

## Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20** , and ending **06/30/21**

\*\*-\*\*\*1494

### Cascades Humane Society, Inc.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>6,133,663</b></u>
<b>Revenue</b>		
Contributions	<u>884,472</u>	
Program service revenue	<u>389,760</u>	
Investment income	<u>212,323</u>	
Capital gain / loss	<u>4,519</u>	
Fundraising / Gaming:		
Gross revenue	<u>60,001</u>	
Direct expenses	<u>16,874</u>	
Net income	<u>43,127</u>	
Other income	<u>1,727</u>	
<b>Total revenue</b>		<u><b>1,535,928</b></u>
<b>Expenses</b>		
Program services	<u>741,346</u>	
Management and general	<u>183,470</u>	
Fundraising	<u>129,124</u>	
<b>Total expenses</b>		<u><b>1,053,940</b></u>
<b>Excess / (deficit)</b>		<u><b>481,988</b></u>
Changes		<u><b>853,532</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>7,469,183</b></u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,408,256</u>
Less:	
Unrealized gains	<u>853,532</u>
Donated services	<u>11,500</u>
Recoveries	
Other	<u>16,874</u>
Plus:	
Investment expenses	
Other	<u>9,578</u>
<b>Total revenue per return</b>	<u><u>1,535,928</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,072,736</u>
Less:	
Donated services	<u>11,500</u>
Prior year adjustments	
Losses	
Other	<u>16,874</u>
Plus:	
Investment expenses	
Other	<u>9,578</u>
<b>Total expenses per return</b>	<u><u>1,053,940</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>6,288,455</u>	<u>7,523,760</u>	
Liabilities	<u>154,792</u>	<u>54,577</u>	
Net assets	<u><u>6,133,663</u></u>	<u><u>7,469,183</u></u>	<u><u>1,335,520</u></u>

#### Miscellaneous Information

Amended return  
 Return / extended due date 11/15/21  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2020**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

**Cascades Humane Society, Inc.**

Taxpayer identification number

**\*\* - \*\*\*1494**

Name and title of officer or person subject to tax

**Heather Leszczynski  
Executive Director**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>1,535,928</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Willis & Jurasek, P.C., CPAs to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } 11/12/21

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Nancy L. Barton, CPA Date } 11/12/21

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>Cascades Humane Society, Inc.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center"><b>1515 Carmen Drive</b></p> City or town, state or province, country, and ZIP or foreign postal code <p align="center"><b>Jackson MI 49202-9700</b></p>	<b>D</b> Employer identification number <p align="center"><b>** - *** 1494</b></p> <b>E</b> Telephone number <p align="center"><b>517-788-8074</b></p> <b>G</b> Gross receipts \$ <b>1,554,202</b>
<b>F</b> Name and address of principal officer: <p align="center"><b>Heather Leszczynski</b> <b>1515 Carmen Drive</b> <b>Jackson MI 49202-9700</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>U</b>
<b>J</b> Website: <b>U</b> <a href="http://www.cascadeshumanesociety.org">www.cascadeshumanesociety.org</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b>		<b>L</b> Year of formation: <b>1952</b> <b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <p align="center"><b>The Society's mission is to ensure responsible treatment of animals, to decrease the number of abused and unwanted animals, and to conduct community programs which promote quality animal care.</b></p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	37		
	6 Total number of volunteers (estimate if necessary)	6	148		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0	
<b>Revenue</b>		<b>Prior Year</b>		<b>Current Year</b>	
	8 Contributions and grants (Part VIII, line 1h)	1,246,540		884,472	
	9 Program service revenue (Part VIII, line 2g)	178,186		389,760	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-31,788		216,842	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,064		44,854	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,431,002		1,535,928	
<b>Expenses</b>					
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	479,284		603,056	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			30,405	
	b Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> <b>129,124</b>				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	375,503		420,479	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	854,787		1,053,940	
	19 Revenue less expenses. Subtract line 18 from line 12	576,215		481,988	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>		<b>End of Year</b>	
	20 Total assets (Part X, line 16)	6,288,455		7,523,760	
	21 Total liabilities (Part X, line 26)	154,792		54,577	
	22 Net assets or fund balances. Subtract line 21 from line 20	6,133,663		7,469,183	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p align="center"><b>Heather Leszczynski</b></p> Date <p align="center"><b>Executive Director</b></p> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>Nancy L. Barton, CPA</b></p> Preparer's signature <p><b>Nancy L. Barton, CPA</b></p> Date <p><b>11/12/21</b></p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <p><b>*****</b></p> Firm's name } <b>Willis &amp; Jurasek, P.C., CPAs</b> Firm's address } <b>4100 Spring Arbor Road</b> <p align="center"><b>Jackson, MI 49201-9306</b></p> Firm's EIN } <b>** - *** 4450</b> Phone no. <b>517-788-8660</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**The Society's mission is to ensure responsible treatment of animals, to decrease the number of abused and unwanted animals, and to conduct community programs which promote quality animal care.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  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  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **467,307** including grants of \$ ) (Revenue \$ **247,620** )  
**See Schedule O**



4b (Code: ) (Expenses \$ **268,244** including grants of \$ ) (Revenue \$ **142,140** )

**The SNAP program (Spay and Neuter Assistance Program) is designed to help reduce the population of unwanted animals in Jackson County. This program is set up as a low cost assistance program for Jackson County residents who want to bring cats and dogs of all sizes and gender to help control the pet population. In the year ended June 30, 2021, CHS spayed or neutered more than 880 owned pets. We also offered new services at the time of surgery, including vaccines, tests, and microchips.**

4c (Code: ) (Expenses \$ **5,795** including grants of \$ ) (Revenue \$ )

**The Pet Food Pantry program is set up to provide pet food to Jackson County residents who are having difficulty meeting the nutritional needs of their cat or dog due to a current financial burden. For any Jackson County resident to be eligible for this program, they must qualify as low income, be a current participant in a state/federal assistance program, or be experiencing financial hardship due to their current economic situation. This program exists on donations from the community, and the Pet Food Pantry program is intended to supplement an eligible resident's monthly supply of pet food, and not a sole source of their pet's nutritional needs. In the year ended June 30, 2021, CHS distributed more than 10,000 pounds of cat and dog food to the Jackson community.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **741,346**

**Part IV Checklist of Required Schedules**

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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 member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>37</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country <b>U</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		<b>X</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		<b>X</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>	



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Heather Leszczynski ..... Executive Director	40.00 ..... 0.00			X				75,446	0	0
(2) Charlie Dunigan ..... Former Vice Pres	2.00 ..... 0.00	X		X				0	0	0
(3) Amy Fracker ..... Director	2.00 ..... 0.00	X						0	0	0
(4) Scott Halstead ..... President/Former Sec	2.00 ..... 0.00	X		X				0	0	0
(5) Kerry Klee-Tiesman ..... Director	2.00 ..... 0.00	X						0	0	0
(6) Leslie Oliver ..... Secretary/Former Dir	2.00 ..... 0.00	X		X				0	0	0
(7) Mike Pulgini ..... Director	2.00 ..... 0.00	X						0	0	0
(8) Carrie Raymond ..... Vice Pres/Former Dir	2.00 ..... 0.00	X		X				0	0	0
(9) Michael Ross ..... Treasurer	2.00 ..... 0.00	X		X				0	0	0
(10) Tom Schindler ..... Former Director	2.00 ..... 0.00	X						0	0	0
(11) Ryan Smithson ..... Director/Former Pres	2.00 ..... 0.00	X		X				0	0	0



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	56,491				
	d Related organizations	1d					
	e Government grants (contributions)	1e	95,367				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	732,614				
	g Noncash contributions included in lines 1a-1f	1g	\$ 25,141				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>884,472</b>				
<b>Program Service Revenue</b>	Business Code						
	2a Adoption Fees		247,620	247,620			
	b SNAP - Spay & Neuter		142,140	142,140			
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>389,760</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	212,323			212,323	
	4 Income from investment of tax-exempt bond proceeds	<b>u</b>					
	5 Royalties	<b>u</b>					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	<b>u</b>					
	7a Gross amount from sales of assets other than inventory	(i) Securities		5,919			
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b		1,400			
c Gain or (loss)	7c	5,919	-1,400				
d Net gain or (loss)	<b>u</b>	4,519	4,519				
8a Gross income from fundraising events (not including \$ 56,491 of contributions reported on line 1c). See Part IV, line 18	8a	60,001					
b Less: direct expenses	8b	16,874					
c Net income or (loss) from fundraising events	<b>u</b>	43,127			43,127		
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	<b>u</b>						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	Business Code						
	11a Merchandise		1,727			1,727	
	b						
	c						
	d All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>1,727</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>1,535,928</b>	<b>394,279</b>	<b>0</b>	<b>257,177</b>		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,446	18,861	18,861	37,724
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 Other salaries and wages	464,363	385,715	36,367	42,281
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,091	22,065	419	607
10 Payroll taxes	40,156	29,338	4,418	6,400
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	28,362		28,362	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	30,405			30,405
f Investment management fees	18,988		18,988	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,831			3,831
13 Office expenses	54,965	8,239	41,938	4,788
14 Information technology				
15 Royalties				
16 Occupancy	35,741	23,232	10,722	1,787
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,882	68,882		
23 Insurance	12,709	7,625	3,813	1,271
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.)				
a <b>Animal care expenses</b>	147,962	147,962		
b <b>Repairs &amp; maintenance</b>	45,049	25,533	19,516	
c <b>Misc expense</b>	1,779	1,779		
d <b>Volunteer outreach</b>	1,445	1,445		
e All other expenses	766	670	66	30
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,053,940</b>	<b>741,346</b>	<b>183,470</b>	<b>129,124</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	917,174	1	552,656
	2 Savings and temporary cash investments	25,869	2	28,195
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,922	9	1,612
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,630,716		
	b Less: accumulated depreciation	10b 825,975	10c 1,867,023	1,804,741
	11 Investments—publicly traded securities	3,476,467	11	5,136,556
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	6,288,455	16	7,523,760	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	54,187	17	51,397
	18 Grants payable		18	
	19 Deferred revenue	5,238	19	3,180
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	95,367	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	154,792	26	54,577
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	6,035,694	27	7,377,763
	28 Net assets with donor restrictions	97,969	28	91,420
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	6,133,663	32	7,469,183
33 <b>Total liabilities and net assets/fund balances</b>	6,288,455	33	7,523,760	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,535,928</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,053,940</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>481,988</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>6,133,663</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>853,532</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>7,469,183</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

**U Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**Cascades Humane Society, Inc.**

Employer identification number

**\*\* - \*\*\*1494**

**Part I 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.)

- 1  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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: .....
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,475,592	811,016	748,042	1,246,540	884,472	6,165,662
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	2,475,592	811,016	748,042	1,246,540	884,472	6,165,662
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,991,328
6 <b>Public support.</b> Subtract line 5 from line 4						4,174,334

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,475,592	811,016	748,042	1,246,540	884,472	6,165,662
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,386	100,465	173,210	167,413	212,323	680,797
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,969	29,772	31,525	35,025	42,127	152,418
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,240	2,411	1,929	2,039	1,727	11,346
11 <b>Total support.</b> Add lines 7 through 10						7,010,223

12 Gross receipts from related activities, etc. (see instructions) **12** 980,367

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14** 59.55 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 **15** 58.28 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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, 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).





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

**Part II, Line 10 - Other Income Detail**

<b>Merchandise</b>	\$	9,619
<b>Miscellaneous</b>	\$	0

Copy

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

 **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

**Cascades Humane Society, Inc.****\*\* - \*\*\*1494**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**Cascades Humane Society, Inc.**

Employer identification number

**\*\* - \*\*\*1494****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Faith and James Knight Foundation P.O. Box 371 Holmdel NJ 07733	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Mr and Mrs William Holmes 4765 Bridgeway Dr Ann Arbor MI 48103	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Henry Sutherland 590 Round Lake Rd Michigan Center MI 49254	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Vaughn Foundation 101 North Main Street, 7th Floor Ann Arbor MI 48104	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Natalie Field Foundation 1602 W Washington Ave Jackson MI 49203	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Annette Grubb Estate 3513 Reed Rd Clarklake MI 49234	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Cascades Humane Society, Inc.**

Employer identification number

**\*\* - \*\*\*1494**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	The Small Business Administration 409 3rd Street SW Washington DC 20416	\$ 95,367	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Cascades Humane Society, Inc.

Employer identification number

\*\* - \*\*\*1494

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	3,648,159	2,738,149	2,572,457	2,023,290	391,416
<b>b</b> Contributions .....	550,019	807,683	10,127	400,000	1,537,671
<b>c</b> Net investment earnings, gains, and losses .....	1,071,773	116,021	167,365	161,410	99,640
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	18,987	13,694	11,800	11,717	5,437
<b>g</b> End of year balance .....	5,250,964	3,648,159	2,738,149	2,572,457	2,023,290

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  **98.26** %
- b** Permanent endowment  **1.74** %
- c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		252,129		252,129
<b>b</b> Buildings .....		2,086,449	650,605	1,435,844
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		232,102	157,467	74,635
<b>e</b> Other .....		60,036	17,903	42,133
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,804,741</b>

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes. Rows 2-9.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,408,256
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	853,532	
b	Donated services and use of facilities	2b	11,500	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	16,874	
e	Add lines 2a through 2d		2e	881,906
3	Subtract line 2e from line 1		3	1,526,350
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	9,578	
c	Add lines 4a and 4b		4c	9,578
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,535,928

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,072,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	11,500	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	16,874	
e	Add lines 2a through 2d		2e	28,374
3	Subtract line 2e from line 1		3	1,044,362
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	9,578	
c	Add lines 4a and 4b		4c	9,578
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,053,940

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

Professional standards require an analysis of uncertain tax positions for the purpose of determining whether benefits associated with those positions may be recognized for financial statement purposes. Based on this analysis, the Society has determined it has no material uncertain tax positions for which the associated benefits may not be recognized nor for which disclosure is required.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

Direct expenses related to special events \$ 16,874

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

**Part XIII Supplemental Information** *(continued)*

**Auction Items** ..... \$ **4,483**

**Garage Sale Items** ..... \$ **5,095**

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

**Direct expenses related to special events** ..... \$ **16,874**

**Part XII, Line 4b - Expense Amounts Included on Return - Other**

**Auction Items** ..... \$ **4,483**

**Garage Sale Items** ..... \$ **5,095**

Copy

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

⤵ Attach to Form 990 or Form 990-EZ.

⤵ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Cascades Humane Society, Inc.**

Employer identification number

**\*\* - \*\*\*1494**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD Alpha Dog 1 8001 S. 13th Street Lincoln NE 68512			X	0	30,405	-30,405
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					<b>30,405</b>	<b>-30,405</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Michigan**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Calendar Contes</u> (event type)	<u>Fall Event</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	27,521	26,840	55,773	110,134
	2	Less: Contributions		16,090	39,674	55,764
	3	Gross income (line 1 minus line 2)	27,521	10,750	16,099	54,370
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages			3,210	3,210
	8	Entertainment				
	9	Other direct expenses	96	5,670	6,796	12,562
	10	Direct expense summary. Add lines 4 through 9 in column (d)				15,772
11	Net income summary. Subtract line 10 from line 3, column (d)				38,598	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
U Attach to Form 990.  
U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Cascades Humane Society, Inc.**

Employer identification number

**\*\*-\*\*\*1494**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <input checked="" type="checkbox"/> (Animal/Other Sp)	X	2	9,768	Cost if purchased new
26 Other <input checked="" type="checkbox"/> (Food)	X	1	5,795	Cost if purchased new
27 Other <input checked="" type="checkbox"/> (Auction Items)	X	1	4,483	Cost if purchased new
28 Other <input checked="" type="checkbox"/> (Garage Sale Itm)	X	1	5,095	Cost if purchased new

Copy

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Copy

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

Ⓛ Attach to Form 990 or 990-EZ.

Ⓛ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**Cascades Humane Society, Inc.**

Employer identification number

**\*\* - \*\*\*1494****Form 990, Part I, Line 6**

Volunteers of the Organization consist of those individuals that sign up to help with the daily activities and care of the animals and facilities at the Humane Society. These volunteers also consist of the independent Board of Directors.

**Form 990, Part III, Line 4a - First Accomplishment**

Cascades Humane Society ("CHS") adopted more than 1,500 animals into their forever homes in the year ended June 30, 2021. In addition to adoptions, CHS provides the community with unique services. Our low cost spay and neuter services (SNAP) for owned animals means pets are being sterilized that may not have been otherwise. This not only prevents unwanted litters of puppies and kittens, but it also keeps the owned animal healthier and happier. New this year we offered services at the time of surgery such as vaccines, microchips, and disease tests. The Forgotten Feline program (a TNR program) assists kind-hearted people care for the free-roaming or feral cats. We will spay and neuter the cats and give each a rabies vaccine. Lastly, we are proud to offer a pet food pantry that feeds the pets of families who are going through financial hardships, distributing more than 10,000 pounds of food this year. This keeps pets in their homes where they belong because a family does not need to make a difficult decision between feeding their pet and paying their bills. During the year ended June 30, 2021, CHS spayed or neutered more than 880 owned animals and nearly 400 cats through our Forgotten Feline Program. In addition, CHS spayed or neutered nearly 1,000 animals prior to adoption.

Name of the organization

Cascades Humane Society, Inc.

Employer identification number

\*\*-\*\*\*1494

## Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is reviewed by the Finance Committee and Executive Director.

Once approved, an officer signs off to authorize Form 990 submission.

## Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Any Board Member or employee that has any influence on any material business transactions of the Humane Society must disclose to an officer of the organization as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

## Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board of Directors are involved in the review of the Executive Director's compensation, in which the compensation base is determined by the Executive Committee. The Executive Director's compensation is approved as part of the overall budgeting process.

## Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Director determines the compensation for all other employees, in which the payroll for each individual is approved in the overall budgeting process.

## Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The governing documents, conflicts of interest policy, and financial statements of the Cascades Humane Society are made available to the general public upon request from those individuals.

Name of the organization

Employer identification number

**Cascades Humane Society, Inc.**

**\*\* - \*\*\*1494**

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

**Direct expenses related to special events** \$ **16,874**

**Auction Items** \$ **-4,483**

**Garage Sale Items** \$ **-5,095**

**Direct expenses related to special events** \$ **-16,874**

**Auction Items** \$ **4,483**

**Garage Sale Items** \$ **5,095**

Copy

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

**Cascades Humane Society, Inc.**

Identifying number  
**\*\* - \*\*\*1494**

Business or activity to which this form relates

**Indirect Depreciation**

**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.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**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 during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	68,315

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	569
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	68,884
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

There are no amounts for Page 2

\*\*-\*\*\*1494

## Federal Asset Report

FYE: 6/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
2	VISA MACHINE	9/10/01	681				681	5	HY 200DB	681	0
16	Stainless Steel Cages - Fabrication	7/16/04	435			X	217	10	HY 200DB	435	0
47	Paw Playground	10/31/06	5,749				5,749	15	MQ 150DB	5,282	340
48	Memorial Garden	10/03/06	1,770				1,770	15	MQ 150DB	1,627	104
59	Fencing - metal, donated	12/31/09	2,500			X	1,250	20	HY 150DB	1,375	125
			<u>11,135</u>				<u>9,667</u>			<u>9,400</u>	<u>569</u>
<b>Other Depreciation:</b>											
1	OFFICE EQUIPMENT	6/01/97	400				400	7	MO S/L	400	0
8	OFFICE FURNITURE	11/01/03	501				501	10	MO S/L	501	0
9	ALARM SYSTEM	11/01/03	3,553				3,553	10	MO S/L	3,553	0
10	CAGES	6/01/96	3,752				3,752	7	MO S/L	3,752	0
12	FENCE	11/01/03	12,304				12,304	20	MO S/L	10,254	615
14	ANIMAL BATHING SYSTEM	11/01/03	3,070				3,070	10	MO S/L	3,070	0
18	Huebsch HC60 Dryer	12/20/04	1,380				1,380	10	MO S/L	1,380	0
19	Heatstack (vent for dryer)	12/16/04	516				516	10	MO S/L	516	0
20	SIGNAGE	11/01/03	2,306				2,306	10	MO S/L	2,306	0
21	BUILDING	11/01/03	1,405,709				1,405,709	50	MO S/L	468,570	28,114
23	STORAGE BUILDING	11/01/03	7,232				7,232	15	MO S/L	7,232	0
24	Tile on walls in Exam Room Area	8/23/04	1,601				1,601	10	MO S/L	1,601	0
25	TTap - In Fee for Water & Sewer	10/31/04	7,816				7,816	20	MO S/L	6,122	391
32	LAND	6/01/01	22,269				22,269	0	-- Land	0	0
33	2002 LAND ADDITIONS	12/31/02	229,860				229,860	0	-- Land	0	0
36	Outside kennel improvements	5/13/05	13,737				13,737	10	MO S/L	13,737	0
37	Paw Playground	7/19/05	8,720				8,720	10	MO S/L	8,720	0
38	Paw Playground signage	9/19/05	1,901				1,901	10	MO S/L	1,901	0
39	Privacy fencing, sidewalks, etc.	8/26/05	13,738				13,738	10	MO S/L	13,738	0
40	2 - 4x6 chain line gates	8/26/05	370				370	10	MO S/L	370	0
41	Literature display rack	7/20/05	356				356	10	MO S/L	356	0
42	Cash register	9/11/05	195				195	10	MO S/L	195	0
44	Dog Park water hookup	10/06/05	432				432	20	MO S/L	319	21
45	Surgical Equipment	7/13/06	4,244				4,244	10	MO S/L	4,244	0
50	Fence	5/21/07	2,106				2,106	20	MO S/L	1,378	105
52	Phone	1/29/07	370				370	10	MO S/L	370	0
	Sold/Scrapped: 6/30/21										
53	Royal sweeper	6/01/07	261				261	10	MO S/L	261	0
58	Gazebo	5/15/08	1,692				1,692	20	MO S/L	1,029	85
60	2 Dog Shelters in Exercise Yard	7/23/10	7,425				7,425	20	MO S/L	3,682	371
61	Roof System for Outside Kennels	8/20/10	22,400				22,400	20	MO S/L	11,013	1,120
62	Steel Awning	11/05/10	3,980				3,980	20	MO S/L	1,924	199
64	Garage Kennels	11/04/10	3,753				3,753	10	MO S/L	3,627	126
65	Kennel Expansion-Outside	11/04/10	26,675				26,675	20	MO S/L	12,893	1,334
66	Cat center	5/16/12	31,780				31,780	10	MO S/L	25,689	3,178
67	Flooring	9/30/11	58,032				58,032	20	MO S/L	25,389	2,902
68	Dell T110 server computer	2/13/12	2,442				2,442	5	MO S/L	2,442	0
69	Washer extractor	2/24/12	8,765				8,765	10	MO S/L	7,304	877
70	Cages- Shor-Line	5/16/12	1,894				1,894	10	MO S/L	1,531	189
71	Cages - Gaide	6/30/12	3,000				3,000	10	MO S/L	2,400	300
72	Toyota	9/30/11	24,000				24,000	5	MO S/L	24,000	0
73	New doors in animal area	5/18/11	6,720				6,720	20	MO S/L	3,052	336
74	Flooring for Cat Area	11/09/12	3,100				3,100	15	MO S/L	1,584	207
76	5 Computers- Computer ties	4/04/14	2,385				2,385	5	MO S/L	2,385	0
78	Blinds	8/21/13	2,470				2,470	10	MO S/L	1,688	247
79	Wicker Furniture for lobby and visiting area	4/23/14	1,590				1,590	10	MO S/L	980	159
80	Front Gate- wooden benches	6/03/14	4,284				4,284	10	MO S/L	2,606	429
81	TV	7/11/14	2,197				2,197	10	MO S/L	1,318	220
82	Used Phone System	1/02/15	4,000				4,000	10	MO S/L	2,200	400
	Sold/Scrapped: 6/30/21										
83	Anesthesia Cart	2/25/15	1,190				1,190	10	MO S/L	635	119
84	Washer, Dryer, Waterlines, Dryer Vent	6/11/15	16,986				16,986	10	MO S/L	8,634	1,699
86	Floor Scrubber	5/31/16	3,194				3,194	10	MO S/L	1,304	320
87	Heart Monitor	10/25/15	3,152				3,152	10	MO S/L	1,471	315
88	Bldg Addn-Architectural & Engineering	10/31/17	8,975				8,975	50	MO S/L	479	179
89	Bldg Addn-Electrical Box	10/31/17	3,376				3,376	50	MO S/L	180	68
90	Bldg Addn-OHarrow General Contractor	10/31/17	238,194				238,194	50	MO S/L	12,704	4,764
91	Bldg Addn-Lighting	10/31/17	12,873				12,873	50	MO S/L	687	257
92	Bldg Addn-Flooring	10/31/17	9,332				9,332	50	MO S/L	498	186

\*\*-\*\*\*1494

**Federal Asset Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
94	Fence	8/25/16	2,686			2,686	20 MO S/L	515	134
95	Window Tint	8/31/17	3,930			3,930	20 MO S/L	557	196
96	Kennels	10/31/17	44,794			44,794	10 MO S/L	11,945	4,480
97	Surgical Table	10/31/17	1,815			1,815	10 MO S/L	484	182
98	Shelving	11/21/17	1,186			1,186	7 MO S/L	438	169
99	Parking lot	9/14/17	35,627			35,627	15 MO S/L	6,730	2,375
100	Re-Roof	4/17/18	42,112			42,112	50 MO S/L	1,825	842
101	LED lighting	12/07/17	5,531			5,531	50 MO S/L	286	110
102	New generator and conexions	3/19/18	37,609			37,609	50 MO S/L	1,692	753
103	Fire/Security System	10/10/17	4,325			4,325	7 MO S/L	1,699	618
104	Anesthesia machine	10/23/17	2,541			2,541	10 MO S/L	678	254
105	Surgical Sink and Other Equip.	10/31/17	4,727			4,727	10 MO S/L	1,261	472
106	Vet Scale Walkon Jorvet 42"	11/30/18	664			664	10 MO S/L	105	67
107	Refrigerator	6/30/19	500			500	10 MO S/L	50	50
108	Dryer Huebsch 75lb from Curtis Equipment	8/21/18	4,650			4,650	10 MO S/L	853	465
109	Shed	6/30/19	5,045			5,045	10 MO S/L	505	504
110	Incubators	10/02/18	4,979			4,979	10 MO S/L	871	498
111	Water Heater	6/30/20	13,600			13,600	10 MO S/L	0	1,360
112	New Heating Units	6/30/20	63,450			63,450	20 MO S/L	0	3,173
113	Door Replacement	6/30/20	62,275			62,275	50 MO S/L	0	1,246
114	Dental Machine	6/30/20	5,352			5,352	10 MO S/L	0	535
115	Irrigation System - Dog Park	6/30/21	8,000			8,000	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>2,623,953</u>			<u>2,623,953</u>		<u>750,668</u>	<u>68,315</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,623,953</u>			<u>2,623,953</u>		<u>750,668</u>	<u>68,315</u>
	<b>Grand Totals</b>		2,635,088			2,633,620		760,068	68,884
	<b>Less: Dispositions and Transfers</b>		4,370			4,370		2,570	400
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,630,718</u>			<u>2,629,250</u>		<u>757,498</u>	<u>68,484</u>

\*\*-\*\*\*1494

**MI Asset Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
<b>Prior MACRS:</b>								
2	VISA MACHINE	9/10/01	681	681	681	0	0	0
16	Stainless Steel Cages - Fabrication	7/16/04	435	217	435	0	0	0
47	Paw Playground	10/31/06	5,749	5,749	5,282	340	340	0
48	Memorial Garden	10/03/06	1,770	1,770	1,627	104	104	0
59	Fencing - metal, donated	12/31/09	2,500	2,500	1,375	125	125	0
			<u>11,135</u>	<u>10,917</u>	<u>9,400</u>	<u>569</u>	<u>569</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	OFFICE EQUIPMENT	6/01/97	400	400	400	0	0	0
8	OFFICE FURNITURE	11/01/03	501	501	501	0	0	0
9	ALARM SYSTEM	11/01/03	3,553	3,553	3,553	0	0	0
10	CAGES	6/01/96	3,752	3,752	3,752	0	0	0
12	FENCE	11/01/03	12,304	12,304	10,254	615	615	0
14	ANIMAL BATHING SYSTEM	11/01/03	3,070	3,070	3,070	0	0	0
18	Huebsch HC60 Dryer	12/20/04	1,380	1,380	1,380	0	0	0
19	Heatstack (vent for dryer)	12/16/04	516	516	516	0	0	0
20	SIGNAGE	11/01/03	2,306	2,306	2,306	0	0	0
21	BUILDING	11/01/03	1,405,709	1,405,709	468,570	28,114	28,114	0
23	STORAGE BUILDING	11/01/03	7,232	7,232	7,232	0	0	0
24	Tile on walls in Exam Room Area	8/23/04	1,601	1,601	1,601	0	0	0
25	TTap - In Fee for Water & Sewer	10/31/04	7,816	7,816	6,122	391	391	0
32	LAND	6/01/01	22,269	22,269	0	0	0	0
33	2002 LAND ADDITIONS	12/31/02	229,860	229,860	0	0	0	0
36	Outside kennel improvements	5/13/05	13,737	13,737	13,737	0	0	0
37	Paw Playground	7/19/05	8,720	8,720	8,720	0	0	0
38	Paw Playground signage	9/19/05	1,901	1,901	1,901	0	0	0
39	Privacy fencing, sidewalks, etc.	8/26/05	13,738	13,738	13,738	0	0	0
40	2 - 4x6 chain line gates	8/26/05	370	370	370	0	0	0
41	Literature display rack	7/20/05	356	356	356	0	0	0
42	Cash register	9/11/05	195	195	195	0	0	0
44	Dog Park water hookup	10/06/05	432	432	319	21	21	0
45	Surgical Equipment	7/13/06	4,244	4,244	4,244	0	0	0
50	Fence	5/21/07	2,106	2,106	1,378	105	105	0
52	Phone	1/29/07	370	370	370	0	0	0
	Sold/Scrapped: 6/30/21							
53	Royal sweeper	6/01/07	261	261	261	0	0	0
58	Gazebo	5/15/08	1,692	1,692	1,029	85	85	0
60	2 Dog Shelters in Exercise Yard	7/23/10	7,425	7,425	3,682	371	371	0
61	Roof System for Outside Kennels	8/20/10	22,400	22,400	11,013	1,120	1,120	0
62	Steel Awning	11/05/10	3,980	3,980	1,924	199	199	0
64	Garage Kennels	11/04/10	3,753	3,753	3,627	126	126	0
65	Kennel Expansion-Outside	11/04/10	26,675	26,675	12,893	1,334	1,334	0
66	Cat center	5/16/12	31,780	31,780	25,689	3,178	3,178	0
67	Flooring	9/30/11	58,032	58,032	25,389	2,902	2,902	0
68	Dell T110 server computer	2/13/12	2,442	2,442	2,442	0	0	0
69	Washer extractor	2/24/12	8,765	8,765	7,304	877	877	0
70	Cages- Shor-Line	5/16/12	1,894	1,894	1,531	189	189	0
71	Cages - Gaide	6/30/12	3,000	3,000	2,400	300	300	0
72	Toyota	9/30/11	24,000	24,000	24,000	0	0	0
73	New doors in animal area	5/18/11	6,720	6,720	3,052	336	336	0
74	Flooring for Cat Area	11/09/12	3,100	3,100	1,584	207	207	0
76	5 Computers- Computer ties	4/04/14	2,385	2,385	2,385	0	0	0
78	Blinds	8/21/13	2,470	2,470	1,688	247	247	0
79	Wicker Furniture for lobby and visiting area	4/23/14	1,590	1,590	980	159	159	0
80	Front Gate- wooden benches	6/03/14	4,284	4,284	2,606	429	429	0
81	TV	7/11/14	2,197	2,197	1,318	220	220	0
82	Used Phone System	1/02/15	4,000	4,000	2,200	400	400	0
	Sold/Scrapped: 6/30/21							
83	Anesthesia Cart	2/25/15	1,190	1,190	635	119	119	0
84	Washer, Dryer, Waterlines, Dryer Vent	6/11/15	16,986	16,986	8,634	1,699	1,699	0
86	Floor Scrubber	5/31/16	3,194	3,194	1,304	320	320	0
87	Heart Monitor	10/25/15	3,152	3,152	1,471	315	315	0
88	Bldg Addn-Architectural & Engineering	10/31/17	8,975	8,975	479	179	179	0
89	Bldg Addn-Electrical Box	10/31/17	3,376	3,376	180	68	68	0
90	Bldg Addn-OHarrow General Contractor	10/31/17	238,194	238,194	12,704	4,764	4,764	0
91	Bldg Addn-Lighting	10/31/17	12,873	12,873	687	257	257	0
92	Bldg Addn-Flooring	10/31/17	9,332	9,332	498	186	186	0

\*\*-\*\*\*1494

**MI Asset Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
94	Fence	8/25/16	2,686	2,686	515	134	134	0
95	Window Tint	8/31/17	3,930	3,930	557	196	196	0
96	Kennels	10/31/17	44,794	44,794	11,945	4,480	4,480	0
97	Surgical Table	10/31/17	1,815	1,815	484	182	182	0
98	Shelving	11/21/17	1,186	1,186	438	169	169	0
99	Parking lot	9/14/17	35,627	35,627	6,730	2,375	2,375	0
100	Re-Roof	4/17/18	42,112	42,112	1,825	842	842	0
101	LED lighting	12/07/17	5,531	5,531	286	110	110	0
102	New generator and conections	3/19/18	37,609	37,609	1,692	753	753	0
103	Fire/Security System	10/10/17	4,325	4,325	1,699	618	618	0
104	Anesthesia machine	10/23/17	2,541	2,541	678	254	254	0
105	Surgical Sink and Other Equip.	10/31/17	4,727	4,727	1,261	472	472	0
106	Vet Scale Walkon Jorvet 42"	11/30/18	664	664	105	67	67	0
107	Refrigerator	6/30/19	500	500	50	50	50	0
108	Dryer Huebsch 75lb from Curtis Equipment	8/21/18	4,650	4,650	853	465	465	0
109	Shed	6/30/19	5,045	5,045	505	504	504	0
110	Incubators	10/02/18	4,979	4,979	871	498	498	0
111	Water Heater	6/30/20	13,600	13,600	0	1,360	1,360	0
112	New Heating Units	6/30/20	63,450	63,450	0	3,173	3,173	0
113	Door Replacement	6/30/20	62,275	62,275	0	1,246	1,246	0
114	Dental Machine	6/30/20	5,352	5,352	0	535	535	0
115	Irrigation System - Dog Park	6/30/21	8,000	8,000	0	0	0	0
<b>Total Other Depreciation</b>			<u>2,623,953</u>	<u>2,623,953</u>	<u>750,668</u>	<u>68,315</u>	<u>68,315</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,623,953</u>	<u>2,623,953</u>	<u>750,668</u>	<u>68,315</u>	<u>68,315</u>	<u>0</u>
<b>Grand Totals</b>			2,635,088	2,634,870	760,068	68,884	68,884	0
<b>Less: Dispositions</b>			4,370	4,370	2,570	400	400	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>2,630,718</u>	<u>2,630,500</u>	<u>757,498</u>	<u>68,484</u>	<u>68,484</u>	<u>0</u>

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**AMT Asset Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
2	VISA MACHINE	9/10/01	681				681	5	HY 150DB	681	0
16	Stainless Steel Cages - Fabrication	7/16/04	435		X		217	10	HY 200DB	435	0
47	Paw Playground	10/31/06	5,749				5,749	15	MQ 150DB	5,282	340
48	Memorial Garden	10/03/06	1,770				1,770	15	MQ 150DB	1,627	104
50	Fence	5/21/07	2,106				2,106	15	HY 150DB	1,857	124
52	Phone	1/29/07	370				370	7	HY 150DB	370	0
	Sold/Scrapped: 6/30/21										
53	Royal sweeper	6/01/07	261				261	7	HY 150DB	261	0
58	Gazebo	5/15/08	1,692		X		846	15	HY 150DB	1,542	50
59	Fencing - metal, donated	12/31/09	2,500		X		1,250	20	HY 150DB	1,375	125
68	Dell T110 server computer	2/13/12	2,442		X		1,221	5	HY 200DB	2,442	0
72	Toyota	9/30/11	24,000		X		0	5	HY 200DB	24,000	0
76	5 Computers- Computer ties	4/04/14	2,385		X		1,192	5	MQ 150DB	2,385	0
94	Fence	8/25/16	2,686		X		1,343	15	HY 150DB	1,756	93
			<u>47,077</u>				<u>17,006</u>			<u>44,013</u>	<u>836</u>
<b>Other Depreciation:</b>											
1	OFFICE EQUIPMENT	6/01/97	0				0	0	HY	0	0
8	OFFICE FURNITURE	11/01/03	0				0	0	HY	0	0
9	ALARM SYSTEM	11/01/03	0				0	0	HY	0	0
10	CAGES	6/01/96	0				0	0	HY	0	0
12	FENCE	11/01/03	0				0	0	HY	0	0
14	ANIMAL BATHING SYSTEM	11/01/03	0				0	0	HY	0	0
18	Huebsch HC60 Dryer	12/20/04	0				0	0	HY	0	0
19	Heatstack (vent for dryer)	12/16/04	0				0	0	HY	0	0
20	SIGNAGE	11/01/03	0				0	0	HY	0	0
21	BUILDING	11/01/03	0				0	0	HY	0	0
23	STORAGE BUILDING	11/01/03	0				0	0	HY	0	0
24	Tile on walls in Exam Room Area	8/23/04	0				0	0	HY	0	0
25	TTap - In Fee for Water & Sewer	10/31/04	0				0	0	HY	0	0
32	LAND	6/01/01	0				0	0	HY	0	0
33	2002 LAND ADDITIONS	12/31/02	0				0	0	HY	0	0
36	Outside kennel improvements	5/13/05	0				0	0	HY	0	0
37	Paw Playground	7/19/05	0				0	0	HY	0	0
38	Paw Playground signage	9/19/05	0				0	0	HY	0	0
39	Privacy fencing, sidewalks, etc.	8/26/05	0				0	0	HY	0	0
40	2 - 4x6 chain line gates	8/26/05	0				0	0	HY	0	0
41	Literature display rack	7/20/05	0				0	0	HY	0	0
42	Cash register	9/11/05	0				0	0	HY	0	0
44	Dog Park water hookup	10/06/05	0				0	0	HY	0	0
45	Surgical Equipment	7/13/06	0				0	0	HY	0	0
60	2 Dog Shelters in Exercise Yard	7/23/10	7,425				7,425	20	MO S/L	3,682	371
61	Roof System for Outside Kennels	8/20/10	22,400				22,400	20	MO S/L	11,013	1,120
62	Steel Awning	11/05/10	3,980				3,980	20	MO S/L	1,924	199
64	Garage Kennels	11/04/10	3,753				3,753	10	MO S/L	3,627	126
65	Kennel Expansion-Outside	11/04/10	26,675				26,675	20	MO S/L	12,893	1,334
66	Cat center	5/16/12	0				0	0	HY	0	0
67	Flooring	9/30/11	0				0	0	HY	0	0
69	Washer extractor	2/24/12	0				0	0	HY	0	0
70	Cages- Shor-Line	5/16/12	0				0	0	HY	0	0
71	Cages - Gaide	6/30/12	0				0	0	HY	0	0
73	New doors in animal area	5/18/11	0				0	0	HY	0	0
74	Flooring for Cat Area	11/09/12	3,100				3,100	15	MO S/L	1,584	207
78	Blinds	8/21/13	0				0	0	HY	0	0
79	Wicker Furniture for lobby and visiting area	4/23/14	0				0	0	HY	0	0
80	Front Gate- wooden benches	6/03/14	0				0	0	HY	0	0
81	TV	7/11/14	2,197				2,197	10	MO S/L	1,318	220
82	Used Phone System	1/02/15	4,000				4,000	10	MO S/L	2,200	400
	Sold/Scrapped: 6/30/21										
83	Anesthesia Cart	2/25/15	1,190				1,190	10	MO S/L	635	119
84	Washer, Dryer, Waterlines, Dryer Vent	6/11/15	16,986				16,986	10	MO S/L	8,634	1,699
86	Floor Scrubber	5/31/16	3,194				3,194	10	MO S/L	1,304	320
87	Heart Monitor	10/25/15	3,152				3,152	10	MO S/L	1,471	315
88	Bldg Addn-Architectural & Engineering	10/31/17	8,975				8,975	50	MO S/L	479	179
89	Bldg Addn-Electrical Box	10/31/17	3,376				3,376	50	MO S/L	180	68
90	Bldg Addn-OHarrow General Contractor	10/31/17	238,194				238,194	50	MO S/L	12,704	4,764
91	Bldg Addn-Lighting	10/31/17	12,873				12,873	50	MO S/L	687	257

\*\*-\*\*\*1494

**AMT Asset Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
92	Bldg Addn-Flooring	10/31/17	9,332				9,332	50 MO S/L	498	186
95	Window Tint	8/31/17	0				0	0 HY	0	0
96	Kennels	10/31/17	44,794				44,794	10 MO S/L	11,945	4,480
97	Surgical Table	10/31/17	1,815				1,815	10 MO S/L	484	182
98	Shelving	11/21/17	1,186				1,186	7 MO S/L	438	169
99	Parking lot	9/14/17	35,627				35,627	15 MO S/L	6,730	2,375
100	Re-Roof	4/17/18	42,112				42,112	50 MO S/L	1,825	842
101	LED lighting	12/07/17	5,531				5,531	50 MO S/L	286	110
102	New generator and conections	3/19/18	37,609				37,609	50 MO S/L	1,692	753
103	Fire/Security System	10/10/17	4,325				4,325	7 MO S/L	1,699	618
104	Anesthesia machine	10/23/17	2,541				2,541	10 MO S/L	678	254
105	Surgical Sink and Other Equip.	10/31/17	4,727				4,727	10 MO S/L	1,261	472
106	Vet Scale Walkon Jorvet 42"	11/30/18	664				664	10 MO S/L	105	67
107	Refrigerator	6/30/19	500				500	10 MO S/L	50	50
108	Dryer Huebsch 75lb from Curtis Equipment	8/21/18	4,650				4,650	10 MO S/L	853	465
109	Shed	6/30/19	5,045				5,045	10 MO S/L	505	504
110	Incubators	10/02/18	4,979				4,979	10 MO S/L	871	498
111	Water Heater	6/30/20	13,600				13,600	10 MO S/L	0	1,360
112	New Heating Units	6/30/20	0				0	0 HY	0	0
113	Door Replacement	6/30/20	0				0	0 HY	0	0
114	Dental Machine	6/30/20	0				0	0 HY	0	0
115	Irrigation System - Dog Park	6/30/21	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>580,507</u>				<u>580,507</u>		<u>94,255</u>	<u>25,083</u>
	<b>Total ACRS and Other Depreciation</b>		<u>580,507</u>				<u>580,507</u>		<u>94,255</u>	<u>25,083</u>
	<b>Grand Totals</b>		627,584				597,513		138,268	25,919
	<b>Less: Dispositions and Transfers</b>		<u>4,370</u>				<u>4,370</u>		<u>2,570</u>	<u>400</u>
	<b>Net Grand Totals</b>		<u>623,214</u>				<u>593,143</u>		<u>135,698</u>	<u>25,519</u>

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**Bonus Depreciation Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
16	Stainless Steel Cages - Fabrication	7/16/04	435		0	0	218	217
59	Fencing - metal, donated	12/31/09	2,500		0	0	1,250	1,250
74	Flooring for Cat Area	11/09/12	3,100		0	0	0	3,100
<b>Grand Total</b>			<u>6,035</u>		<u>0</u>	<u>0</u>	<u>1,468</u>	<u>4,567</u>

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# Depreciation Adjustment Report

FYE: 6/30/2021

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	2	VISA MACHINE	0	0	0
Page 1	1	16	Stainless Steel Cages - Fabrication	0	0	0
Page 1	1	47	Paw Playground	340	340	0
Page 1	1	48	Memorial Garden	104	104	0
Page 1	1	59	Fencing - metal, donated	125	125	0
				<u>569</u>	<u>569</u>	<u>0</u>

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**Future Depreciation Report****FYE: 6/30/22**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
2	VISA MACHINE	9/10/01	681	0	0
16	Stainless Steel Cages - Fabrication	7/16/04	435	0	0
47	Paw Playground	10/31/06	5,749	127	127
48	Memorial Garden	10/03/06	1,770	39	39
59	Fencing - metal, donated	12/31/09	2,500	125	125
			<u>11,135</u>	<u>291</u>	<u>291</u>
<b>Other Depreciation:</b>					
1	OFFICE EQUIPMENT	6/01/97	400	0	0
8	OFFICE FURNITURE	11/01/03	501	0	0
9	ALARM SYSTEM	11/01/03	3,553	0	0
10	CAGES	6/01/96	3,752	0	0
12	FENCE	11/01/03	12,304	615	0
14	ANIMAL BATHING SYSTEM	11/01/03	3,070	0	0
18	Huebsch HC60 Dryer	12/20/04	1,380	0	0
19	Heatstack (vent for dryer)	12/16/04	516	0	0
20	SIGNAGE	11/01/03	2,306	0	0
21	BUILDING	11/01/03	1,405,709	28,114	0
23	STORAGE BUILDING	11/01/03	7,232	0	0
24	Tile on walls in Exam Room Area	8/23/04	1,601	0	0
25	TTap - In Fee for Water & Sewer	10/31/04	7,816	391	0
32	LAND	6/01/01	22,269	0	0
33	2002 LAND ADDITIONS	12/31/02	229,860	0	0
36	Outside kennel improvements	5/13/05	13,737	0	0
37	Paw Playground	7/19/05	8,720	0	0
38	Paw Playground signage	9/19/05	1,901	0	0
39	Privacy fencing, sidewalks, etc.	8/26/05	13,738	0	0
40	2 - 4x6 chain line gates	8/26/05	370	0	0
41	Literature display rack	7/20/05	356	0	0
42	Cash register	9/11/05	195	0	0
44	Dog Park water hookup	10/06/05	432	22	0
45	Surgical Equipment	7/13/06	4,244	0	0
50	Fence	5/21/07	2,106	105	125
53	Royal sweeper	6/01/07	261	0	0
58	Gazebo	5/15/08	1,692	84	50
60	2 Dog Shelters in Exercise Yard	7/23/10	7,425	371	371
61	Roof System for Outside Kennels	8/20/10	22,400	1,120	1,120
62	Steel Awning	11/05/10	3,980	199	199
64	Garage Kennels	11/04/10	3,753	0	0
65	Kennel Expansion-Outside	11/04/10	26,675	1,333	1,333
66	Cat center	5/16/12	31,780	2,913	0
67	Flooring	9/30/11	58,032	2,901	0
68	Dell T110 server computer	2/13/12	2,442	0	0
69	Washer extractor	2/24/12	8,765	584	0
70	Cages- Shor-Line	5/16/12	1,894	174	0
71	Cages - Gaide	6/30/12	3,000	300	0
72	Toyota	9/30/11	24,000	0	0
73	New doors in animal area	5/18/11	6,720	336	0
74	Flooring for Cat Area	11/09/12	3,100	207	207
76	5 Computers- Computer ties	4/04/14	2,385	0	0
78	Blinds	8/21/13	2,470	247	0
79	Wicker Furniture for lobby and visiting area	4/23/14	1,590	159	0
80	Front Gate- wooden benches	6/03/14	4,284	428	0
81	TV	7/11/14	2,197	219	219
83	Anesthesia Cart	2/25/15	1,190	119	119
84	Washer, Dryer, Waterlines, Dryer Vent	6/11/15	16,986	1,698	1,698
86	Floor Scrubber	5/31/16	3,194	319	319
87	Heart Monitor	10/25/15	3,152	315	315
88	Bldg Addn-Architectural & Engineering	10/31/17	8,975	180	180
89	Bldg Addn-Electrical Box	10/31/17	3,376	67	67
90	Bldg Addn-OHarrow General Contractor	10/31/17	238,194	4,763	4,763
91	Bldg Addn-Lighting	10/31/17	12,873	257	257
92	Bldg Addn-Flooring	10/31/17	9,332	187	187
94	Fence	8/25/16	2,686	134	84

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**Future Depreciation Report****FYE: 6/30/22**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
95	Window Tint	8/31/17	3,930	197	0
96	Kennels	10/31/17	44,794	4,479	4,479
97	Surgical Table	10/31/17	1,815	181	181
98	Shelving	11/21/17	1,186	170	170
99	Parking lot	9/14/17	35,627	2,375	2,375
100	Re-Roof	4/17/18	42,112	842	842
101	LED lighting	12/07/17	5,531	111	111
102	New generator and conexions	3/19/18	37,609	752	752
103	Fire/Security System	10/10/17	4,325	618	618
104	Anesthesia machine	10/23/17	2,541	254	254
105	Surgical Sink and Other Equip.	10/31/17	4,727	473	473
106	Vet Scale Walkon Jorvet 42"	11/30/18	664	66	66
107	Refrigerator	6/30/19	500	50	50
108	Dryer Huebsch 75lb from Curtis Equipment	8/21/18	4,650	465	465
109	Shed	6/30/19	5,045	505	505
110	Incubators	10/02/18	4,979	498	498
111	Water Heater	6/30/20	13,600	1,360	1,360
112	New Heating Units	6/30/20	63,450	3,172	0
113	Door Replacement	6/30/20	62,275	1,245	0
114	Dental Machine	6/30/20	5,352	535	0
115	Irrigation System - Dog Park	6/30/21	8,000	0	0
	<b>Total Other Depreciation</b>		<u>2,619,583</u>	<u>67,209</u>	<u>24,812</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,619,583</u>	<u>67,209</u>	<u>24,812</u>
	<b>Grand Totals</b>		<u>2,630,718</u>	<u>67,500</u>	<u>25,103</u>

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**MI Future Depreciation Report****FYE: 6/30/22**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	MI
<b>Prior MACRS:</b>				
2	VISA MACHINE	9/10/01	681	0
16	Stainless Steel Cages - Fabrication	7/16/04	435	0
47	Paw Playground	10/31/06	5,749	127
48	Memorial Garden	10/03/06	1,770	39
59	Fencing - metal, donated	12/31/09	2,500	125
			<u>11,135</u>	<u>291</u>
<b>Other Depreciation:</b>				
1	OFFICE EQUIPMENT	6/01/97	400	0
8	OFFICE FURNITURE	11/01/03	501	0
9	ALARM SYSTEM	11/01/03	3,553	0
10	CAGES	6/01/96	3,752	0
12	FENCE	11/01/03	12,304	615
14	ANIMAL BATHING SYSTEM	11/01/03	3,070	0
18	Huebsch HC60 Dryer	12/20/04	1,380	0
19	Heatstack (vent for dryer)	12/16/04	516	0
20	SIGNAGE	11/01/03	2,306	0
21	BUILDING	11/01/03	1,405,709	28,114
23	STORAGE BUILDING	11/01/03	7,232	0
24	Tile on walls in Exam Room Area	8/23/04	1,601	0
25	TTap - In Fee for Water & Sewer	10/31/04	7,816	391
32	LAND	6/01/01	22,269	0
33	2002 LAND ADDITIONS	12/31/02	229,860	0
36	Outside kennel improvements	5/13/05	13,737	0
37	Paw Playground	7/19/05	8,720	0
38	Paw Playground signage	9/19/05	1,901	0
39	Privacy fencing, sidewalks, etc.	8/26/05	13,738	0
40	2 - 4x6 chain line gates	8/26/05	370	0
41	Literature display rack	7/20/05	356	0
42	Cash register	9/11/05	195	0
44	Dog Park water hookup	10/06/05	432	22
45	Surgical Equipment	7/13/06	4,244	0
50	Fence	5/21/07	2,106	105
53	Royal sweeper	6/01/07	261	0
58	Gazebo	5/15/08	1,692	84
60	2 Dog Shelters in Exercise Yard	7/23/10	7,425	371
61	Roof System for Outside Kennels	8/20/10	22,400	1,120
62	Steel Awning	11/05/10	3,980	199
64	Garage Kennels	11/04/10	3,753	0
65	Kennel Expansion-Outside	11/04/10	26,675	1,333
66	Cat center	5/16/12	31,780	2,913
67	Flooring	9/30/11	58,032	2,901
68	Dell T110 server computer	2/13/12	2,442	0
69	Washer extractor	2/24/12	8,765	584
70	Cages- Shor-Line	5/16/12	1,894	174
71	Cages - Gaide	6/30/12	3,000	300
72	Toyota	9/30/11	24,000	0
73	New doors in animal area	5/18/11	6,720	336
74	Flooring for Cat Area	11/09/12	3,100	207
76	5 Computers- Computer ties	4/04/14	2,385	0
78	Blinds	8/21/13	2,470	247
79	Wicker Furniture for lobby and visiting area	4/23/14	1,590	159
80	Front Gate- wooden benches	6/03/14	4,284	428
81	TV	7/11/14	2,197	219
83	Anesthesia Cart	2/25/15	1,190	119
84	Washer, Dryer, Waterlines, Dryer Vent	6/11/15	16,986	1,698
86	Floor Scrubber	5/31/16	3,194	319
87	Heart Monitor	10/25/15	3,152	315
88	Bldg Addn-Architectural & Engineering	10/31/17	8,975	180
89	Bldg Addn-Electrical Box	10/31/17	3,376	67
90	Bldg Addn-OHarrow General Contractor	10/31/17	238,194	4,763
91	Bldg Addn-Lighting	10/31/17	12,873	257
92	Bldg Addn-Flooring	10/31/17	9,332	187
94	Fence	8/25/16	2,686	134

Asset	Description	Date In Service	Cost	MI
95	Window Tint	8/31/17	3,930	197
96	Kennels	10/31/17	44,794	4,479
97	Surgical Table	10/31/17	1,815	181
98	Shelving	11/21/17	1,186	170
99	Parking lot	9/14/17	35,627	2,375
100	Re-Roof	4/17/18	42,112	842
101	LED lighting	12/07/17	5,531	111
102	New generator and conexions	3/19/18	37,609	752
103	Fire/Security System	10/10/17	4,325	618
104	Anesthesia machine	10/23/17	2,541	254
105	Surgical Sink and Other Equip.	10/31/17	4,727	473
106	Vet Scale Walkon Jorvet 42"	11/30/18	664	66
107	Refrigerator	6/30/19	500	50
108	Dryer Huebsch 75lb from Curtis Equipment	8/21/18	4,650	465
109	Shed	6/30/19	5,045	505
110	Incubators	10/02/18	4,979	498
111	Water Heater	6/30/20	13,600	1,360
112	New Heating Units	6/30/20	63,450	3,172
113	Door Replacement	6/30/20	62,275	1,245
114	Dental Machine	6/30/20	5,352	535
115	Irrigation System - Dog Park	6/30/21	8,000	0
	<b>Total Other Depreciation</b>		<u>2,619,583</u>	<u>67,209</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,619,583</u>	<u>67,209</u>
	<b>Grand Totals</b>		<u>2,630,718</u>	<u>67,500</u>

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**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2020**For calendar year 2020, or tax year beginning **07/01/20**, and ending **06/30/21**

Name

Employer Identification Number

**Cascades Humane Society, Inc.****\*\*-\*\*\*1494**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events	
		<u>Bottle Returns</u> (event type)	<u>Wine and Whiske</u> (event type)	<u>Garage Sale</u> (event type)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	<b>18,132</b>	<b>16,195</b>	<b>11,314</b>	<b>55,773</b>
	2	Less: Charitable contributions	<b>18,132</b>	<b>6,315</b>	<b>5,095</b>	<b>39,674</b>
	3	Gross income (line 1 minus line 2)		<b>9,880</b>	<b>6,219</b>	<b>16,099</b>
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food/beverages		<b>3,210</b>		<b>3,210</b>
	8	Entertainment				
	9	Other expenses		<b>-638</b>	<b>5,095</b>	<b>6,796</b>

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<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2020</b>
	For calendar year 2020, or tax year beginning <b>07/01/20</b> , and ending <b>06/30/21</b>	

Name

Employer Identification Number

**Cascades Humane Society, Inc.**

**\*\*-\*\*\*1494**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u><b>Paws in the Par</b></u> <small>(event type)</small>	_____	_____	
Revenue	<b>1</b> Gross receipts	<b>10,132</b>			
	<b>2</b> Less: Charitable contributions	<b>10,132</b>			
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>2,339</b>			

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Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning <b>07/01/20</b> , ending <b>06/30/21</b>		

Name

Taxpayer Identification Number

**Cascades Humane Society, Inc.****\*\* - \*\*\*1494**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,246,540	789,105	-457,435
	2. Membership dues and assessments			
	3. Government contributions and grants		95,367	95,367
	4. Program service revenue	178,186	389,760	211,574
	5. Investment income	167,413	212,323	44,910
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-199,201	4,519	203,720
	8. Net income or (loss) from fundraising events	36,025	43,127	7,102
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	2,039	1,727	-312
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,431,002</b>	<b>1,535,928</b>	<b>104,926</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	68,500	75,446	6,946
	16. Salaries, other compensation, and employee benefits	410,784	527,610	116,826
	17. Professional fundraising fees		30,405	30,405
	18. Other professional fees	43,807	47,350	3,543
	19. Occupancy, rent, utilities, and maintenance	41,713	35,741	-5,972
	20. Depreciation and Depletion	62,819	68,882	6,063
	21. Other expenses	227,164	268,506	41,342
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>854,787</b>	<b>1,053,940</b>	<b>199,153</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>576,215</b>	<b>481,988</b>	<b>-94,227</b>
<b>Other Information</b>	24. Total exempt revenue	1,431,002	1,535,928	104,926
	25. Total unrelated revenue			
	26. Total excludable revenue	184,462	651,456	466,994
	27. Total assets	6,288,455	7,523,760	1,235,305
	28. Total liabilities	154,792	54,577	-100,215
	29. Retained earnings	6,133,663	7,469,183	1,335,520
	30. Number of voting members of governing body	8	8	
31. Number of independent voting members of governing body	8	8		
32. Number of employees	32	37		
33. Number of volunteers	167	148		

Form <b>990</b>	<b>Tax Return History</b>	<b>2020</b>
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Name

**Cascades Humane Society, Inc.**

Employer Identification Number

**\*\* - \*\*\*1494**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants .....	2,475,592	811,016	748,042	1,246,540	884,472	
Membership dues .....						
Program service revenue .....	201,890	212,844	199,577	178,186	389,760	
Capital gain or loss .....	-2,233	7,511	6,645	-199,201	4,519	
Investment income .....	27,386	100,465	173,210	167,413	212,323	
Fundraising revenue (income/loss) .....	14,969	30,772	32,525	36,025	43,127	
Gaming revenue (income/loss) .....						
Other revenue .....	3,240	2,411	1,929	2,039	1,727	
<b>Total revenue</b> .....	<b>2,720,844</b>	<b>1,165,019</b>	<b>1,161,928</b>	<b>1,431,002</b>	<b>1,535,928</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	65,108	69,877	46,683	68,500	75,446	
Other compensation .....	338,175	371,409	400,045	410,784	527,610	
Professional fees .....	28,622	33,167	44,100	43,807	77,755	
Occupancy costs .....	34,029	35,591	42,402	41,713	35,741	
Depreciation and depletion .....	49,432	56,615	62,554	62,819	68,882	
Other expenses .....	222,457	236,901	270,812	227,164	268,506	
<b>Total expenses</b> .....	<b>737,823</b>	<b>803,560</b>	<b>866,596</b>	<b>854,787</b>	<b>1,053,940</b>	
<b>Excess or (Deficit)</b> .....	<b>1,983,021</b>	<b>361,459</b>	<b>295,332</b>	<b>576,215</b>	<b>481,988</b>	
<b>Total exempt revenue</b> .....	<b>2,720,844</b>	<b>1,165,019</b>	<b>1,161,928</b>	<b>1,431,002</b>	<b>1,535,928</b>	
Total unrelated revenue .....						
Total excludable revenue .....	245,252	354,003	413,886	184,462	651,456	
Total Assets .....	4,751,740	5,141,866	5,454,891	6,288,455	7,523,760	
Total Liabilities .....	57,664	33,106	46,939	154,792	54,577	
Net Fund Balances .....	4,694,076	5,108,760	5,407,952	6,133,663	7,469,183	

**Federal Statements****Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Interest & Dividend income	\$ 212,323		14			
Total	<u>\$ 212,323</u>					

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**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Auto expense	\$ 318	\$ 318	\$	\$
Merchandise	216	216		
Staff Training	144	108	36	
Board expenses	88	28	30	30
Total	<u>\$ 766</u>	<u>\$ 670</u>	<u>\$ 66</u>	<u>\$ 30</u>

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## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 314,396
Animal supplies	9,723
Food	5,795
Other supplies	
Faith and James Knight Foundation	
Cash Contribution	50,000
Chris Holmes	
Cash Contribution	12,000
Mr and Mrs William Holmes	
Cash Contribution	25,000
Henry Sutherland	
Cash Contribution	33,000
Andy & Julie Walz	
Cash Contribution	7,500
Vaughn Foundation	
Cash Contribution	45,000
Natalie Field Foundation	
Cash Contribution	35,000
Honeywell International, Inc.	
Cash Contribution	10,000
Tom Lieblein	
Cash Contribution	10,000
Hallas Family Foundation	
Cash Contribution	8,000
Samuel Higby Camp Foundation	
Cash Contribution	5,000
Addison P. Cook III Foundation	
Cash Contribution	5,000
Bissell Pet Foundation	
Cash Contribution	16,700
Two Seven Oh, Inc.	
Cash Contribution	7,000
Michael and Barbara Cetro	
Cash Contribution	5,000
M&K Jetting & Televising, Inc.	
Cash Contribution	3,500
North-Ply Contracting	
Real Estate	

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**Federal Statements****Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
Annette Grubb Estate	\$
Cash Contribution	125,000
The Small Business Administration	
Cash Contribution	95,367
Fall Event	
Cash Contribution	11,607
Donated Items	
Auction Items	4,483
Paws in the Park	
Cash Contribution	10,132
Donated Items	
Other Various Events	
Cash Contribution	727
Donated items	
Wine and Whiskers	
Cash Contribution	6,270
Auction items	
Donated items	45
Garage Sale	
Donated Garage Sale Items	5,095
Bottle Returns	
Cash Contribution	18,132
Total	\$ <u>884,472</u>

**Schedule A, Part II, Line 8(e)**

<u>Description</u>	<u>Amount</u>
Interest & Dividend income	\$ 212,323
Total	\$ <u>212,323</u>

**Federal Statements****Schedule A, Part II, Line 9(e)**

Description	Amount
Santa Paws	\$ 3,060
Fall Event	5,080
Paws in the Park	-2,339
Other Various Events	1,469
Calendar Contest	27,425
Wine and Whiskers	7,308
Garage Sale	1,124
Bottle Returns	
Less: Deductions	-1,000
Total	<u>\$ 42,127</u>

**Schedule A, Part II, Line 10(e)**

Description	Amount
Merchandise	\$ 1,727
Total	<u>\$ 1,727</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
Adoption Fees	\$ 247,620
SNAP - Spay & Neuter	142,140
Total	<u>\$ 389,760</u>

# Federal Statements

## Santa Paws

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Photos and Other	\$ <u>130</u>
Total	\$ <u><u>130</u></u>

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**Federal Statements**

FYE: 6/30/2021

**Fall Event****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Chair and Other Rental	\$
Invit/Graphics/Printing	193
Other Expenses	994
Donated Advertising	
Donated Other supplies	
Auction Items	<u>4,483</u>
Total	<u>\$ 5,670</u>

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# Federal Statements

## Paws in the Park

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Donated Advertising	\$
Donated Supplies	
Total	\$ <u>0</u>

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**Federal Statements**

FYE: 6/30/2021

**Wine and Whiskers****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Auction items	\$
Donated other supplies	45
Invit, graphics, print	15
Other expenses	-698
Tent/chairs/equip rent	
Total	\$ <u><u>-638</u></u>

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