990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

A	r or tire	2010 Calelluar	year, or tax year begin	ning		, 2018, and er	luling		, 20	
В	Check if a	applicable: C	able: C Name of organization IOWA COUNTY HUMANE SOCIETY INC				D E	mployer identifica	ation no.	
	Address	change	Doing business as					39	-1976679	. V
	Name cha	ne change Number and street (or P.O. box if mail is not delivered to street address) Room/suite					E T	elephone number		
	Initial retu	al return 305 COUNTY HIGHWAY YZ							08) 935-13	81
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign	postal code	9		G G	Gross receipts	
	Amended		DODGEVILLE, WI		•			\$	322,	048
\Box		-	Name and address of principal				H(a) Is this a group re	turn for subo		X No
_	фричин	, portaining	riano ana adaroso or principal				H(b) Are all subord			No
	Tay-eyem	npt status: X 501	1(c)(3) 501(c) () 4 (insert no.)	4947(a)(1) or	527			(see instructions)	
	Website:	_	CHS.NET) 4 (moore no.)	1 +0+7(a)(1) oi	021	H(c) Group exemp			
	-			ociation Other		L Year of formation: 1	998 M State of			
	rtl	riogai don	iono. FF I							
	1	Summary Briefly describe	the organization's missi	on or most significant	t activities: HTIM	ANE SOCIETY E	OR ANTMAL C	ARE		
4		znony accomize	are organization o missi	on or moot organican	11011	THE DOCIDIE	OK PHILIPHI G			
ü			3,4							
Activities & Governance	1									
) Ve	2	Check this box I	if the organization	discontinued its one	rations or disposed	of more than 25% of	f its net assets.			
Ö	3		g members of the gover				1	3		8
රේ	4		pendent voting members	• • •	,			4		8
tie	5		individuals employed in		* *		-	5		18
ţ	6		volunteers (estimate if r				-	6		
A	7a		business revenue from F	,				7a		0
			usiness taxable income					7b		0
	+-	THOU WITHOUTON DO	dolliood taxable illoome	1101111 01111 000 1, 1111	000	T	Prior Year		Current Year	
e	8									7,860
	9		e revenue (Part VIII, line			_	233,			
Revenue	10		me (Part VIII, column (A			_	233,	52	24:	5,643
è	11		Part VIII, column (A), lin			-	12		21	89
L.	12		add lines 8 through 11 (r		The second second second	-	13,			8,456
	13		lar amounts paid (Part I)				289,	850	32.	2,048
	14		or for members (Part IX			-		-		0
	15		compensation, employee			-	100	100	17	1 510
es			draising fees (Part IX, c				188,	183		1,519
ens	1		expenses (Part IX, colu							0
Expenses						6,237	105	000	10	
ш	17		(Part IX, column (A), lin Add lines 13-17 (must				125,			0,425
	19		xpenses. Subtract line		. , ,	-	313,			1,944
	_	, Neverlue less ex	xpenses. Subtract line	10 HOITIME 12 · ·			(23,			0,104
Net Assets or	20	Total assets (Da	at V line 16)			-	Beginning of Current You		End of Year	. 110
SSe	21	Total assets (Pa Total liabilities (F					541,			6,146
let A	22		nd balances. Subtract l	ino 21 from lino 20			403,			5,087
	rt II	Signature		ine 21 from line 20			137,	620	16.	1,059
10.000			that I have examined this return	n. including accompanying	schedules and statements	and to the best of my kno	owledge and belief, it is			-
			tion of preparer (other than office						0	
		NTVE I	AN CTOPTEN							
Sig	n	Signature of	AN SICKLEN officer					Date		
Hei				ACITED						
			AN SICKLEN, TRE. name and title	ASUER						
		7		Branamia signatura		Date	Check X	if PTIN		
Pai	d	Print/Type prepare		Preparer's signature	moun, CPA	5/7/19			000000051	
_	parei	Rebecca L			MOINT, OF H	1	self-employed	P	00833951	
	Only	-		Accounting			Firm's EIN			
030	, Om	Firm's address		e Street	16		Phone no.		1114	
Mari	the IDS	S discuss this ret		dville WI 535			608	3-523-		⊠ No
_			urn with the preparer sho		iructions) · · · ·				Form 990	

Form	1 990 (2018) IOWA COUNTY HUMANE SOCIETY INC	39-1976679	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		📙
1	Briefly describe the organization's mission:		
	HUMANE SOCIETY FOR ANIMAL CARE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	· · · · 🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	· · · · · ·	_
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$251,420 including grants of \$) (Revenue	\$)
	HOUSE STRAY AND ABANDONED ANIMALS, CARE OF ANIMALS ADOPTION OF ANIMALS FOR IC		WI
	AND SURROUNDING AREAS, FACILITY COST OF SHELTER OPERATIONS		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 251,420		

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," X X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 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," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 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," X complete Schedule D, Part VI 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 X 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 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 X X 14a 14a 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 Χ 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 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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

-	1 990 (2018) IOWA COUNTY HUMANE SOCIETY INC 39-1976	579	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		Ι.,	Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
-	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
~~	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete	20a	_	Λ
2	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	ı.A
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- 22
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Par	19? Note. All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Chosk in Concount C Contains a response of note to any fille in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Form 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		
FFA			990 (2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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	2b	Χ	
b	if at least one is reported on line 2a, and the organization line all required redefail on project tax retaine.	20	Λ	
2-	140te. If the sum of lines to and 2a is greater than 250, you may be required to 6 me (650 included in)	3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		21
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
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
h		Ta		Λ
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		X
5a	was the digamization a party to a prombled tax should transaction at any time daming the tax year.	5b		X
b	bid any taxable party fieldly the diganization that it was on to a party to a promoted tax choice transcent.	5c		Λ
c		30		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Х	
h	organization solicit any contributions that were not tax deductible as charitable contributions?	va	- 21	
b	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	OD	Λ	
7				
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
		7b		21
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	710		-
С	required to file Form 8282?	7c		X
4	If "Yes," indicate the number of Forms 8282 filed during the year	70		
d		7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
h	in the digular toother a contribution of care, bodie, an planted, of care to organization me a form for a			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a		9b	_	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
. а				
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а		100		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
	the organization is licensed to issue qualified health plans			
C 14a		14a		X
14a		14a		1
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		-
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
		13		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		Λ
	If "Yes," complete Form 4720, Schedule O.			

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

esponse to line 8a, 8b, or 10b below, describe the circumstances, processes	
Check if Schedule O contains a response or note to any line in this Part VI	 X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent • • • • • • • • • • 1b 8			
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:			
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			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	X	
, c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40	3.7	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	37
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?	45-		V
a	The organization's CEO, Executive Director, or top management official	15a		X
b		15b		X
40-	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	40-		V
	with a taxable entity during the year?	16a		X
D	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	401		
800	organization's exempt status with respect to such arrangements?	160		
	List the states with which a copy of this Form 000 is required to be filed.			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an expanization to make its Forms 1023 (1024 or 1024 A if applicable), 900, and 900 T (Section 504(s))			
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.			
40	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
•	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MIKE VAN SICKLEN (608)935-1381, 305 COUNTY HIGHWAY YZ, DODGEVILLE, WI 53533			

Form	agn	(201	18

IOWA COUNTY HUMANE SOCIETY INC

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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.

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

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) week (list any from related other hours for organizations compensation related organization (W-2/1099-MISC) Individual trustee from the Institutional trustee Highest compensated (W-2/1099-MISC) organizations organization employee below dotted and related organizations (1) JUDY LINDHOLM 1.00 X DIRECTOR 0 (2) ALYANA HUSOM 1.00 X DIRECTOR 0 0 (3) DAWN VAN EPPS 1.00 DIRECTOR X 0 0 0 (4) CYD BICKFORD 1.00 X DIRECTOR 0 (5) JOSELYN VAN RUYVEN X DIRECTOR 0 0 0 (6) JOHN MUTSCHLER 13.00 X PRESIDENT 0 (7) MIKE VAN SICKLEN 1.00 X TREASURER 0 (8) LOUANNA SCHULTE _1.00 SECRETARY 0 (9) (10)(11)(12)(13)(14)

Page 8

Part VII Section A. Officers, Directors, Trustees,	Key Employe	es, ar	nd H	ighe	st C	ompe	nsat	ted Employees (co	ontinued)			
(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)				both an		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount 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)	or	npensation from the ganization and related ganization	on ed
(15)												
(16)												
(17)												7,
(18)												
(19)								,				
(20)												
(21)									-			
(22)												
(23)												
(24)					-				_			
(25)							_					
1b Sub-total	on A · ·						>					
d Total (add lines 1b and 1c)				_			ore t	0 han \$100,000 of	0		***************************************	0
reportable compensation from the organization									0			
3 Did the organization list any former officer, director,			oyee	e, or	high	est co	mpe	ensated			Yes	No
employee on line 1a? If "Yes," complete Schedule sFor any individual listed on line 1a, is the sum of re								tion from the		3		X
organization and related organizations greater than	\$150,000? If '	Yes,"	comp	olete	Sch	nedule	J fo	r such				
individual • • • • • • • • • • • • • • • • • • •										4		X
for services rendered to the organization? If "Yes,"										5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensat	ed independe	nt cont	ract	ore ti	hot r	oooi to	d m	oro than \$100,000	of			
compensation from the organization. Report compensary												
(A)								(B)			(C)	
Name and business address								Description of s	ervices	Comp	ensation	<u> </u>
					_							
									3			
2 Total number of independent contractors (including	but not live to	40.44	"	40-7	ak :							
2 Total number of independent contractors (including received more than \$100,000 of compensation from				sted	abo	ve) wh	10					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from tax under sections 512-514 exempt function business 1a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts b 1b 25 c Fundraising events 1c Related organizations 1d Government grants (contributions) · · 1e 37,835 f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 37,860 **Business Code** Revenue 2a DONATIONS PUBLIC 900099 200,520 200,520 b FEE ANIMAL ADOPTONS 900099 17,835 17,835 Program Service C SURRENDER REDEMPT LICEN 900099 16,963 16,963 d MEMORIAL FUNDS 900099 9,640 9,640 e STORE PURCHASE 900099 685 685 f All other program service revenue g Total. Add lines 2a-2f 245,643 3 Investment income (including dividends, interest, 89 89 Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents b Less: rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 37,434 b Less: direct expenses b c Net income or (loss) from fundraising events · · · · · · . . ▶ 37,434 37,434 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a INSURANCE REFUND 900099 1,022 1,022 C e Total. Add lines 11a-11d 1,022 12 Total revenue. See instructions 322,048 246,754 37,434

39-1976679

Form 990 (2018) IOWA COUNTY HUMANE SOCIETY INC
Part IX Statement of Functional Expenses

RESIDENCE SERVICE	ion 501(c)(3) and 501(c)(4) organizations must complete all colu	mns. All other organiza	ations must complete co	lumn (A).					
2000	Check if Schedule O contains a response or note to any line in this Part IX								
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundraising				
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign	7							
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	5	-						
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and		3-						
	persons described in section 4958(c)(3)(B) · · · · ·	, ,							
7	Other salaries and wages	159,904	135,918	23,986					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	5							
9	Other employee benefits								
10	Payroll taxes	11,615	9,873	1,742					
11	Fees for services (non-employees):								
а	Management	444	377	67					
b	Legal								
С	Accounting	353		353					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	771	655	116					
12	Advertising and promotion	462	393	69					
13	Office expenses	7,899	6,714	1,185					
14	Information technology	639	543	96					
15	Royalties	033	040						
16	Occupancy	44,618	37,925	6,693					
17	Travel	44,010	31,323	0,033					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings · · · · · ·	-							
20	Interest · · · · · · · · · · · · · · · · · · ·	2,520	2,142	378					
21	Payments to affiliates	2,520	2,142	378					
22	Depreciation, depletion, and amortization	26,674	23,058	3,616					
23	Insurance	7,408	6,297	1,111	· · · · · · · · · · · · · · · · · · ·				
24	Other expenses. Itemize expenses not covered	7,408	0,291	1,111					
	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.)								
•		6 027			6 007				
a	FUNDRAISING EXPENSE	6,237	10 202	2 401	6,237				
b	VET EXPENSE	22,804	19,383	3,421					
C	VEHICLE MAINTENANCE	17	F 000	17					
d	GENERAL SHELTER EXPENSE	6,859	5,830	1,029					
9	All other expenses	2,720	2,312	408					
25 26	Total functional expenses. Add lines 1 through 24e	301,944	251,420	44,287	6,237				
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs		4						
	from a combined educational campaign and	ν,							
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	52,852	1	70,886
	2	Savings and temporary cash investments	31,269	2	17,970
	3	Pledges and grants receivable, net	31,203	3	21/510
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
10	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 568 , 672			
	b	Less: accumulated depreciation 10b 111,382	457,290	10c	457,290
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	541,411	16	546,146
	17	Accounts payable and accrued expenses	4,981	17	1,857
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D · · · · · · ·		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iah		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·	29,928	23	27,461
ha .	24	Unsecured notes and loans payable to unrelated third parties	368,882	24	355,769
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	403,791	26	385,087
ø,	,	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Se		complete lines 27 through 29, and lines 33 and 34.			
aar	27	Unrestricted net assets		27	
ĕ	28	Temporarily restricted net assets		28	
oun	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
SO		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	137,620	32	161,059
_	33	Total net assets or fund balances	137,620	33	161,059
	34	Total liabilities and net assets/fund balances	541,411	34	546,146

or other Designation		39-197	6679	P	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				· 🛚
1	Total revenue (must equal Part VIII, column (A), line 12)	1		322,	048
2	Total expenses (must equal Part IX, column (A), line 25)	2		301,	944
3	Revenue less expenses. Subtract line 2 from line 1	3		20,	104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	137,	620
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		3,	335
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		161,	059
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				71
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		
	Schedule O.		0		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		За		X
h			<u>3a</u>	+	^
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			I	

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	252,154	255,933	196,999	191,296	207,783	1,104,165				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	47,543	39,393	40,595	42,324	37,860	207,715				
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3 · · · · · ·	299,697	295,326	237,594	233,620	245,643	1,311,880				
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		Commission of the second								
	shown on line 11, column (f)						98,191				
6	Public support. Subtract line 5 from line 4 · ·						1,213,689				
Sec	tion B. Total Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	299,697	295,326	237,594	233,620	245,643	1,311,880				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6		* 7	52	89	147				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		e e								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		18,704	40,107	56,178	76,316	191,305				
11	Total support. Add lines 7 through 10 .						1,503,332				
12	Gross receipts from related activities, etc. (s	see instructions)				12					
13. Sec	First five years. If the Form 990 is for the or organization, check this box and stop here tion C. Computation of Public Su)	▶ 🗆				
14	Public support percentage for 2018 (line 6, c	• •))		14	80.73 %				
15	Public support percentage from 2017 Sched						86.33 %				
16a	33 1/3% support test - 2018. If the organiza						00.00				
	box and stop here. The organization qualifie						▶ 🏻				
b	33 1/3% support test - 2017. If the organiza	tion did not check a	a box on line 13 or	16a, and line 15 is 3	33 1/3% or more, c	heck					
	this box and stop here. The organization qu	alifies as a publicly	supported organiza	ition · · · · · ·			▶ . 📗				
17a	10%-facts-and-circumstances test - 2018.	If the organization	did not check a box	on line 13, 16a, or	16b, and line 14 is	3					
	10% or more, and if the organization meets t										
	Part VI how the organization meets the "fact										
	organization · · · · · · · · · · · · · · · · · · ·						▶ ∐				
b	10%-facts-and-circumstances test - 2017.					140					
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
	Explain in Part VI how the organization meet										
							▶ ∐				
18	Private foundation. If the organization did n										
	instructions		· · · · · · · · ·								
EEA						Schedule A (Fo	m 990 or 990 E71 2018				

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

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

Se	ction A. Public Support						8 /
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20°	18 (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						1.0
	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		× 552				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from						
200	line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	B (f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·		-				
l0a	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 · · · · · · · · ·						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
	First five years. If the Form 990 is for the org organization, check this box and stop here						
_	tion C. Computation of Public Su						
	Public support percentage for 2018 (line 8, co			*		15	%
	Public support percentage from 2017 Schedu			. <i>.</i>		16	%
	tion D. Computation of Investmen						
	Investment income percentage for 2018 (line					17	%
8	Investment income percentage from 2017 Sci	hedule A, Part III, lir	ne 17 · · · · ·			18	%
9a	33 1/3% support tests - 2018. If the organiza 17 is not more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this b						▶ □
0	Private foundation. If the organization did no	t check a box on lin	e 14, 19a, or 19b,	check this box and	d see instructions		▶ □

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
30		
10a	1 () () () () ()	7.2
10b		

NAME AND ADDRESS OF	ale A (Form 990 or 990-EZ) 2018 IOWA COUNTY HUMANE SOCIETY INC 39-1976679			age 5
Pai	t IV Supporting Organizations (continued)		Vaa	Ma
44	the the considering accorded a sixt or contribution from any of the following page 20		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b	-	
	A family member of a person described in (a) above?	11c	\vdash	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	110		
000	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organizations and what conditions of 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
202	tion C. Type II Supporting Organizations			
360	tion o. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
202	the supported organization(s). tion D. All Type III Supporting Organizations			
000	tion B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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 (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions)).
а	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	struct	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	4		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	- The supposed of the supposed of the supposed of the organization in the regular			

Schedule A (Form 990 or 990-EZ) 2018 IOWA COUNTY HUMANE SOCIETY INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explanation	
instructions. All other Type III non-functionally integrated supporting organiz Section A - Adjusted Net Income	zations	(A) Prior Year	ons A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	+		+
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		-
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	0	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		+
e Discount claimed for blockage or other	Iu		
factors (explain in detail in Part VI):			
	1		
Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	13		
see instructions).	5		
Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 935			
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	g organization (see
instructions)	3	7.	

Pa	Try lype III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continuea)				
Sec	Current Year						
	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	para to provide a provide	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	tions				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6_	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is respons	sive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount		(11)	7777			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See		\				
	instructions.						
	Excess distributions carryover, if any, to 2018						
-	From 2013						
-	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
_	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
-	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
7	Part VI. See instructions.						
1	Excess distributions carryover to 2019. Add lines 3j						
8	and 4c. Breakdown of line 7:						
	E						
	F						
_	F (0010						
_	5 0047						
	Excess from 2017						

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

2018

Employer identification number

IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 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

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).

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

2018

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	Employer identification number
IOI	WA COUNTY HUMANE SOCIETY INC	39-1976679
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	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?	
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?	
Pa	rt 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)	mportant land area
	Protection of natural habitat Preservation of a certified hist	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	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
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	()
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemer	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	escribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balar	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings	400,000		30,340	369,660
C	Leasehold improvements	20,959		786	20,173
d	Equipment	147,713		80,256	67,457
е	Other				
Tota	. Add lines 1a through 1e. (Column (d) must equal Forn	n 990, Part X, column (B)	line 10c.)		457,290

Schedule D (Form 990) 2018 IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5)(6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5)(6)(7)(8)

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.

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

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.

OMB No. 1545-0047

2018 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with			
		gross rescipto greater than	(a) Event #1 DUELING PIAN	(b) Event #2 PLANT SALE	(c) Other events	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts · · · · · ·	(event type)	(event type)	(total number)				
R	2	Less: Contributions							
-		line 2)							
	4	Cash prizes							
	5	Noncash prizes · · · · · · · ·				<u> </u>			
nses	6	Rent/facility costs · · · · · · ·							
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment							
	9	Other direct expenses							
Pa	10 11 rt II	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the o	10 from line 3, column (d)	Yes" on Form 990 Part		nore			
		than \$15,000 on Form 990		100 0111 01111 000, 1 011	TV, mic To, or reported t	nore			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue · · · · · · · ·	4						
es	2	Cash prizes · · · · · · · · · · · · · · · · · · ·							
Expenses	3	Noncash prizes · · · · · · ·				-			
Direct E	4	Rent/facility costs · · · · · ·							
	5	Other direct expenses			× 1				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % No				
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		▶				
	8	Net gaming income summary. Subtra	act line 7 from line 1, colum	nn (d)		1			
9 a b	ls t	ter the state(s) in which the organization licensed to conduct go	aming activities in each of t	hese states?		· · · ☐ Yes ☐ No			
10a b									

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

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.

IOWA COUNTY HUMANE SOCIETY INC 39-1976679 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 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

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

2018

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

Sequence No. 179 ► Go to www.irs.gov/Form4562 for instructions and the latest information.

INdiffe	(s) snown on return		6	susiness or	activity to which	this form relates			Identifying number
IO	WA COUNTY HUMANE				M 990	- 1			39-1976679
Pa	rt I Election To Expen					. *			
	Note: If you have an	y listed property,	complete Part	V before	re you con	nplete Part I.			
1	Maximum amount (see instruction							1	
2	Total cost of section 179 property		,					2	. 9
3	Threshold cost of section 179 pro	perty before reduct	tion in limitation (s	see instru	uctions)			3	
4	Reduction in limitation. Subtract li	ne 3 from line 2. If	zero or less, ente	er -0-				4	
5	Dollar limitation for tax year. Subtr	ract 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 (bu	usiness use only	y) (c) Ele	cted cost		
7	Listed property. Enter the amount								
8	Total elected cost of section 179 p	property. Add amou	nts in column (c)	, lines 6 a	and 7 · ·			8	
9	Tentative deduction. Enter the sm							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Enter					ne 5. See instru	uctions	11	
12	Section 179 expense deduction. A				line 11			12	
13	Carryover of disallowed deduction				▶ 13	3			
	: Don't use Part II or Part III below								
Pa							listed p	ropert	y. See instructions.)
14	Special depreciation allowance fo		(other than listed	property	/) placed in	service			
15	during the tax year. See instruction							14	
	Property subject to section 168(f)(• •						15	100
16 Da	Other depreciation (including ACR rt III MACRS Deprecia							16	100
га	rt III MACRS Deprecia	tion (Don't inc			ee instruct	ions.)			
17	MACRO deductions for constant			tion A	2012				06 574
18	MACRS deductions for assets pla							17	26,574
10	If you are electing to group any as asset accounts, check here	· · · · · · · · · · · ·							
	Section B - Assets							ociati	ion System
	7,000	(b) Month and year	(c) Basis for depre	eciation	-	die Genera	ai Debi	CCIAL	on System
	(a) Classification of property	placed in service	(business/investme only-see instructi	ent 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	_							
е	15-year property								
f	20-year property								
<u>g</u>	25-year property				25 yrs.		S/	L	
h	Residential rental				27.5 yrs.	MM	S/	L	
	property	-			27.5 yrs.	MM	S/	L	
i	Nonresidential real				39 yrs.	MM	S/	L	
	property					MM	S/		
	Section C - Assets Pla	aced in Service	During 2018	Tax Yea	r Using t	ne Alternativ			ion System
20a	Class life	-					S/		
b	12-year				12 yrs.		S/		
	30-year				30 yrs.	MM	S/		
	40-year	havetieses \			40 yrs.	MM	S/	<u> </u>	
	t IV Summary (See inst								
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, li								
22	here and on the appropriate lines				_	tructions -		22	26,674
23	For assets shown above and place portion of the basis attributable to	-			1				

IRS e-file Signature Authorization for an Exempt Organization

dar year 2018	or fiscal year beginning	and and

2018

OMB No. 1545-1878

Department of the Treasury		// Composition of the latest				
Internal Revenue Service	Go to www.irs.gov	/Form8879EO for the latest	information.	Employer ide	entification number	
Name of exempt organization						
IOWA COUNTY HUMANE	SOCIETY INC			39-1976	5679	
Name and title of officer						
MIKE VAN SICKLEN,		(Mhala Dallara Only)				
	eturn and Return Information					
	for which you are using this Form 887					
	a, 3a, 4a, or 5a, below, and the amount					
	5b , whichever is applicable, blank (do b not complete more than one line in P		ered -0- on the return	n, then ente	er -0- on	
1a Form 990 check here	▶ X b Total revenue, if any (For	m 990, Part VIII, column (A),	line 12)		· · 1b	322,048
2a Form 990-EZ check her		(Form 990-EZ, line 9)				
3a Form 1120-POL check I		120-POL, line 22)				
4a Form 990-PF check her		ment income (Form 990-PF				
5a Form 8868 check here						
Part II Declaratio	n and Signature Authorizati	on of Officer				
organization's 2018 electron	declare that I am an officer of the about nic return and accompanying schedules ete. I further declare that the amount in	s and statements and to the	best of my knowledg	e and belie	f, they	
	um. I consent to allow my intermediate				(ERO)	
•	eturn to the IRS and to receive from the					
	ason for any delay in processing the ret					
	and its designated Financial Agent to indicated in the tax preparation softwar					
	itution to debit the entry to this accoun	. ,				
	later than 2 business days prior to the					
involved in the processing of	of the electronic payment of taxes to re-	ceive confidential information	necessary to answer	er inquiries	and	
	e payment. I have selected a personal		s my signature for th	ne organizat	tion's	
	licable, the organization's consent to el	ectronic funds withdrawal.				
Officer's PIN: check one b	ox only					
X I authorize Johns	son Accounting ERO firm name		32167 Enter five numbers, but do not enter all zeros	_ as my sig	nature	
on the organization	's tax year 2018 electronically filed retu	rn. If I have indicated within	this return that a cop	y of the reti	urn is	
	ate agency(ies) regulating charities as					
ERO to enter my PI	N on the return's disclosure consent s	creen.				
П. <i>т</i> . си						
	organization, I will enter my PIN as my vithin this return that a copy of the retu					
	program, I will enter my PIN on the retu			g channes a	as part or	
Officer's signature	A		Date ►	05-09-	-2019	
Part III Certificati	ion and Authentication					
ERO's EFIN/PIN. Enter you	r six-digit electronic filing identification					
number (EFIN) followed by	your five-digit self-selected PIN.		3960	004 19	9871	
				Do	not enter all zeros	
indicated above. I confirm th	eric entry is my PIN, which is my signat nat I am submitting this return in accord RS <i>e-file</i> Providers for Business Return	ance with the requirements of	,	•		
ERO's signature			Date >			
			Date			

ERO Must Retain This Form - See Instructions