOK VALUE
7) 8) 9) tal. (Column art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) BOOK VALUE
7) 8) 9) tal. (Column art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column art X  (1) Federal (2)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
7) 8) 9) tal. (Column art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column art X  (1) Federal (2)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) BOOK VALUE
7) 8) 9) tal. (Colum art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X  (1) Federal (2) (3)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) BOOK VALUE
7) 8) 9) tal. (Colum lart IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X  (1) Federal (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) BOOK VALUE
7) 8) 9) tal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X  (1) Federal (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
7) 8) 9) stal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book venue
7) 8) 9) tal. (Colum (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability  (b) Income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability (b)	n Form 990, Part IV, line n Form 990, Part IV, line n) Book value	a 11e or 11f. See Form 990, Part X

#### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Na

Inspection Employer identification number

ame of the organization					39-19	76679
OWA COUNTY HUMANE SOCIETY IN Part I Fundraising Activities.	Complete if t	he organiz	ation ansy	vered "Yes" on F	orm 990, Part IV,	line 17.
Form 990-EZ filers are not	complete ii t	mplete this t	andri arior part.	.0.04		
	funds through a	ny of the follow	ving activities	s. Check all that apply	1.	
	Turius trilougir a	e ∏ S	olicitation of	non-government gran	nts	
a Mail solicitations		fПs	solicitation of	government grants		
b Internet and email solicitations				aising events		
c Phone solicitations		9 🗆 🤊	, poola, 1			
d In-person solicitations		h any individu	al (including	officers directors tru	istees,	
2a Did the organization have a written or o	rai agreement wit	a connection w	ith professio	nal fundraising service	ces?	es No
or key employees listed in Form 990, P b If "Yes," list the 10 highest paid individu	art VII) or entities (fu	indraisers) niii	suant to agr	eements under which	the fundraiser is to be	
b If "Yes," list the 10 highest paid individu	lais of entities (it	maraiscrs) par	oddin to ag.			
compensated at least \$5,000 by the org	ganization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
•						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<u> ▶</u>	•		
3 List all states in which the organization	is registered or	licensed to sol	icit contribut	ions or has been notif	fied it is exempt from	
registration or licensing.						

	11	•	/ /:L #: one	Laroce income on Form	1 990, Part IV, line 18, o	. LIST CACILLO MILLI
		than \$15,000 of fundraising	event contributions and	gross income on rom	, 000 ==,	
_		gross receipts greater than		(b) Event #2	(c) Other events	(d) Total events
		,	(a) Event #1		13	(add col. (a) through
			(event type)	APRIL MATCH (event type)	(total number)	col. (c))
			(event type)	(4.4.4.7.7.7.		
			F (F1	6,370	14,998	27,019
	1	Gross receipts	5,651	0,0.0		
		Less: Contributions				
	3	Gross income (line 1 minus	5,651	6,370	14,998	27,019
+		line 2)	3/002			
	4	Cash prizes				
	~	Odon prizos				
	5	Noncash prizes				
3	6	Rent/facility costs				
20000	7	Food and beverages				
3				1-01-01-01-01-01-01-01-01-01-01-01-01-01		
2010	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines	4 through 9 in column (d)			
	10				▶	27,01
- 1						
02	11 rt II	Gaming Complete if the	organization answered	"Yes" on Form 990, Par	t IV, line 19, or reported	more than
a	rt II	II Gaming. Complete if the	organization answered	"Yes" on Form 990, Par	t IV, line 19, or reported	Г
		Gaming. Complete if the \$15,000 on Form 990-EZ	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
		II Gaming. Complete if the	organization answered	"Yes" on Form 990, Par	t IV, line 19, or reported (c) Other gaming	(d) Total gaming (add
		II Gaming. Complete if the	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
		II Gaming. Complete if the	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
	rt II	Gaming. Complete if the \$15,000 on Form 990-EZ	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
Kevenue	rt II	Gaming. Complete if the \$15,000 on Form 990-EZ	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
ses Kevenue	1 1	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
ses Kevenue	1 1	Gaming. Complete if the \$15,000 on Form 990-EZ	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
ses Revenue	1 2	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
ses Revenue	1 2	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo	"Yes" on Form 990, Par	t IV, line 19, or reported	(d) Total gaming (add
ses Revenue	1 2 3 4	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo	"Yes" on Form 990, Par	t IV, line 19, or reported	more than  (d) Total gaming (add col. (a) through col. (c)
ses Revenue	1 2 3	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo	"Yes" on Form 990, Par  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ses Kevenue	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo	"Yes" on Form 990, Par  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ses Kevenue	1 2 3 4	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ses Kevenue	1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes %	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ses Kevenue	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes%  No  s 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
ses Kevenue	1 2 3 4 5 6 7	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes%  No  s 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
ses Kevenue	1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes%  No  s 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
Direct Expenses Revenue	1 2 3 4 5 6 7 8	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes%  No  s 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes% No%  mn (d)	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
Direct Expenses Revenue	1 2 3 4 5 6 7 8 F	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No  mn (d)	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
Oirect Expenses Kevenue	1 2 3 4 5 6 7 8 E a ls	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 E a ls	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c
Direct Expenses Revenue	1 2 3 4 5 6 7 8 E a Isa Isa	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
Direct Expenses Revenue	1 2 3 4 5 6 7 8 E a Isa Isa	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Ea Issa o Iff	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	organization answered , line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c)

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2020

OMB No. 1545-0047

**Open to Public** Inspection Employer identification number

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

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

Name of the organization	39-1976679
IOWA COUNTY HUMANE SOCIETY INC	
01. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS REVEIEWED BY TREASURERE BEFORE SUBMISSION	
02. Conflict of interest policy compliance (Part VI, line 12c)	
BOARD OF DIRECTORS REVIEW TRANSACTIONS AND FOLLOW UP ON ANY FINDINGS	
03. Form 990 availability to public (Part VI, line 18)	
FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST	
04. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST	
05. Explanation of other changes in net assets or fund balances (Part XI	, line 9)
DEPRECIATION CHANGE FROM BOOK	

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

OMB No. 1545-0172

2020

Attachment Sequence No. 179

Identifying number

	shown on return		FORM	990 - 1			39-1976	679
	COUNTY HUMANE SOCIETY	INC Cortain Prop	orty Under Section	n 179				
Part	Election To Expense	e Certain Prop	malete Part V hefore	duo comp	lete Part I.			
	Note: If you have any	isted property, co	illiplete Fait v belore	you comp			1	
1 1	Maximum amount (see instructions)						2	
2 T	otal cost of section 179 property pla	aced in service (see	instructions)				3	
o 1	breahold cost of section 179 prope	rty before reduction	in limitation (see instruc	10115)			4	
4 0	aduction in limitation. Subtract line	3 from line 2. If zer	o or less, enter -0-				-	
	- Ilar limitation for tay year Subtrac	t line 4 from line 1.	If zero or less, enter -U	II Mameu IIII	19		E .	
	separately, see instructions						5	
6	(a) Description of pr		(b) Cost (bu	siness use only)	(c) E	Elected cost		
U	(a) Becompacit 11 ju							
	Listed property. Enter the amount fr	om line 29		7				
7	Listed property. Enter the amount in Total elected cost of section 179 pro	onerty Add amounts	s in column (c), lines 6 ar	nd 7			8	
8	Total elected cost of section 179 pro Tentative deduction. Enter the <b>smal</b>	Nor of line 5 or line 8					9	
9	Tentative deduction. Enter the small	er of mic 3 of vour	2010 Form 4562				10	
10	Carryover of disallowed deduction fi	rom line 13 of your 2	as income (not less than	zero) or line	5 See instruction	ons	11	
11	Business income limitation. Enter th	ne smaller of busine	ss income (not less than	ino 11			12	
12	Business income limitation. Enter to Section 179 expense deduction. Ad	ld lines 9 and 10, bu	at don't enter more than i	me m	13			
13	Carryover of disallowed deduction to	o 2021. Add lines 9	and 10, less line 12		10			
Note:	Don't use Part II or Part III below for	r listed property. Ins	tead, use Part V.	otion /D	my include lie	sted proper	ty See inst	tructions.)
Dari	Special Depreciation	on Allowance a	and Other Debiec	ation (De	of the morage in	stod propo.		
14	Special depreciation allowance for o	qualified property (o	ther than listed property)	placed in sei	rvice		14	
	I win a the tay year See instructions							
15	Preparty subject to section 168(f)(1	) election					15	100
	au James detian (including ACP)	(2)					16	100
16 Par		ion (Don't inclu	ude listed property. S	ee instructi	ons.)			
Гаі			Section A					
	MACRS deductions for assets plan	ced in service in tax	years beginning before	2020			17	19,084
17	If you are electing to group any ass	ote placed in service	e during the tax year into	one or more	general			
18						▶		
	asset accounts, check here .	Discod in Servi	ice During 2020 Tax	Year Usin	g the Genera	al Deprecia	ation Syste	em
	Section B - Assets	(b) Month and year	(c) Basis for depreciation					ciation deduction
	(a) Classification of property	placed in	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Deple	Ciation deduction
	(5)	service	only-see instructions)					
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property						-	
f	20-year property							
	25-year property			25 yrs.		S/L		
<u>g</u>	Residential rental			27.5 yrs.	MM	S/L		
h				27.5 yrs.	MM	S/L		
	property	06-2020	59,50	39 yrs.	MM	S/L		826
i	Nonresidential real	06-2020			MM	S/L		
	Property  Section C - Assets P	Israel in Comice	During 2020 Tax Y	ear Using	the Alternati	ve Deprec	iation Sys	tem
	Section C - Assets P	laced in Service	During Lozo lax I			S/L		
20a	Class life			12.00		S/L		
b	12-year			12 yrs.	NANA	S/L		
С	30-year			30 yrs.	MM			
d				40 yrs.	MM	S/L		
-	rt IV Summary (See in:	structions.)						
	Listed property Enter amount fro	m line 28					21	
21	- 4-1 Add amounts from line 12	lines 14 through 17	, lines 19 and 20 in colur	nn (g), and li	ne 21. Enter			
22	here and on the appropriate lines	of your return Part	nerships and S corporati	ons - see ins	tructions		22	20,010
	For assets shown above and place	and in convice during	the current vear, enter t	he				
23	For assets snown above and place	contion 2621 and	S		. 23			
	portion of the basis attributable to	Section 200A Costs						orm 4562 (2020)

For Paperwork Reduction Act Notice, see separate instructions.