990 Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue 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.

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

Open to Public Inspection

M I	ror trie	2017 Calend	iar year, or tax year begin	ning		, 2017, and en	laing		, 20				
В	Check if a	applicable:	C Name of organization IOW	A COUNTY HUMANE SOC	ETY IN	IC			D Employer identification no.				
	Address o	change	Doing business as	at the same of the					39-1976679				
	Name cha	-		ox if mail is not delivered to street addre	ss)		Room/suite		E Telephone number				
$\overline{}$	nitial retu		305 COUNTY HIG		776			- 1	(608) 935-1381				
$\overline{}$		rn/terminated		, country, and ZIP or foreign postal cod	ρ.			G Gross receipts					
F	Amended	COCCEPEDADADAGENTATIVA.	DODGEVILLE, WI	2000-000 T. 1900-000 - 1900-000 - 1900-000 - 1900-000 - 1900-000 - 1900-000 - 1900-000 - 1900-000 - 1900-0 - 1900-000-000-000-000-000-000-000-000-000					C ENTRE TO SEE				
$\overline{}$		on pending	F Name and address of principa				Ma) to microscope		□ F2				
<u> </u>	тррисаци	in pending	r realize and address of principa	i dilicer.			H(a) Is this a group						
	Parr 201	V	501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1		1	H(b) Are all subo		27-25-7.				
		_) (insert no.) 4947(a)(1) OF	527			n a list. (see instructions)				
	Nebsite:		V. ICHS.NET				H(c) Group exe		The second secon				
				sociation Other		L Year of formation: 19	998 M State	of leg	gal domicile: WI				
Pa		Summar											
	1	Briefly descri	ibe the organization's missi	ion or most significant activitie	s: HUN	MANE SOCIETY F	OR ANIMAL	CAR	E				
e													
an													
Activities & Governance													
Š	2	Check this be	ox if the organization	discontinued its operations o	r disposed	of more than 25% of	its net assets.	y.	Y.				
ಹ	3			rning body (Part VI, line 1a)				3	5				
es	4	Number of in	dependent voting member	s of the governing body (Part	VI, line 1b)			4	5				
Ϋ́	5	Total number	r of individuals employed in	calendar year 2017 (Part V, li	ne 2a)	* * * * * * * * * * * * *		5	18				
\cti	6	Total number	r of volunteers (estimate if	necessary) · · · · · ·		* * * * * * * * * * * * * *		6					
ď	7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	0				
	b	Net unrelated	d business taxable income	from Form 990-T, line 34				7b	0				
							Prior Year		Current Year				
	8	Contributions	and grants (Part VIII, line	1h)			46	, 65	55 42,324				
ne	9	Program sen	,59										
Revenue	10	Investment in		.4 52									
Re	11	Other revenu	,10										
-	12			must equal Part VIII, column (60			,37					
	13	Grants and s	,,,	0									
	14			0									
	15		I to or for members (Part IX er compensation, employed	107	0.0	100 100							
es		Professional	,06										
Expenses	100			0									
×	2500		sing expenses (Part IX, column (A) lin	English (English Control Contr		1,257	100		105.000				
ш			ses (Part IX, column (A), lir	ACTUAL CONTRACTOR PRODUCTION				,04					
		and the second second second	A THE RESERVE OF THE PROPERTY OF THE PARTY O	equal Part IX, column (A), line		_	325	,11					
, 10		Nevertue less	s expenses. Subtract line	18 from line 12				(74					
Net Assets or Fund Balances	20	Total const	(Dad V. Han 10)			В	Seginning of Current						
Sset	20	The second of the second of	(Part X, line 16)					,10					
et A	21		s (Part X, line 26)					,06					
	rt II		r fund balances. Subtract I	line 21 from line 20 · · · ·			158	,04	4 137,620				
			re Block	a last discourses to set of the	and abote as a set		7-1						
				 including accompanying schedules a cer) is based on all information of which 			wiedge and belief, it	S					
Sigi	n		VAN SICKLEN										
	1	Signature	e of officer					Dat	le				
Her	е			ASUER									
		Type or p	orint name and title										
		Print/Type pre	parer's name	Preparer's signature	0 44	Date	Check X	if	PTIN				
Paid		Rebecca L Johnson CPA Rublica L Johnson, CPA 05-09-2018 self-em						ed	P00833951				
	parer												
Use	Only	Firm's address	• 404 Curv	e Street			Phone no.						
			Blanchar	dville WI 53516			6	1-80	523-1114				
May t	he IRS	discuss this r	return with the preparer she	own above? (see instructions)	* . *				· · · · 🗌 Yes 🐰 No				
For F	aperw	ork Reduction	on Act Notice, see the sep	parate instructions.					Form 990 (2017)				

Part IV 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 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, 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," X 11a b Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 12a 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 X 12b "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

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

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Part V	Statements	Regarding	g Other IRS	Filings and	Tax Compliance
					21 AVC 25 - 222 - 25 AVC - 13

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		W. Sa	111/37
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Jane 1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	- 1	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:		10:30	
	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		X
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).			
а	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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.			
а	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:		16/16	1000
а	Initiation fees and capital contributions included on Part VIII, line 12		FI IN	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			THE STATE OF
11	Section 501(c)(12) organizations. Enter:			To State
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			18 19
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			N. T.
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			7
b	Enter the amount of reserves the organization is required to maintain by the states in which		91115	
	the organization is licensed to issue qualified health plans		19-14	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
FEA		Form	990 (2	2017)

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

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent		900	
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,			l lear
	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:	N AT N	1.	
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		v
202	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	3		X
360	CON B. P Officies (This Section & requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
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.		MAL T	The section
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		Date (1)
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Miller Miller		No.
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	Y THE		Mar 19
	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		
	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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:			

MIKE VAN SICKLEN (608) 935-1381, 305 COUNTY HIGHWAY YZ, DODGEVILLE, WI 53533

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IOWA COUNTY HUMANE SOCIETY INC

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

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

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

- 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JUDY LINDHOLM DIRECTOR	1.00	Х						0	0	0
(2) LOUANNA SCHULTE DIRECTOR	1.00_	Х			1			0	0	0
(3) JOHN MUTSCHLER PRESIDENT	7.00_			Х				0	0	0
(4) MIKE_VAN_SICKLENTREASURER	4.00_			Х				0	0	0
(5) PAM RICHARDSON SECRETARY	1.00_			Х				0	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
(9)										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part	90 (2017) IOWA COUNTY HUMANE VII Section A. Officers, Directors, Trustees,			had	High	net	Comi	nanc	ested Employees	39-19766 (continued)	79		age
raii	Section A. Officers, Directors, Trustees,	Key Employ	yees, a	anu	riigi (C		Com	Jens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	on	npensati from the ganization nd relate ganization	on ed
(15)_													
(16)_													
(17)_													
(18)_													
(19)_													
(20)													
(21)									11				
(22)_													
(23)_													
(24)_													
(25)_													
1b	Sub-total					• •		•					
d	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)							•	0	0			0
2	Total number of individuals (including but not limited					recei	ived m	ore					
	reportable compensation from the organization									0			
											Name of the last	Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> of the schedule										3		X
4	For any individual listed on line 1a, is the sum of rep												21
	organization and related organizations greater than	\$150,000?	If "Yes	," cc	mple	ete S	Sched	ule J	for such			7.	
-	individual · · · · · · · · · · · · · · · · · · ·										4		X
5	Did any person listed on line 1a receive or accrue co	120							on or individual		5		X
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete 30	neuule	3 0 10	JI SU	icii p	erson				3		IA
1	Complete this table for your five highest compensate	ed independe	ent con	tract	ors t	that	receiv	ed m	ore than \$100,000	of			
	compensation from the organization. Report comper	sation for the	e caler	ndar	year	end	ling wi	th or	within the organiza	ation's tax			
	year.												
	(A)								(B) Description of	canácae		(C) pensatio	nn.
	Name and business address								Description of	OU TIOUS	COIN	- Griodu0	
						-							
													_
2	Total number of independent contractors (including b	out not limited	d to the	se l	isted	abo	ve) w	ho			HER	1,016	
	received more than \$100,000 of compensation from	the organiza	tion	•							4406		14/1

Page 9 39-1976679 Form 990 (2017) IOWA COUNTY HUMANE SOCIETY INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Unrelated Revenue excluded from tax Related or Total revenue exempt under sections 512-514 revenue revenue 1a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b 50 c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) . . 42,274 f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 42,324 **Business Code** Revenue 184,982 184,982 900099 2a DONATIONS PUBLIC 19,802 900099 19,802 b FEE ANIMAL ADOPTONS 16,557 16,557 Program Service 900099 G SURRENDER REDEMPT LICEN 11,420 900099 11,420 d MEMORIAL FUNDS 859 859 e STORE PURCHASE 900099 f All other program service revenue 233,620 Investment income (including dividends, interest, and other similar amounts) 52 52 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents b Less: rental expenses · · · · c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 a 24,467 b Less: direct expenses b 10,613 13,854 c Net income or (loss) from fundraising events 13,854 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b

Business Code

289,850

233,672

Form 990 (2017)

13,854

11a b

c Net income or (loss) from sales of inventory

e Total. Add lines 11a-11d

Miscellaneous Revenue

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations	ganizations must complete column (A).
--	---------------------------------------

Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and general expenses 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 175,604 149,263 26,341 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 10,692 1,887 12,579 11 Fees for services (non-employees): 845 444 401 760 760 d Lobbying Professional fundraising services. See Part IV, line 17 . Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 562 24 3,769 3,183 13 4.102 3,487 615 14 565 565 15 16 46,604 39,613 6,991 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 28 1,638 1,666 21 22 Depreciation, depletion, and amortization 26,551 22,610 3,941 23 Insurance 4,231 3,596 635 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,233 FUNDRAISING EXPENSE 1,233 24,561 24,561 VET EXPENSE 176 176 VEHICLE MAINTENANCE d GENERAL SHELTER EXPENSE 7,837 7,837 All other expenses 2,133 2,133 1,257 Total functional expenses. Add lines 1 through 24e 313,216 267,404 44,555 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)

39-1976679

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 76,556 52,852 2 2 21,260 31,269 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 8 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 568,672 Less: accumulated depreciation 10b 10c 457,290 457,290 b 111.382 11 11 12 12 Investments - other securities. See Part IV. line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 555,106 541,411 17 17 6,598 4,981 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 32,295 29,928 Unsecured notes and loans payable to unrelated third parties 24 24 368,882 358,169 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 403,791 397,062 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 158,044 137,620

137,620

33

158,044

555,106

33

34

		9-197	6679	Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		289,	850
2	Total expenses (must equal Part IX, column (A), line 25)	2		313,	216
3	Revenue less expenses. Subtract line 2 from line 1	3		(23,	366)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		158,	044
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,	942
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		137,	620
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other			U W	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O.			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			THE ST	
	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Neger	
	separate basis, consolidated basis, or both:		30		
	Separate basis Consolidated basis Both consolidated and separate basis			1 200	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Sharing Street	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			200	
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?		3a		X
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 in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2017)

EEA

SCHEDULE A

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

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

IOW	A C	OUNTY HUMANE SOCIETY INC					39-19766						
	rt I	Reason for Public Charity					t.) See instruction	ns.					
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)								
1		A church, convention of churches, or	association of chur	ches described in secti	on 170(b)	1)(A)(i).							
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 o	r 990-EZ).)								
3		A hospital or a cooperative hospital se	ervice organization	described in section 1	70(b)(1)(A	(iii).							
4	\Box	A medical research organization oper					(1)(A)(iii). Enter the						
		hospital's name, city, and state:	7.5										
5		An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	I unit described in						
-	_	section 170(b)(1)(A)(iv). (Complete F			, ,								
6	П	A federal, state, or local government		nit described in section	170(b)(1)(A)(v).							
7	\boxtimes	An organization that normally receives					the general public						
	57	described in section 170(b)(1)(A)(vi)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		care general partie						
0													
8	H	A community trust described in section An agricultural research organization			rated in co	niunction v	with a land grant colle	no.					
9	П							ge					
		or university or a non-land-grant colleg	ge or agriculture (se	e instructions). Enter the	name, cit	y, and state	of the college of						
		university:	/d) th 22	4 (20) of its summed from	a a manifer stilla	na mamba	rabin food, and groon						
10		An organization that normally receives											
		receipts from activities related to its ex											
		support from gross investment income					om businesses						
		acquired by the organization after Jur											
11	H	An organization organized and opera					anne and the numero						
12	\Box	An organization organized and operate											
		of one or more publicly supported org											
		Check the box in lines 12a through 12											
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
				to regularly appoint or elect a majority of the directors or trustees of the									
		supporting organization. You mu											
	b	Type II. A supporting organization											
		control or management of the sup	porting organization	n vested in the same per	rsons that	control or n	nanage the supported						
		organization(s). You must comp					NATIONAL PROPERTY.	0741					
	C	Type III functionally integrated.						ith,					
		its supported organization(s) (see											
	d	Type III non-functionally integra											
		that is not functionally integrated.	The organization ge	enerally must satisfy a di	stribution r	equiremen	t and an attentiveness						
		requirement (see instructions). Ye	ou must complete	Part IV, Sections A ar	d D, and	Part V.							
	e	Check this box if the organization	received a written	determination from the II	RS that it is	a Type I,	Type II, Type III						
		functionally integrated, or Type III	non-functionally int	egrated supporting orga	nization.								
	f	Enter the number of supported organi	zations										
	g	Provide the following information about	it the supported org	ganization(s).									
	() Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amou					
				(described on lines 1-10		ur governing	support (see	other suppo instructi					
				above (see instructions))	docun	nent?	instructions)	mstructi	Ons)				
					Yes	No							
(A)													
_													
(B)													
_													
(C)		with the second second											
_					 								
(D)						1							
_													
(E)													
Tota	al .												
IVE	UE E		AND DESCRIPTION OF THE PARTY OF	The state of the s	A STATE OF THE PARTY OF THE PAR	A							

Schedule A (Form 990 or 990-EZ) 2017

IOWA COUNTY HUMANE SOCIETY INC

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)
(a) 2013

(b) 2014

(c) 2015

(d) 2016

(e) 2017

(f) To

Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	231,562	252,154	255,933	196,999	191,296	1,127,944
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	50,193	47,543	39,393	40,595	42,324	220,048
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	281,755	299,697	295,326	237,594	233,620	1,347,992
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						69,065
6	Public support. Subtract line 5 from line 4 · ·						1,278,927
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · ·	281,755	299,697	295,326	237,594	233,620	1,347,992
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		6			52	58
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,447		18,704	40,107	56,178	133,436
11	Total support. Add lines 7 through 10 .						1,481,486
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax year	as a section 501(c)	(3)	▶□
Sec	tion C. Computation of Public Su					т т	
14	Public support percentage for 2017 (line 6, o						36.33 %
15	Public support percentage from 2016 Sched	lule A, Part II, line 1	4				91.37 %
16a	33 1/3% support test - 2017. If the organiz				1/3% or more, che	ck this	▶ ☑
	box and stop here. The organization qualif						▶ ⊠
b	33 1/3% support test - 2016. If the organiz	ation did not check	a box on line 13 o	or 16a, and line 15	is 33 1/3% or more	e, cneck	► D
	this box and stop here. The organization q	ualifies as a public	ly supported organ	ization · · ·	10h and line 1		🗆
17a	10%-facts-and-circumstances test - 2017	7. If the organization	n did not check a t	oox on line 13, 16a	, or 16b, and line 1	4 IS	
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test, o	neck this box and	stop nere. Explain	in .	
	Part VI how the organization meets the "fact	s-and-circumstance	es" test. The organ	ization qualines as	a publicly supported		ъ П
	organization						
b	10%-facts-and-circumstances test - 2010					IIIC	
	15 is 10% or more, and if the organization	meets the "facts-an	iu-circumstances"	The especiation	validas as a sublish	,	
	Explain in Part VI how the organization mee	ts the "facts-and-cir	cumstances" test.	rne organization q	uannes as a publici		▶□
45	supported organization		line 12 10- 10-	17a or 17h ab	k this how and see		
18	Private foundation. If the organization did						▶□
	instructions						

90 or 990-EZ) 2017 IOWA COUNTY HUMANE SOCIETY INC
Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
C	Add lines 7a and 7b · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the or organization, check this box and stop here			th, or fifth tax year	as a section 501(c)(3) • • • • • • •	▶ □
	ction C. Computation of Public Su	* * * * * * * * * * * * * * * * * * * *		A)		. 15	%
	Public support percentage for 2017 (line 8, co Public support percentage from 2016 Schedu						%
16 Sec	ction D. Computation of Investmen						70
17	Investment income percentage for 2017 (line			column (f)) · ·		. 17	%
18	Investment income percentage from 2016 S					. 18	%
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che	ck the box on line	14, and line 15 is rualifies as a public	more than 33 1/3% ly supported organ	, and line ization	
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this	ation did not che box and stop he	ck a box on line 14	or line 19a, and li on qualifies as a pu	ne 16 is more than	n 33 1/3%, and rganization	▶□
20	Private foundation. If the organization did n	ot check a box o	n line 14, 19a, or 1	9b, check this box	and see instructio	ns · · · ·	

Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	all out i		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	21-	MAG	
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	2-		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	100.00		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	41		93111
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	1201		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	The state of		117,143
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40	The Cold	200
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	100		1 100
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a		1000
	was accomplished (such as by amendment to the organizing document).	Ja	10000	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		THE OWNER.
	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, (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	Dec.	Bu B	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	A CONTRACTOR	
-	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			100/500
-	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1.00
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		and the last
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	-
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	(1)		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1000		1300
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	90		
100	Was the organization subject to the excess business holdings rules of section 4943 because of section			
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1000	MARIE
	supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1/100
L)	Did the diganization have any exceed business herange in the tax jour (our contests of con	The second		1

determine whether the organization had excess business holdings.)

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## Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? if "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions the supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered the irrevempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities described in (a) constitute activities that, but for the organization in Part VI the r		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	1.		-		
	L	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

39-1976679

instructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income 1 Net short-term capital gain	(A) Prior Year	(B) Current Year
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		(optional)
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
instructions for short tax year or assets held for part of year):	(A) Prior Year	(B) Current Year (optional)
instructions for short tax year or assets held for part of year):		
b Average monthly cash balances 1b		
c Fair market value of other non-exempt-use assets 1c		
d Total (add lines 1a, 1b, and 1c)		
e Discount claimed for blockage or other		C BUSHENDER STORY
factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets 2		
3 Subtract line 2 from line 1d.		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		
see instructions).		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5		
6 Multiply line 5 by .035.		
7 Recoveries of prior-year distributions 7		
8 Minimum Asset Amount (add line 7 to line 6) 8		
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1		
2 Enter 85% of line 1. 2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3		
4 Enter greater of line 2 or line 3.		
5 Income tax imposed in prior year 5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions).		
7 Check here if the current year is the organization's first as a non-functionally-integral instructions).		

chedi	ule A (Form 990 or 990-EZ) 2017 IOWA COUNTY HUMANE SOCIE!	TY INC	39-197	6679 Page 7
Par		3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3				
а				
b	From 2013			
	From 2014			
_	From 2015			
_	From 2016			
_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5				
-55	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8				
1000	Excess from 2013			

b Excess from 2014 c Excess from 2015

d Excess from 2016

e Excess from 2017

. . . .

. . . .

. . . .

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

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

2017

Employer identification number

39-1976679

150 Vo.	ion type (check one):					
Filers of:		Section:				
Form 990 o	or 990-EZ	501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-l	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if yo	our organization is cove	red by the General Rule or a Special Rule.				
Note: Only), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General R	Rule					
or	or an organization filing F r more (in money or prop ontributor's total contribu	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 erty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.				
Special R	ules					
For re	or an organization descri egulations under sections 3, 16a, or 16b, and that	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
C	ontributor, during the ye	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
ci d	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	o'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).

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IOV	A COUNTY HUMANE SOCIETY INC	39-1976679
Pai		nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · ·	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
d	historic structure listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
3	tax year	•
	Number of states where property subject to conservation easement is located	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3	violations, and enforcement of the conservation easements it holds?	Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
6	Stall and volunteer flours devoted to monitoring, inspecting, narraining or violations, and otherwise, and otherwise,	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
7	> \$	
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
8		Yes No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements.	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
40	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
1a	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	3
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet
b	If the organization elected, as permitted under SPAS 110 (ASC 956), to report in its revenue statement and but	therance of
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	> \$
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	provide the
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	NOVIGE INC
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	2
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedul	e D (Form 990) 2017 IOWA COUNTY HUM	ANE SO	CIETY I	NC				39-1976			ge 2
Par	III Organizations Maintaining C	ollectio	ns of Ar	t, Histor	ical Tre	easures, o	r Oth	er Similar Ass	ets (cor	ntinue	<u>a)</u>
3	Using the organization's acquisition, accession, a	and other r	ecords, che	eck any of t	he following	ng that are a s	significa	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loan	or exchan	ge progra	ms					
b	Scholarly research	0	Othe	r							
	Preservation for future generations										
4	Provide a description of the organization's collect	tions and e	explain how	they further	er the orga	anization's exe	mpt pu	rpose in Part			
	XIII.										
	During the year, did the organization solicit or rec						ar			_	7
	assets to be sold to raise funds rather than to be	maintaine	ed as part of	f the organ	zation's c	ollection?			Y	es	No
Par	t IV Escrow and Custodial Arrang	gements	3.						-t C-	2022	
	Complete if the organization an	swered	"Yes" on	Form 9	90, Part	IV, line 9,	or rep	orted an amou	nt on Fo	rm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian of	or other int	ermediary f	or contribu	tions or ot	ther assets no	t			_	٦
	included on Form 990, Part X?								∐ Y	es	No
b	If "Yes," explain the arrangement in Part XIII and	complete	the followin	g table:							
								Am	ount		_
С	Beginning balance				***		· 1c				
d	Additions during the year						· 10				
е	Distributions during the year						· 1e				
f	Ending balance						- 1f				_
2a	Did the organization include an amount on Form	990, Part	X, line 21, f	for escrow	or custod	ial account lial	bility?		٠ 📙 ١	es L	No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here i	f the explan	ation has b	een provi	ded on Part X	311				
Par	t V Endowment Funds.										
	Complete if the organization ar	nswered	"Yes" on	Form 9	90, Parl	t IV, line 10					
			rent year	(b) Prio		(c) Two years	21 10	(d) Three years back	(e) Fou	years ba	ick
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and										
	losses · · · · · · · · · · · · · · · · · ·										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs										
	Administrative expenses										
,	End of year balance										
g	Provide the estimated percentage of the current	vear end	balance (lin	e 1a. colur	nn (a)) he	ld as:					
2	Board designated or quasi-endowment	your one	%		(-)/						
a	Permanent endowment > %										
b	Temporarily restricted endowment		%								
С	The percentages on lines 2a, 2b, and 2c should										
-	Are there endowment funds not in the possession	on of the o	rganization	that are he	eld and ad	ministered for	the				
3a		on or the c	ngarnzation	tirat are me						Yes	No
	organization by:	0.00							. 3a(i)		
	(i) unrelated organizations · · · · · · ·								. 3a(ii)		
	(ii) related organizations	eted as re-	nuired on S	chedule R					. 3b		
b	Describe in Part XIII the intended uses of the or										
4		nent	3 CHOWIN	crit rurido.							
Pa	Complete if the organization a	newered	d "Yes" or	n Form 9	90. Par	t IV. line 11	a. Se	e Form 990, P	art X, lin	e 10.	
						or other basis		Accumulated	(d) Bo	ok value	
	Description of property	'	(investme			(other)	2.7	depreciation	(0) 00	on 10100	
			(mreaum								
1a	Land			20.000				30,340		369,	560
b	Buildings			00,000				786		20,3	
С	Leasehold improvements			20,959				80,256		67,	
d	Equipment		14	47,713				60,256		01,	201
_ e	Other		200 5		D) #== 4:	00.1				457,	200
Tota	II. Add lines 1a through 1e. (Column (d) must ed	qual Form	990, Part X	c, column (B), line 10	0c.) • • •			Schedule D (
-									ocuedate D (Comman	11021

Part VII	Investments - Other Securities.	MANE SOCIETY INC	39-197667	9 Page
	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11b. See Form 990, Par	t 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	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	A must oqual Form 990 Part Y col (R) line 12)			
Part VIII) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
rait viii	Complete if the organization answere	ed "Yes" on Form 990. F	Part IV line 11c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			Obs. of Cita-St year market value	
(2)				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990 F	Part IV line 11d See Form 990 Par	t X. line 15.
		Description	GILLIA 110. 110. 000 1 0 000 1	(b) Book value
(1)	(a)	Description		(a) book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities.			00 D 4 V
	Complete if the organization answere line 25.	ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 99	0, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)			The Control of the Land of the Control of the Contr	
(3)				
(4)				
(5)				
(6)			THE RESERVE THE PROPERTY OF THE PARTY OF THE	
(7)				
(8)			While it mest research is the fell of	

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

chedi	ule D (Form 990) 2017 IOWA COUNTY HUMANE SOCIETY INC	39-1976679	Page 4
	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities	Page 1	
b	Recoveries of prior year grants		
C	Other (Describe in Part XIII.)	17810	
d	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2e	
. 6	Subtract line 2e from line 1	. 3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	. 4c	
C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
5	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Return.	
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
_		11	
1	Total experieds and leader bet allering		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Dulated Services and disc of Identities		
b	Filor year adjustments	The same of the sa	
C	Offici losses		
ď		20	
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	3	
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	137 134	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	
Pa	rt XIII Supplemental Information.	D. d.V. Bar	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	, rait A, line	
2; P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
_			
-			
_			
-			
_			
		Schedule D	(Form 990) 201
EEA		Contouring D	

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 the latest instructions.

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

WA COUNTY HUMANE SOCIETY I	NC				39-19	76679
art I Fundraising Activities.	. Complete if	the organi	zation ans	swered "Yes" on	Form 990, Part IV	, line 17.
Form 990-EZ filers are not	required to co	mplete this	part.			
Indicate whether the organization raise	ed funds through	any of the fol	lowing activit	ies. Check all that app	oly.	
a Mail solicitations				f non-government gra	nts	
b Internet and email solicitations				of government grants		
c Phone solicitations		g 🗌	Special fund	raising events		
d In-person solicitations						
a Did the organization have a written or	oral agreement	with any indivi	dual (includir	ng officers, directors, t	rustees,	_
or key employees listed in Form 990, F	Part VII) or entity	in connection	with profess	sional fundraising serv	ices?	s No
b If "Yes," list the 10 highest paid individ	uals or entities (f	undraisers) p	ursuant to ag	reements under which	h the fundraiser is to be	
compensated at least \$5,000 by the or	rganization.					
(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	custody or control of contributions?		from activity	fundraiser listed in	(or retained by) organization
					col. (i)	
		Yes	No			
tal · · · · · · · · · · · · · · · · · · ·			▶			
3 List all states in which the organization	is registered or	licensed to so	licit contribut	ions or has been notif	led it is exempt from	
registration or licensing.						
and the second s						

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.

OMB No. 1545-0047 2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Internal Revenue Service (99)

Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Identifying number Business or activity to which this form relates Name(s) shown on return

Attachment Sequence No. 179

IOV	NA COUNTY HUMANE	SOCIETY I	NC	FOR	M 990	- 1			39-1976679
Pai				r Secti	on 179				
	Note: If you have a					nplete Part I.			
1	Maximum amount (see instruction							1	
2	Total cost of section 179 property placed in service (see instructions)							2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								
4	Reduction in limitation. Subtract							4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing								
	separately, see instructions						5		
6	(a) Description of property			(b) Cost (business use only) (c) Elected cost					
7	Listed property. Enter the amoun	nt from line 29 ·			7				
8	Total elected cost of section 179		nts in column (c), lines 6	and 7 · ·			8	
9	Tentative deduction. Enter the							9	
10	Carryover of disallowed deduction	on from line 13 of you	ur 2016 Form 45	62 -				10	
11	Business income limitation. Ente				an zero) or lir	ne 5 (see instru	ctions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11							12	
13	Carryover of disallowed deduction				▶ 13	3			
Note	: Don't use Part II or Part III belo	ow for listed property	. Instead, use P	art V.					
Pai	rt II Special Deprecia	tion Allowance	and Other	Deprec	iation (D	on't include	isted p	opert	y.) (See instructions.)
14	Special depreciation allowance to	for qualified property	(other than liste	d proper	ty) placed in	service			
	during the tax year (see instructi	ions)						14	
15	Property subject to section 168(f)(1) election								
16	Other depreciation (including ACRS)								268
Pai	rt III MACRS Depreci	ation (Don't inc	lude listed pro	operty.)	(See instru	ctions.)			
			Se	ction A					
17	MACRS deductions for assets p	laced in service in ta	x years beginning	ng before	2017			17	26,283
18	If you are electing to group any								
	Section B - Asset	s Placed in Serv	ice During 20	17 Tax	Year Using	g the Genera	al Depr	eciati	on System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investri only-see instru	nent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
0	15-year property								
f	ACTOR CONTRACTOR CONTRACTOR								
g	25-year property				25 yrs.		S/L		
	Residential rental				27.5 yrs.	MM	S/	L	
	property				27.5 yrs.	MM	SI	L	
i	Nonresidential real				39 yrs.	MM	S/L		
	property					MM			
	Section C - Assets F	Placed in Service	During 2017	Tax Ye	ar Using t	he Alternativ	e Depr	eciat	ion System
20a	Class life						S/	L	
b	12-year			12 yrs.			S/L		
	40-year 40 yrs. MM S/					L			
_	rt IV Summary (See in	structions.)							
21	Listed property. Enter amount fr	rom line 28 · · ·						21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter								
								22	26,551
23	For assets shown above and pla								
	portion of the basis attributable t					3			
									Form 4502 (2017)