# Form 990

## **Return of Organization Exempt From Income Tax**

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service r 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

Ā	For	r the	2021 calendar y	ear, or t	ax year t	oeginn	ing				, 20	21, and	l endi	ng		,	20	
В	Che	ick if a	opticable:	C Name	of organiza	ntion <b>I O</b> V	VA COUNTY	HUMAN	E SOCIE	ry I	NC				D Emg	oloyer identifi	cation nur	mber
	Add	ress d	nange	Doing	business a	s										39-19	76679	
	Nam	ne cha	nge	Numb	per and stree	et (or P.O	. box if mail is not	delivered to	street address)	ı		R	oom/suit	e	È Tele	phone numbe	г	
	Initia	al retur	eturn 305 COUNTY HIGHWAY YZ											(608)	935-1	381		
Π	Fina	al retur	n/terminated										<b>G</b> Gro	es receipts				
Ħ			DODGEVILLE, WI 53533										\$		36	8,873		
Ħ			n pending		and addres						·			H(a) is this a	group return for subordinates? Yes X No			
_	. +-		, , , , , , , , , , , , , , , , , , , ,													ates included?	$\overline{}$	s 🗌 No
	Tay-	avemr	ot status: X 501	(c)(3)	501(c)	1	(insert no.)		947(a)(1) or	П	527					list. See instru		_
<del>-</del>		osite:					, t (moon non)			-				H(c) Group			<b>&gt;</b>	
_			ganization: X Con		Trust	Asso	ciation Oth	er 🕨			L Year of fo	ormation:	199			egat domicile:	WI	
P	_	_	Summary	poration			Callor L. Jour				_ 100 0110	STANDARDA.		<u> </u>	304.0	ogur dominone.		
•••	1	1	Briefly describe t	he onsai	nization'e	micein	n or most sign	nificant ac	tivities.	er the	NTF CO	<u> </u>	FO	R ANIMA	T. CAI	DF		<del></del>
		'	Differly describe t	.rie organ	HIZALIUH S	IIIIaaiu	ii oi iilost sigi	ilitoarit at	JUVIUGA.	HOM	INE SU	CIEII	FOE	( MILLIA	יייי די	<u></u>		
5 Ce												-						
퍨									<del></del>									
Je.		_	Otro at Alaka basa b	ر ا			الأرام والمساعد والمساعد					250	/ of ita	not concl		<del></del> -		
Activities & Governance	-	2	Check this box ▶		-										- 1	1		^
여		3	Number of voting	_		_									<u> </u>			8_
.e.	ŀ	4	Number of indep		_											<del> </del>		8_
ž	İ	5	Total number of i											• • • •	_	<del> </del>	<del></del>	14
ដ្ឋ		6	Total number of v		•		•								<del></del>			
•			Total unrelated b													<del> </del>		0_
		b	Net unrelated bu	isiness ta	axable inc	come f	rom Form 990	-T, Part I	, line 11						.   7b			0
													Prior Year		+	urrent Yea		
_	-	8		_	-		•					h		43	1,97 <u>5</u>	ļ	7	8,248
Ę	-	9	Program service		-									477	,291	<u> </u>	25	8,513
Revenue	ŀ	10	Investment incon	ne (Part	VIII, colu	ımn (A)	), lines 3, 4, ar	nd 7d)				• • •			330			179
8		11	Other revenue (F	⊃art VIII,	, column (	(A), line	es 5, 6d, 8c, 9d	c, 10c, ar	nd 11e) .			• • •		31	.,519		3	1,933
_		12	Total revenue - a		······································	<del></del>								553	,115	<u> </u>	36	8,873
		13	Grants and simila	ar amou	ints paid (	(Part IX	t, column (A),	lines 1-3	) - + · ·			• • •		<del>,</del>				0
		14	Benefits paid to or for members (Part IX, column (A), line 4)											<u> </u>		0		
"		15	Salaries, other co	ompens	ation, em	ployee	benefits (Part	IX, colur	nn (A), lines	5-10)				110	,676	1	14	6,505
Expenses		16a	Professional fund	draising	fees (Par	t IX, co	olumn (A), line	11e)				[						0
둋		b	Total fundraising	expensi	es (Part !	X, colu	mn (D), line 2	5) 🕨			2,7	80						
Ä	.	17	Other expenses	(Part IX,	, column	(A), line	es 11a-11d, 11	f-24e)				··· [		137	,599		11	6,142
	-	18	Total expenses.	Add line	es 13-17 (	must e	qual Part IX, d	column (A	A), line 25)	٠.		[		248	,275		26	2,647
		19	Revenue less ex	penses.	Subtrac	t line 1	8 from line 12					[		304	,840		10	6,226
<u> </u>	8												Begin	ning of Curr	ent Year	Е	nd of Year	
ets (	Fund Balances	20	Total assets (Par	rt X, line	16) -							[		879	,427		90	3,260
Ass	8	21	Total liabilities (P	art X, lin	ne 26)									488	,360			5,109
že č	ַן פַ	22	Net assets or fur		•	tract fir	ne 21 from line	e 20 ·				[			,067			8,151
	irt		Signature															
Unc	der p	enaltie	es of penjury, I declare t	that I have	examined th	his return	, including accomp	panying sch	edules and stat	ements	and to the	best of m	y knowle	dge and belie	ef, it is			
true	, cor	mect, a	nd complete. Declarat	iion of prep	parer (other t	than offic	er) is based on all	information	of which prepa	rer has	any knowle	dge.			- 1			
		-	LISA CV	VENGRO	os	$\mathcal{X}_{\mathcal{U}}$	la (per	ν								5-11	· 2c2	2 2
Sig	ın		Signature of c		-	·2.1.V		4							D	ate		
He	-		LISA CV	JENCP4	ງຮຸ ຫ <b>ວ</b> າ	EASUE	ZR											
	-		Type or print									=						
			Print/Type prepare			T	Preparer's signatu	ure			Date			Check	X if	PTIN		
Pa	id		1		805		Rebeccal		on Les	}	05-09	-2022	•	self-em		i	333951	L
		arer	Rebecca L						, VII		₩J~UB	4044		m's EIN ▶	, 107 Ou	_ E000	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del></del>
	-	Only																
J	Ţ	J. 1113	Firm's address					59514					"	IOTO NO.	608-523-1114			
<u></u>	. 41	- 100	diagram this rate	ا جائد، حص			dville WI								008.		Yes	X No

	990 (2021) 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		· · · · · <u> </u>
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		
4	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 measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
			·····
4a	(Code:) (Expenses \$25,076 including grants of \$) (Revenue		
	HOUSE STRAY AND ABANDONED ANIMALS, CARE OF ANIMALS ADOPTION OF ANIMALS FOR I	IOWA COUNTY,	MT WND
	SURROUNDING AREAS, FACILITY COST OF SHELTER OPERATIONS		
		<del></del>	
		<del> </del>	
			<del> </del>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
			···
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	* \$	)
		· · · · · · · · · · · · · · · · · · ·	<del></del>
		<del></del>	<del></del>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>	
4e	Total program service expenses ► 225,076		

Form 990 (2021)

			V	NI-
	TOTAL		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	2	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	-	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		•	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ł		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	i	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	The state of the s			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	makes the second of the second			77
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		·	•
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
148	Schedule D, Parts XI and XII	12a		х
L	the state of the s		·	-
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
40		13		X
13	is the diganization a scribble described in section (1.0b)(1)(1.0b)(1.0b), the scribble described in section (1.0b)(1.0b), the	14a		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	- <del></del>		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		14b		х
	integration to the control of the co	172		^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		
			<del>                                     </del>	X
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	16		
	Libbote to or lot lot of the same in the s		<del>                                     </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا	l	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<b></b>	X
20 a		20a	<b> </b>	Х
b		20b	<u> </u>	ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (Δ) line 12 if "Ves." complete Schedule I. Parts I and II	21	ŀ	i x

1) IOWA COUNTY HUMANE SOCIETY INC.
Checklist of Required Schedules (continued)

Fa	Termination required ocheanies (continued)			
	City and the second of the Control of the second of the se		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		v
••	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			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	23		w
04-	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			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		l
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			
Luu	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?			l
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ĺ
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,"		1	
	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	ļ	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	<b></b>	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	35b		
	Controlled Citally Michini the Incuming of Sociol of Etaly(10). If 100, Sociological States and Sta	350	<del> </del> -	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?//f "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30	<del>                                     </del>	X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	0,	<u> </u>	
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	l
Pai			L &	
<u>r al</u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		<b> </b> .	l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction 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	ĺ		
	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			1
	committee, explain on Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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	_		i i
	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		i	
	the year by the following:	_		
а	The governing body?	8a	X	ļ
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
		40-	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,	40.		
	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	$\vdash$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del> </del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	$\vdash$
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<del>                                     </del>
13	Did the organization have a written whistleblower policy?	13	х	<del> </del>
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-		
а	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	150		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		40-		
	with a taxable entity during the year?	16a		X
b	· · · · · · · · · · · · · · · · · · ·			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	465		1
_	organization's exempt status with respect to such arrangements?	16b		<u> — .</u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Wisconsin		····-	
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.			
	Own website Another's website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LISA CVENGROS (608) 935-1381, 305 COUNTY HIGHWAY YZ, DODGEVILLE, WI 53533			

age 7	

#### 39-1976679 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

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

Check this box if neither the organization nor any relat	ed organization	on con	nper			y cum	ent d	officer, director, or t	rustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unles	Pos eck m as per d a di	son is	nan one are both are Highest compensated employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) SANDIE BRICK MARGELOFSKY DIRECTOR	10.00	х		-				0	0	0
(2) DONNA GRIFFIN PRESIDENT	10.00	х						0	0	. 0
(3) LOUANNA SCHULTE DIRECTOR	3.00	x						0	0	0
(4) JOANNE WILSON DIRECTOR	8.00	x						0	0	0
(5) LISA SCHNEDLER SECRETARY	3.00		·	х	* · · · · ·			0	0	0
(6) LISA CVENGROS TREASURER	12.00			ж				0	0	0
(7) TONY SCHLAFLI SECRETARY	5.00			х				0	0	0
(8) JANICE OLCON DIRECTOR	2 .00			х				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Comp	репа	ated Employees	(continued)				
	(C)							]						
	(A)	(B)			Po	sition			(D)	(E)	l		(F)	
	Name and title						nan one	_	Reportable	Reportable		Estim	ated am	noumi
	Name and title		Average box, unless person is bo hours officer and a director/tru						compensation	compensation		of other		
		per week		O. 0	<b>.</b>		, a abieo,	,	from the	from related			npensat	
		(list any	옥홍	=	٥	_	οт	71	organization (W-2/ 1099-MISC/	organizations (W- 1099-MISC/	2/		rom the nization	
		hours for	L div	SE EST	Officer	Key employee	고 G	Former	1099-MISC/ 1099-NEC)	1099-NEC)		-	i izalio: i 1 organi:	
		related	director	dion	-	du	yee yee	128	ŕ					
		organizations below	Individual trustee or director	함		yee	duc							
		dotted line)	8	Institutional trustee			Highest compensated employee							
							<u> </u>				$\perp$			
(15)														
(16)														
(17)									·		$\top$			
<u>(18)</u>											$\dashv$			<del></del>
		ļ						ļ					*****	<del></del>
								-			+			
(20)														·
(21)		}												
(22)														
(23)														
(24)								-	·		$\dashv$			<del> </del>
											$\dashv$			
(25)										· · · · · · · · · · · · · · · · · · ·				
1b	Subtotal							-	<del></del>					
¢	Total from continuation sheets to Part VII, Sec	tion A -				٠.		. ▶						
<u>d</u>	Total (add lines 1b and 1c)										0			0
2	Total number of individuals (including but not limit		sted at	ove)	) wh	о гес	ceived	moi	re than \$100,000 o	f				_
***	reportable compensation from the organization									<u> </u>	· • · · · · · · · · · · · · · · · · · ·		Yes	No
3	Did the organization list any former officer, director	or, trustee, ke	y empl	oyee	a, or	high	est co	mpe	ensated					<del>                                     </del>
	employee on line 1a? If "Yes," complete Schedule		-	-								3	İ	x
4	For any individual listed on line 1a, is the sum of r				and	d oth	er con	nper	sation from the					
	organization and related organizations greater tha	n \$150,000?	If "Yes	, " co	mpk	ete S	Schedi	ule J	for such				Ï	
	individual											4	<u> </u>	х
5	Did any person listed on line 1a receive or accrue	compensatio	on from	апу	unr	elate	ed orga	aniza	ation or individual				f- ·	
	for services rendered to the organization? If "Yes,	" complete Sc	cheduk	Jfc	or su	ich p	erson				<u></u>	5	<u>.                                    </u>	х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compens													
	compensation from the organization. Report com	pensation for	the ca	lend:	ar ye	ear e	nding	with	or within the orga	nization's tax ye	ar.			
	(A)							1	(B)			(C)		
	Name and business addre	38							Description of servi	Des .		Compens	ation	
							-	-						_
-								<del>                                     </del>			**********			
2	Total number of independent contractors (including	g but not limi	ted to t	hose	e list	ed a	bove)	who	)					
	received more than \$100,000 of compensation fro	_									1			

rait		Check if Schedule O contains a response	e or no	ote to any line in this	Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	<u> </u>			V	
Ø	ь	Membership dues	1b	305				
ramt unts	c	Fundraising events	1c					
הַ E	d	Related organizations	1d			•		*
Sift Par A	е	Government grants (contributions)	1e	33,875				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,			•	. :		
e sio		and similar amounts not included above	1f	44,068				
ള	g	Noncash contributions included in				;	*	
P P		lines 1a-1f	1g					
	h	Total. Add lines 1a-1f		1	78,248			
				Business Code		ļ		
9	1.	DONATIONS PUBLIC		900099	217,223	217,223		
Program Service Revenue	!			900099	20,425	20,425		
وت		SURRENDER REDEMPT LICEN		900099	14,992	14,992		
e a		MEMORIAL FUNDS		900099	5,701	5,701		
5		STORE PURCHASE		900099	172	172		
Δ.	į	All other program service revenue Total. Add lines 2a-2f			258,513	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·			236,313			
	3	Investment income (including dividends, into other similar amounts)			179	179		
	4	Income from investment of tax-exempt bond			1,3			
	5	Royalties						
	]	(i) Real		(ii) Personal				
	6a	1	400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b	Less: rental expenses · · 6b			-			. 1
	4		400					
	d	Net rental income or (loss)		14,400	14,400			
	7a	Gross amount from (i) Securiti	<b>0</b> S	(ii) Other				
		sales of assets					•	
		other than inventory 7a					ž.	
	b	Less: cost or other basis						
renue		and sales expenses · 7b						
	}	Gain or (loss)		1				
æ		Net gain or (loss)	٠		<del></del>			
Other Re	8a	Gross income from fundraising						
ō		events (not including \$	.					
		of contributions reported on line						
	١.	1c). See Part IV, line 18	8a	1				
	1	Less: direct expenses	86		17 522		<u></u>	17,533
		Gross income from gaming	ٔ ر	•	17,533			1/,333
	94	activities, See Part IV, line 19	9a					
	١,	Less: direct expenses	9b					
		Net income or (loss) from gaming activities	_					
			Ì					
	10a	Gross sales of inventory, less returns and allowances	10a					•
	ь	Less: cost of goods sold	10t	<del></del>				
		Net income or (loss) from sales of inventory						
		· · · · · · · · · · · · · · · · · · ·		Business Code				
Si	11a							
	b							
¥el ¥el	c							
Miscellanous Revenue	đ	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		▶	368,873	273,092	0	17,533

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, 7b, Program service Fundraising Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Benefits paid to or for members . . . . . . . . . 5 Compensation of current officers, directors, trustees, and key employees ...... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 135,820 115,447 20,373 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10,685 9,082 1,603 10 11 Fees for services (nonemployees): 104 691 587 Legal 490 490 <u>56</u>0 C Accounting 560 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 8 7 1 803 5,351 4,548 13 14 1,266 1.076 190 15 39,252 33,364 5,888 16 919 781 138 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 472 20 3,145 2,673 21 Payments to affiliates . . . . . . 11,942 2,941 22 14,883 Depreciation, depletion, and amortization . . . . . . 902 5,109 23 Insurance ............. 6,011 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,780 2,780 FUNDRAISING EXPENSE 34,458 VET EXPENSE 34,458 4,155 4,155 GENERAL SHELTER EXPENSE d 1,847 326 2,173 All other expenses Total functional expenses. Add lines 1 through 24e . . 2,780 262,647 225,076 34,791 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶lif

following SOP 98-2 (ASC 958-720)

Form 990 (2021) IC Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	140,434
	2	Savings and temporary cash investments		2	342,385
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
158	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
Q.	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 672 , 3	385		
	b	Less: accumulated depreciation		10c	420,441
:	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 33)	· · · · · · · · · · · · · · · · · · ·	16	903,260
	17	Accounts payable and accrued expenses		17	3,998
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
:	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
up.	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	337,111
	24	Unsecured notes and loans payable to unrelated third parties		24	4,000
	25	Other liabilities (including federal income tax, payables to related third	340,033		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
i		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	488,360	26	345,109
		Organizations that follow FASB ASC 958, check here	200,700		
8		and complete lines 27, 28, 32, and 33.			
Ē	27	Net assets without donor restrictions		27	
<u> </u>	28	Net assets with donor restrictions		28	
ğ		Organizations that do not follow FASB ASC 958, check here			· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
क्	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
<b>SS</b> 6	31	Retained earnings, endowment, accumulated income, or other funds		31	558,151
ţΥ	32	Total net assets or fund balances		32	558,151
ž	33	Total liabilities and net assets/fund balances	··········	33	903,260
					222,200

Form	990 (2021) IOWA COUNTY HUMANE SOCIETY INC	39-197	6679	Pa	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			<i>.</i>	. <u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			368,	873
2	Total expenses (must equal Part IX, column (A), fine 25)			262,	647
3	Revenue less expenses. Subtract line 2 from line 1			106,	226
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		391,	067
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 on Schedule O)	. 9		60,	858
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	<del></del>	<u>558,</u>	151
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<del></del>	<u>. LL</u>
				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 on			1	
	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 Donsolidated basis Both consolidated and separate basis		ľ		
b	Were the organization's financial statements audited by an independent accountant?		· · 2b	<del> </del>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		ĺ
	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 on			ŀ	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1		
	Single Audit Act and OMB Circular A-133?		3a	↓	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1.	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
EEA			For	m <b>990</b> (	2021)

#### SCHEDULE A (Form 990)

### **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.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 39-1976679 IOWA COUNTY HUMANE SOCIETY INC 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 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). (v) Amount of monetary (i) Name of supported organization an Ein (III) Type of organization (iv) is the organization (vi) Amount of support (see other support (see (described on lines 1-10 listed in your governing above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

mm 990) 2021 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.)

	on A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<u> </u>	(f) Total
1	Gifts, grants, contributions, and						-	
	membership fees received. (Do not							
	include any "unusual grants.")	191,296	207,783	258,791	463,131	266,99	<del>}</del> 2	1,387,993
2	Tax revenues levied for the						- 1	
	organization's benefit and either paid to						- 1	
	or expended on its behalf	42,324	37,860	37,150	43,975	33,87	75	195,184
3	The value of services or facilities						- 1	
	furnished by a governmental unit to the					]		
	organization without charge							
4	Total. Add lines 1 through 3	233,620	245,643	295,941	507,106	300,86	67	1,583,177
5	The portion of total contributions by						ł	
	each person (other than a						1	
	governmental unit or publicly							
	supported organization) included on		va.					
	line 1 that exceeds 2% of the amount						}	
	shown on line 11, column (f)							60,256
6	Public support. Subtract line 5 from line 4 .							1,522,921
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1	(f) Total
7	Amounts from line 4	233,620	245,643	295,941	507,106	300,86	57	1,583,177
8	Gross income from interest, dividends,	-				}		
	payments received on securities loans,							
	rents, royalties, and income from		ļ					
	similar sources	52	89	198	330	17	79	848
9	Net income from unrelated business							
	activities, whether or not the business		ļ			ļ	1	
	is regularly carried on					<u> </u>		
10	Other income. Do not include gain or							
	loss from the sale of capital assets							•
	(Explain in Part VI.)	56,178	76,316	32,179	45,679	67,82	27	278,179
11	Total support. Add lines 7 through 10							1,862,204
12	Gross receipts from related activities, etc.	(see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 5	01(c	)(3)
	organization, check this box and stop her	· · · · · · · ·						▶ 🔲
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2021 (line 6	6, column (f), d	livided by line	11, column (f))		14		81.78 %
15	Public support percentage from 2020 Sch					15		82.46 %
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or mo	ore, c	check this
	box and stop here. The organization qual							
þ	33 1/3% support test - 2020. If the organ	ization did not	check a box or	n line 13 or 16a	a, and line 15 i	s 33 1/3%	or m	ore, check
	this box and stop here. The organization							
17a	10%-facts-and-circumstances test - 202	1. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and	d line	e 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and <b>st</b>	op here. E	.xplai	in in
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	The organization	on qualifies as	a publicly :	supp	orted
	organization							🕨 📋
b	10%-facts-and-circumstances test - 202							
-	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the							
	organization							
18	Private foundation. If the organization di	d not check a t	oox on line 13.	16a, 16b. 17a	, or 17b. check	this box a	nd se	ee
	instructions							
EEA					·			(Form 990) 2021

Schedule A (Form 990) 2021
Part III Support

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 te	sts listed belo	ow, please co	mplete Part l	1.)				
Section A	۸. Public Support									
<del></del>	A Charles I have a law and a section of the back of	4-1.0047	(5) 2010	(-) 2010	(4) 2020	(a) 2021	(n Total			

Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
4	Gifts, grants, contributions, and membership fees	(4) 2511	(4) = 3.5	(0) = 0.1	(-)	3-7	
•							
2	received. (Do not include any "unusual grants.")  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				'		1
	organization's benefit and either paid to			1			
	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					1	]
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					İ	
	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				†	<u> </u>	
	line 6.)				<u> </u>	<u> </u>	
	on B. Total Support				T	T	
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6				<b>↓</b>		<del></del>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources			ļ			
b	Unrelated business taxable income (less		-				
	section 511 taxes) from businesses					}	
	acquired after June 30, 1975						<u> </u>
Ç	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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.)						ļ
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)		<u> </u>	]		1: 554	
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						
	on C. Computation of Public Suppo	rt Percentag	<u>je</u>	40 1 (6)		1 25 1	
15	Public support percentage for 2021 (line to						<u>%</u>
16	Public support percentage from 2020 Sch					16	70
	on D. Computation of Investment In	come Perce	entage		(5)	47	%
17	Investment income percentage for 2021 (	line 10c, colur	nn (t), aividea i	by line 13, colu	ımn (t))	17	<u>%</u> %
18	Investment income percentage from 2020	Schedule A,	Part III, line 17			18 22 1/	
19a	33 1/3% support tests - 2021. If the orga	inization did n	ot check the bo	ox on line 14, 8	ina iine 15 is m	ore man 33 1/	o%, and line
	17 is not more than 33 1/3%, check this b						ganization► []
b	33 1/3% support tests - 2020. If the organization	n did not check	a box on line 14 o	or tine 19a, and lii	ne 16 is more tha	n 33 1/3%, and	. —
	line 18 is not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pu	iblicly supported (	organization	····▶ ∐
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	neck this box a		
						achequie	A (Form 990) 2021

Part IV Supporting Organizations

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

Secti	on 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			
	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			
vu	lines 3b and 3c 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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	———		
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4		30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	44		
þ	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.	:	
	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			
	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	1		
	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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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	ļ		
	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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	· ·		
•	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	- <del></del>		
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	۳		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		100	
		10a		
L	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- va		
b	determine whether the organization had excess husiness holdings in the tax year? [Ose Schedule C, Form 4720, to	10b		
	DEDUCTION OF THE DOCUMENT OF THE PROPERTY OF T			

Part I	V Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			ļ
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b	ļ	ļ
¢	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			ŀ
	provide detail in <b>Part VI.</b>	11c		<u> </u>
Section	on B. Type I Supporting Organizations		<del></del>	
		r	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		'	
	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 officers, directors, or trustees were allocated among the		1 '	1
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ	[	
	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	Щ	
Section	on C. Type II Supporting Organizations		V	31-
_		г	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ł
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
0 - 45	the supported organization(s).		<u> </u>	
Section	on D. All Type III Supporting Organizations	<del></del>	Yes	No
	many to the state of the state	[	162	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ĺ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		İ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		1
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del></del>	<del> </del>	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<b> </b> .	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in line 2, above, did the organization's supported organizations have	<del>-</del> -	<del>                                     </del>	
3	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		1
Section	on E. Type III Functionally Integrated Supporting Organizations	L-ĭ	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e ins:	tructi	ons)
a	The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	No
- 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,	ŀ		
	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 on line 2a, above, 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		1	
	have engaged in these activities but for the organization's involvement.	2b	L	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	Ī		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		}
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganı	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	) trus	t on Nov. 20, 1970 <i>(expl</i>	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	, 1		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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-function	ally ir	ntegrated Type III suppo	rting organization
•	(see instructions).	•		
				Schedule A (Form 990) 20

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continue	(d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	1			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets	<del>,, , , , , , , , , , , , , , , , , , ,</del>		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	.,
8	Distributions to attentive supported organizations to which	h the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See			ľ	
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а					
b	From 2017				
C	From 2018				
	From 2019				
	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
<u>;-</u>	Carryover from 2016 not applied (see instructions)				. ,
Ť	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				*
•	Section D, line 7: \$				•
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	<u> </u>		$\neg \uparrow$	·
- 5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
J	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			- 1	
<del></del> -	Excess distributions carryover to 2022. Add lines 3				
7		}			
	and 4c. Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
	Excess from 2019				

Excess from 2021

#### Schedule B (Form 990)

#### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-PF.

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

**Employer identification number** 

39-1976679 IOWA COUNTY HUMANE SOCIETY INC Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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), 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, fine 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

IOWA COUNTY HUMANE SOCIETY INC

**Employer identification number** 

39-1976679

Parti	Contributors (see instructions). Use duplicate copies of	Part i il additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_		\$ 22,500	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_		\$5,000	Person R Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$8,000	Person Payroli Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 12,650	Person R Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,500	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization **Employer Identification number** IOWA COUNTY HUMANE SOCIETY INC 39-1976679 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person **Payroll** Noncash 9,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 8 Person x **Payroll** Noncash 5,500 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person **Payroll** Noncash 5,000 (Complete Part II for noncash contributions.) (a) (b) (C) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person **Payroll** Noncash 5,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZiP + 4 **Total contributions** Type of contribution Person

**Payroll** 

Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

11c, 11d, 11e, 11f, 12a, or 12b.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| Employer identification number

Open to Publ Inspection

IOWA	COUNTY HUMANE SOCIETY INC		39-1976679
Pai		Funds or Other Similar Funds or Acc	
I	Complete if the organization answered "Yes"		
		(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 organiz		TYes No
6	Did the organization inform all grantees, donors, and donor		<del></del>
•	only for charitable purposes and not for the benefit of the de		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (for example, recreat		historically important land area
	Protection of natural habitat	· <del>=</del>	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	a conservation
•	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic s		
ď	Number of conservation easements included in (c) acquire		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, t		
•	tax year	ologood, ontaliguiorido, or tollimination o, tilo ol	3
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the p		<del></del>
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
•		,	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	easements during the year
•	> \$	(Carrier of the Carrier	
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)	)(4)(B)(i)
•			
9	In Part XIII, describe how the organization reports conserve		
•	balance sheet, and include, if applicable, the text of the foo		
	organization's accounting for conservation easements.		
Par		s of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes'		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for pub		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical to		
	following amounts required to be reported under FASB ASC		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	D (Form 990) 2021 IOWA COUNTY HUMAN	E SOCIETY	INC			- 6.11	39-1970		Page 2	
Parl	<u> </u>							sets (COI	unuea)	
3	Using the organization's acquisition, accession,	and other record	ds, check ar	ny of the fo	flowing that ma	ake sigr	nificant use of its			
	collection items (check all that apply):									
а	a 🔲 Public exhibition d 🔲 Loan or exchange programs									
b	Scholarly research		e	Other						
c	Preservation for future generations		,							
	Provide a description of the organization's collect	tione and evolai	n how they	further the	omanization's	evemn	t numose in Part			
4		Moris and explai	11 110 <del>11</del> 111cy	iditiici die	organization o	CACITIP	c purposo iii i orc			
_	XIII.	: donatiana	of art binto	riaal traaa.	ron or other s	imilar				
5	During the year, did the organization solicit or re							□ Voc	□ No	
Dow	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Fan	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.					<del></del>			<del></del>	
1a	Is the organization an agent, trustee, custodian							П.,	Π	
								. Yes	∐ No	
Ь	If "Yes," explain the arrangement in Part XIII and	complete the fo	ollowing tab	le:			· · · · · · · · · · · · · · · · · · ·			
							An	nount		
C	Beginning balance					10				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form					t liability	?	. Yes	No	
b	If "Yes," explain the arrangement in Part XIII. Ch								Ħ	
Pari		CONTION II DIO C	- Aprica Notice -	1100 00011 p						
	Complete if the organization an	swered "Yes	" on Forn	n 990 P	art IV line	10				
			1		r		(d) The	(2) 52.00		
	<del> </del>	(a) Current year	(b) Pri	oryear	(c) Two years t	DEICK	(d) Three years back	(e) Four	ears back	
1a	Beginning of year balance		<del> </del>					<del>-  </del>		
þ	Contributions									
C	Net investment earnings, gains, and		ŀ							
	losses		ļ							
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses		T							
g	End of year balance		1							
2	Provide the estimated percentage of the current	vear end baland	ce (line 1a.	column (a)	) held as:					
_ 	•	<b>&gt;</b>	%	( )	•					
b	Permanent endowment	%								
	Term endowment  %	_,0								
С	The percentages on lines 2a, 2b, and 2c should	agual 100%								
٥-	Are there endowment funds not in the possession		ation that a	re held and	t administered	for the				
3a	•	on or the organiz	ation that a	ie nem and	a administered	ioi aie		r	Yes No	
	organization by:								165 110	
	(i) Unrelated organizations							. 3a(i)	-	
	(ii) Related organizations							. 3a(ii)	<del></del>	
b	If "Yes" on line 3a(ii), are the related organization							. 3b		
4	Describe in Part XIII the intended uses of the or		owment fun	ids.					<del></del>	
Par	VI Land, Buildings, and Equipm					44 0	F 000	<b>5-43</b> (-0)	40	
	Complete if the organization an	swered "Yes	" on Forr	n 990, P	art IV, line	11a. S	ee Form 990,	Part X, III	ne 10.	
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Book	value	
		(investm	nent)	(1	other)	de	preciation			
1a	Land		25,809						25,809	
b	Buildings		26,045				109,877	4	16,168	
c	Leasehold improvements									
d	Equipment	1	20,531				142,067	(	21,536)	
9	Other			<b>†</b>			<del></del>		, - <del> ,</del> _	
	Add lines 1a through 1e (Column (d) must equal	Form 990 Part	X column /	B) line 10/	<u> </u>			Λ	20.441	

	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b) Book value	Cost	(c) Method of valuation: or end-of-year market value
l) Financial d	erivatives				
2) Closely-he	ld equity interests				
) Other	• •				
(A)					
(B)					
(C)					
(D)	A STATE OF THE PARTY OF THE PAR				
(E)		· · · · · · · · · · · · · · · · · · ·			
(F)					
(G)	,	····································			
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12	2)			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments - Program Related.	.,	· · · · · · · · · · · · · · · · · · ·	<u>. I., 1 </u>	
411 7111	Complete if the organization answe	red "Yes" on For	m 990, Part IV, Iir	ne 11c. See Form	m 990, Part X, line 1
	(a) Description of investment		(b) Book value	Cost	(c) Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					······································
	(b) must equal Form 990, Part X, col. (B) line 13	3.)	<del>                                     </del>		10 10 m
Part IX	Other Assets.			<u> </u>	<del></del>
	Complete if the organization answer	red "Yes" on For	m 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 1
	<u> </u>				<del> </del>
	(a)	Description			(b) Book value
(1)	(2)	Description			(b) Book value
(1)	(a)	Description			(b) Book value
(2)	(a)	Description			(b) Book value
(2) (3)	(a)	Description			(b) Book value
(2) (3) (4)	(a)	Description			(b) Book value
(2) (3) (4) (5)	(a)	Description			(b) Book value
(2) (3) (4) (5) (6)	(a)	Description			(b) Book value
(2) (3) (4) (5) (6) (7)	(a)	Description			(b) Book value
(2) (3) (4) (5) (6) (7) (8)	(a)	Description			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)					(b) Bock value
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	a (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	5.)			
(2) (3) (4) (5) (6) (7) (8) (9)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe	5.)		ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9)	a (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	5.)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe	5.)	m 990, Part IV, lir	<b>&gt;</b>	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X)  (1) Federal in (2)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  (1) Federal in (2) (3) (4)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal in (2) (3) (4) (5)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  . (1) Federal in (2) (3) (4) (5) (6)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7) (8)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	o (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answe line 25.  (a) Description of liability	5.)	m 990, Part IV, lir	ne 11e or 11f. Se	

Part			Return.
	Complete if the organization answered "Yes" on Form 990, Pa	art 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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		20
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	*
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	'
đ	Other (Describe in Part XIII.)	2d	
0	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	XIII Supplemental Information.	as the and the Dort V line to Do	at V line
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line		III A, IIII <del>e</del>
2; Paπ	KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	auditional information.	
		· · · <del></del>	

#### **SCHEDULE G** (Form 990)

#### **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

inspection

Vame o	f the organization					Employer identifica	tion number
TOWA	COUNTY HUMANE SOCIETY IN	IC				39-197	6679
Par		Complete if the	e organizat	ion answe	ered "Yes" on For	m 990, Part IV, li	ne 17.
	Form 990-EZ filers are not						
1	Indicate whether the organization rais				es. Check all that app	ly.	
а	Mail solicitations	· ·	е [		of non-government gr		
b	Internet and email solicitations		ı ī	_	of government grants		
c	Phone solicitations		g		draising events		
d	n-person solicitations						
2a	Did the organization have a written or	r orai agreement w	ith any individ	dual (includin	a officers, directors, tr	ustees.	
b	or key employees listed in Form 990,	Part VII) or entity	in connection	with profess	ional fundraising servi	ces?	Yes No
	compensated at least \$5,000 by the	organization.					
		<del></del>					1
	(I) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have ir control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
			<u> </u>	<b> </b>			
3							
4							
5							
6							
7							·
8							
9						<u></u>	
10							
			<u>.L.</u>				<u> </u>
Total			<b>.</b>				
3	List all states in which the organization registration or licensing.				ions or has been notif	ied it is exempt from	
•							
				·			
				J.//			

		than \$15,000 of fundraising gross receipts greater than	•	d gross income on Fom	1 990-EZ, lines 1 and or	). List events with	
	· -	groot recopie ground than	(a) Event #1  APRIL MATCH (event type)	(b) Event #2 HOLES FOR A (event type)	(c) Other events  6 (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	4,655	4,581	8,297	17,533	
œ	2	Less: Contributions Gross income (line 1 minus					
		line 2)	4,655	4,581	8,297	17,533	
Direct Expenses	4	Cash prizes	·				
	5	Noncash prizes				***************************************	
	6	Rent/facility costs					
	7	Food and beverages				4-12-11-1	
	8	Entertainment	,				
	9	Other direct expenses					
	10 11	Direct expense summary. Add line Net income summary. Subtract lin	e 10 from line 3, column (d	)		17,533	
Pa	rt III	Gaming. Complete if the or		es" on Form 990, Part I	V, line 19, or reported n	nore than	
		\$15,000 on Form 990-EZ, I	ine 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
	1	Gross revenue					
Direct Expenses	2	Cash prizes				•	
	3	Noncash prizes					
Direct !	4	Rent/facility costs		***			
	5	Other direct expenses					
	6	Volunteer labor		Yes %	☐ Yes % ☐ No		
	7	Direct expense summary. Add line	es 2 through 5 in column (d	)			
	8	Net gaming income summary. Sul	btract line 7 from line 1, col	umn (d)	. <u></u> <b>.</b>		
g	a Is	ater the state(s) in which the organize the organization licensed to conductive," explain:	ation conducts gaming acti	vities:		Yes No	
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?					
						Schedule G (Form 990) 202	

# SCHEDULE O (Form 990)

#### 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

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer Identification number
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	
TOTAL 550 TO TOTAL BILLIANS BILLIANS BULGARS BULGARS BULGARS	
02. Conflict of interest policy compliance (Part VI, line 12c)	
BOARD OF DIRECTORS REVIEW TRANSACTIONS AND FOLLOW UP ON ANY FINDINGS	
on a constitution to making (Pout VII line 10)	
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)	
04. GOVERNING MOCHMENTS, GCC, AVAILABLE CO PADILE (1210 VI) 1110 15)	
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 7,921	
ADJUST FOR WRITE OFF A DISPOSED EQUIPMENT 52,937	

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return 39-1976679 IOWA COUNTY HUMANE SOCIETY INC Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (c) Elected cost 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 1,576 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 12,891 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention (business/investment use placed in service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 10 HY SL 416 8,320 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property 39 yrs. MM S/L Nonresidential real MM S/L property Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year 30 yrs. MM S/L c 30-year 40 yrs. MM S/L d 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 .................................. 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 14,883 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ....... 23