



K·COE
ISOM LLP

BUTTE HUMANE SOCIETY
2580 FAIR ST.
CHICO, CA 95928

BUTTE HUMANE SOCIETY:

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW AS SOON AS POSSIBLE.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$150, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

KCOE ISOM, LLP

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

Butte Humane Society

94-1580621

Name and title of officer

Christy Norton
President

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**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,606,885.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KCoe Isom, LLP to enter my PIN 33355
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature ▶ _____ Date ▶ _____

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.

68006581371

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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 ▶ KCoe Isom, LLP Date ▶ 07/15/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Extended to May 15, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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	C Name of organization Butte Humane Society Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2580 Fair St. City or town, state or province, country, and ZIP or foreign postal code Chico, CA 95928 F Name and address of principal officer: Christy Norton 2580 Fair St., Chico, CA 95928	D Employer identification number 94-1580621 E Telephone number 530-343-7917 G Gross receipts \$ 3,648,886. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.buttehumane.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1911 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: Saving Lives. Finding Homes. Inspiring Compassion.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	44	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	316.	
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 797,087.	Current Year 2,752,109.
9 Program service revenue (Part VIII, line 2g)		560,846.	832,086.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-398,490.	316.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,457.	22,374.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,006,900.	3,606,885.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	792,132.	952,738.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	84,505.	48,553.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 339,792.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	420,624.	569,852.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,297,261.	1,571,143.	
19 Revenue less expenses. Subtract line 18 from line 12	-290,361.	2,035,742.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 650,339.	End of Year 2,881,598.	
	21 Total liabilities (Part X, line 26)	79,136.	274,653.	
	22 Net assets or fund balances. Subtract line 21 from line 20	571,203.	2,606,945.	

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.

Sign Here	Signature of officer Christy Norton, President Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name Christy M. Norton	Preparer's signature 	Date 	Check if self-employed <input type="checkbox"/> PTIN P01278658
	Firm's name ▶ KCoe Isom, LLP Firm's address ▶ 3013 Ceres Avenue Chico, CA 95973	Firm's EIN ▶ 68-0102429 Phone no. (530) 891-6474		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Provide for the well-being of companion animals. Reduce the number of unwanted animals through aggressive spay/neuter programs. Promote the human animal bond through adoption, education and outreach programs. Act as an advocate on behalf of animals in need.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 411,692. including grants of \$) (Revenue \$ 72,043.) The Butte Humane Society educates the public regarding animal rights and provides animal services which include microchipping, behavior testing, and ultimately pet adoptions.

4b (Code:) (Expenses \$ 629,287. including grants of \$) (Revenue \$ 760,043.) The agency operates a low cost spay and neuter clinic.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,040,979.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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.

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

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 (list any hours for related organizations below 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) Christy Norton Director-President	20.00	X		X				0.	0.	0.
(2) Devin Potter Director-Vice President	6.00	X		X				0.	0.	0.
(3) William Volpe Director-Secretary	4.00	X		X				0.	0.	0.
(4) John Alden Director-Treasurer	2.00	X		X				0.	0.	0.
(5) William Knudsen Director-At Large	2.00	X						0.	0.	0.
(6) Larry Wahl Director-At Large	2.00	X						0.	0.	0.
(7) Andrea Motta Director-At Large	2.00	X						0.	0.	0.
(8) Jessica Freitas Director-At Large	2.00	X						0.	0.	0.
(9) Joanna Padilla Director-At Large	2.00	X						0.	0.	0.
(10) Lindsay Poulin Director-At Large	2.00	X						0.	0.	0.
(11) Katrina Woodcox Executive Director	40.00			X				90,000.	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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	91,574.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,660,535.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,752,109.			
Program Service Revenue	2 a <u>Spay/Neuter Clinic</u>	Business Code 900099	760,043.			760,043.
	b <u>Adoption/Surrender Fee</u>	900099	72,043.			72,043.
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		832,086.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		316.		316.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ <u>91,574.</u> of contributions reported on line 1c). See Part IV, line 18	a	64,375.			
		b Less: direct expenses	b	42,001.		
c Net income or (loss) from fundraising events			22,374.		22,374.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		3,606,885.	0.	316.	854,460.	

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				
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	819,320.	489,095.	122,595.	207,630.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	74,081.	47,093.	5,683.	21,305.
10 Payroll taxes	83,337.	50,865.	9,381.	23,091.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,982.		3,982.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	24,553.			24,553.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,892.	10,892.		
12 Advertising and promotion	14,284.			14,284.
13 Office expenses	25,579.	22,082.	1,997.	1,500.
14 Information technology	11,801.	9,686.	951.	1,164.
15 Royalties				
16 Occupancy	142,951.	124,647.	6,813.	11,491.
17 Travel	7,150.	4,919.	2,231.	
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	16,296.	15,060.	1,236.	
23 Insurance	6,325.	2,599.	1,740.	1,986.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Veterinary Services & S	205,814.	205,814.		
b Direct Fundraising Expe	41,986.	9,198.		32,788.
c Animal Care Supplies	37,098.	37,098.		
d Bank Fees	32,366.		32,366.	
e All other expenses	13,328.	11,931.	1,397.	
25 Total functional expenses. Add lines 1 through 24e	1,571,143.	1,040,979.	190,372.	339,792.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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
Assets	1 Cash - non-interest-bearing	39,657.	1	221,013.
	2 Savings and temporary cash investments	457,994.	2	2,199,866.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,886.	4	3,633.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,596.	8	13,596.
	9 Prepaid expenses and deferred charges	19,568.	9	14,817.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 316,202.		
	b Less: accumulated depreciation	10b 103,552.	51,324.	10c 212,650.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	63,314.	12	41,423.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	174,600.
16 Total assets. Add lines 1 through 15 (must equal line 34)	650,339.	16	2,881,598.	
Liabilities	17 Accounts payable and accrued expenses	27,618.	17	226,464.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 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	51,518.	25	48,189.
	26 Total liabilities. Add lines 17 through 25	79,136.	26	274,653.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	548,871.	27	2,028,310.
	28 Temporarily restricted net assets	22,332.	28	578,635.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	571,203.	33	2,606,945.	
34 Total liabilities and net assets/fund balances	650,339.	34	2,881,598.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,606,885.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,571,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,035,742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	571,203.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,606,945.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	630,390.	863,384.	449,090.	705,798.	2660535.	5309197.
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 Total. Add lines 1 through 3	630,390.	863,384.	449,090.	705,798.	2660535.	5309197.
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)						
6 Public support. Subtract line 5 from line 4.						5309197.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	630,390.	863,384.	449,090.	705,798.	2660535.	5309197.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,584.	-480.	1,515.	700.	316.	5,635.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5314832.
12 Gross receipts from related activities, etc. (see instructions)					12	3,283,395.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.66 %
16a 33 1/3% support test - 2018. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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>Provide details in Part VI.</i>		
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>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Butte Humane Society

Employer identification number

94-1580621

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization Butte Humane Society	Employer identification number 94-1580621
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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	<u>William Volpe</u> <u>466 Vallombrosa Avenue</u> <u>Chico, CA 95926</u>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>Estate of Baird</u> <u>Bequest from trust</u> <u>Chico, CA 95926</u>	\$ <u>216,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>Estate of Brown</u> <u>Bequest from trust</u> <u>Chico, CA 95926</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>Joan Robertson Trust</u> <u>Bequest from trust</u> <u>Chico, CA 95926</u>	\$ <u>71,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>Rachel Ray Foundation</u> <u>Foundation</u> <u>Chico, CA 95926</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>Marilyn Everett</u> <u>Local community</u> <u>Chico, CA 95926</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Butte Humane Society	Employer identification number 94-1580621
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization Butte Humane Society	Employer identification number 94-1580621
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2018
Open to Public Inspection

Name of the organization **Butte Humane Society** Employer identification number **94-1580621**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 are a 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 programs
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land				
b Buildings		209,569.	11,467.	198,102.
c Leasehold improvements				
d Equipment		103,796.	90,087.	13,709.
e Other		2,837.	1,998.	839.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				212,650.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Construction in Progress - Design of new shelter	174,600.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	174,600.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll & Taxes	39,477.
(3) Insurance Contract Payable	5,182.
(4) Accrued Vacation	3,530.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	48,189.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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 (add col. (a) through col. (c))
		Gala	Running Event	10	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	104,793.	40,000.	11,156.	155,949.
	2 Less: Contributions	56,668.	23,750.	11,156.	91,574.
	3 Gross income (line 1 minus line 2)	48,125.	16,250.		64,375.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,262.		1,262.
	7 Food and beverages	7,225.			7,225.
	8 Entertainment	7,433.			7,433.
	9 Other direct expenses	4,969.	12,512.	8,600.	26,081.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				42,001.
11 Net income summary. Subtract line 10 from line 3, column (d)				22,374.	

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 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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Butte Humane Society

Employer identification number

94-1580621

Form 990, Part III, Line 2, New Program Services:

On November 8, 2018 our community was forever changed by the Camp Fire.

Butte Humane Society is honored to be part of the ongoing recovery

process for thousands of families, as people return to a sense of

normalcy in their lives. For many, that normalcy includes their

beloved furry family members. During the immediate recovery efforts,

our clinic was converted into a triage center to care for injured and

burned cats. As part of the longer-term efforts, BHS provided a myriad

of services to families at either no cost or reduced cost. In 2019, we

relocated our clinic to a larger facility to meet our commitment to

help families in recovery. Despite some closed time during this

transition, we were able to provide 2,987 Microchips and vaccines, 196

spay/neuters, 296 health exams, 323 heartwork tests, 293 health exams,

and 120 feline viral tests. In addition to the clinic services we've

provided, BHS also established a Pet Food Pantry to aid displaced pet

owners with pet care items. We handed out more than 600 tons of food,

crates, and other necessary supplies.

Form 990, Part VI, Section B, line 11b:

Form 990 is distributed via email to all members of the board of directors

for review and is discussed at the next monthly meeting. Form 990 is

approved for filing at that meeting.

Form 990, Part VI, Section B, Line 15a:

The Executive Director is reviewed annually by the President of the Board

of Directors as to performance and compensation. Compensation comparables

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization Butte Humane Society	Employer identification number 94-1580621
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are obtained from national databases of humane society statistics and local compensation data.

Form 990, Part VI, Section C, Line 19:

Form 990 which includes the organization's financial information and the by-laws are published on the organizations web site. Policy manuals are available at the main office at 2580 Fair St, Chico, CA 95928. Financial statements are available upon written request to the Treasurer, 2579 Fair St., Chico, CA 95928.

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Admin Office														
	Buildings														
15	Leasehold Improvements-Admin	09/01/09	SL	39.00		MM17	4,918.				4,918.	1,108.		126.	1,234.
	* 990 Page 10 Total Buildings						4,918.				4,918.	1,108.		126.	1,234.
	Furniture & Fixtures														
44	Tables/Chairs (Ed Ctr)	07/01/15	200DB	7.00		HY17	1,449.				1,449.	710.		211.	921.
45	2 Zebra Chairs (Ed Ctr)	07/01/15	200DB	7.00		HY17	200.				200.	98.		29.	127.
46	Chair Carrier Dolly (Ed Ctr)	07/01/15	200DB	7.00		HY17	184.				184.	90.		27.	117.
47	Data Switch (Ed Ctr)	07/01/15	200DB	5.00		HY17	102.				102.	65.		15.	80.
48	Wall Decor (Ed Ctr)	08/01/16	200DB	7.00		HY17	258.			129.	129.	50.		23.	73.
49	Computer-CAD	01/30/17	200DB	5.00		HY17	644.			322.	322.	167.		62.	229.
	* 990 Page 10 Total Furniture & Fixtures						2,837.			451.	2,386.	1,180.		367.	1,547.
	Machinery & Equipment														
3	Safe	07/18/03	200DB	7.00		HY17	1,500.				1,500.	1,500.		0.	1,500.
4	PA System	06/03/05	200DB	7.00		HY17	510.				510.	510.		0.	510.
6	Vacuum Cleaner	10/20/06	200DB	7.00		HY17	428.				428.	428.		0.	428.
9	Telephone System-Admin	08/19/09	200DB	5.00		HY17	2,445.			1,223.	1,222.	1,222.		0.	1,222.
32	Telephone System	12/03/10	200DB	5.00		HY17	10,515.				10,515.	10,515.		0.	10,515.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
34	Phone System Network Server	01/23/13	200DB	5.00		HY17	2,400.			1,200.	1,200.	1,200.		0.	1,200.
38	Laptop Computer	06/08/16	200DB	5.00		MC17	636.			318.	318.	209.		44.	253.
39	Computers	10/15/15	200DB	5.00		HY17	6,485.				6,485.	4,150.		934.	5,084.
42	TV & Soundbar (Ed Ctr)	07/01/16	200DB	5.00		HY17	1,000.			500.	500.	260.		96.	356.
43	DVD Player (Ed Ctr)	07/01/16	200DB	5.00		HY17	163.			82.	81.	42.		16.	58.
	* 990 Page 10 Total Machinery & Equipment						26,082.			3,323.	22,759.	20,036.		1,090.	21,126.
	* 990 Page 10 Total - Admin Office						33,837.			3,774.	30,063.	22,324.		1,583.	23,907.
	Fair St														
	Machinery & Equipment														
7	Animal Scale	07/16/08	200DB	5.00		HY17	1,067.			534.	533.	533.		0.	533.
8	Walkie Talkies	07/06/09	200DB	5.00		HY17	3,227.			1,614.	1,613.	1,613.		0.	1,613.
10	Industrial Washer/Dryer	12/15/09	200DB	7.00		HY17	10,989.			5,495.	5,494.	5,494.		0.	5,494.
11	Animal Scale	02/02/10	200DB	7.00		HY17	535.				535.	535.		0.	535.
12	Cages	03/30/10	200DB	7.00		HY17	11,126.				11,126.	11,126.		0.	11,126.
23	Cages	07/27/10	200DB	7.00		HY17	2,800.				2,800.	2,800.		0.	2,800.
33	Cages	07/30/11	200DB	7.00		HY17	2,050.				2,050.	1,959.		91.	2,050.
41	Computers	10/15/15	200DB	5.00		HY17	1,474.				1,474.	944.		212.	1,156.
	* 990 Page 10 Total Machinery & Equipment						33,268.			7,643.	25,625.	25,004.		303.	25,307.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Transportation Equipment														
1	(D)Van	06/09/94	200DB	5.00		HY17	3,087.				3,087.	3,087.		0.	3,087.
2	(D)1997 Ford Van	08/21/97	200DB	5.00		HY17	22,363.				22,363.	16,535.		0.	16,535.
51	1999 Dodge Caravan	06/05/19	200DB	5.00		MC19B	1,400.				1,400.			70.	70.
	* 990 Page 10 Total Transportation Equipment						26,850.				26,850.	19,622.		70.	19,692.
	* 990 Page 10 Total - Fair St						60,118.			7,643.	52,475.	44,626.		373.	44,999.
	Spay Neuter Clinic														
	Buildings														
25	(D)Flooring	09/01/10	SL	39.00		MM17	9,280.				9,280.	1,854.		188.	2,042.
26	(D)Security System	09/01/10	SL	7.00		HY17	2,320.				2,320.	2,320.		0.	2,320.
27	(D)Heating/Air System	09/01/10	SL	39.00		MM17	5,000.				5,000.	997.		102.	1,099.
28	(D)Landscaping	09/01/10	SL	15.00		HY17	1,915.				1,915.	960.		64.	1,024.
29	(D)Countertops	09/01/10	SL	39.00		MM17	3,706.				3,706.	740.		75.	815.
30	(D)Windows	09/01/10	SL	39.00		MM17	2,064.				2,064.	413.		42.	455.
31	(D)Leasehold Improvements	09/01/10	SL	39.00		MM17	24,032.				24,032.	4,800.		488.	5,288.
50	Leasehold Improv - Clinic	05/01/19	200DB	5.00		MC19B	204,651.				204,651.			10,233.	10,233.
	* 990 Page 10 Total Buildings						252,968.				252,968.	12,084.		11,192.	23,276.
	Machinery & Equipment														

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	Autoclave	10/10/05	200DB	7.00		HY17	2,916.				2,916.	2,916.		0.	2,916.
13	Vital Sign Monitor	06/28/10	200DB	7.00		HY17	1,907.				1,907.	1,907.		0.	1,907.
14	Anesthesia Machine	06/28/10	200DB	7.00		HY17	1,242.				1,242.	1,242.		0.	1,242.
19	Cages	07/19/10	200DB	7.00		HY17	13,431.				13,431.	13,431.		0.	13,431.
20	Anesthesia Machine	09/28/10	200DB	7.00		HY17	1,917.				1,917.	1,917.		0.	1,917.
21	Feline Scale	07/28/10	200DB	7.00		HY17	325.				325.	325.		0.	325.
22	Cages	07/28/10	200DB	7.00		HY17	5,076.				5,076.	5,076.		0.	5,076.
24	(D)Sign	04/30/11	200DB	7.00		HY17	896.			896.				0.	
35	(D)Cabinets	01/23/13	200DB	7.00		HY17	800.			400.	400.	347.		18.	365.
36	Wall Mounted Exam Table	12/19/14	200DB	7.00		HY17	1,025.			513.	512.	352.		46.	398.
37	Exam Table	12/05/14	200DB	7.00		HY17	1,025.			513.	512.	352.		46.	398.
40	Computers	10/15/15	200DB	5.00		HY17	1,474.				1,474.	944.		212.	1,156.
52	Dental Machine	08/30/18	200DB	7.00		MC19C	4,891.				4,891.			1,223.	1,223.
53	Anesthesia with vaporizer	08/30/18	200DB	7.00		MC19C	2,901.				2,901.			725.	725.
54	AutoClave	11/21/18	200DB	7.00		MC19C	4,916.				4,916.			878.	878.
	* 990 Page 10 Total Machinery & Equipment						44,742.			2,322.	42,420.	28,809.		3,148.	31,957.
	* 990 Page 10 Total - Spay Neuter Clinic						297,710.			2,322.	295,388.	40,893.		14,340.	55,233.
	* Grand Total 990 Page 10 Depr						391,665.			13,739.	377,926.	107,843.		16,296.	124,139.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Butte Humane Society

Form 990 Page 10

94-1580621

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	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
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 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2019. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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 2018	17	3,167.
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 2018 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		206,051.	5 Yrs.	MQ	200DB	10,303.
c	7-year property		12,708.	7 Yrs.	MQ	200DB	2,826.
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 2018 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	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	16,296.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 7 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. Butte Humane Society	Employer identification number (EIN) or 94-1580621
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2580 Fair St.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chico, CA 95928	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Butte Humane Society Administrative Office

- The books are in the care of ▶ **2580 Fair St. - Chico, CA 95973**
Telephone No. ▶ **530-343-7917** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Butte Humane Society

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Admin Office											
	Buildings											
	Leasehold											
15	Improvements-Admin	090109	SL	39.00	17	4,918.			4,918.	1,108.		126.
	* 990 Page 10 Total											
	Buildings					4,918.		0.	4,918.	1,108.		126.
	Furniture & Fixtures											
44	Tables/Chairs (Ed Ctr)	070115	200DB	7.00	17	1,449.			1,449.	710.		211.
45	2 Zebra Chairs (Ed Ctr)	070115	200DB	7.00	17	200.			200.	98.		29.
46	Chair Carrier Dolly (Ed Ctr)	070115	200DB	7.00	17	184.			184.	90.		27.
47	Data Switch (Ed Ctr)	070115	200DB	5.00	17	102.			102.	65.		15.
48	Wall Decor (Ed Ctr)	080116	200DB	7.00	17	258.		129.	129.	50.		23.
49	Computer-CAD	013017	200DB	5.00	17	644.		322.	322.	167.		62.
	* 990 Page 10 Total											
	Furniture & Fixture					2,837.		451.	2,386.	1,180.		367.
	Machinery & Equipment											
3	Safe	071803	200DB	7.00	17	1,500.			1,500.	1,500.		0.
4	PA System	060305	200DB	7.00	17	510.			510.	510.		0.
6	Vacuum Cleaner	102006	200DB	7.00	17	428.			428.	428.		0.
9	Telephone System-Admin	081909	200DB	5.00	17	2,445.		1,223.	1,222.	1,222.		0.
32	Telephone System	120310	200DB	5.00	17	10,515.			10,515.	10,515.		0.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Butte Humane Society

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	Phone System Network Server	012313	200DB	5.00	17	2,400.		1,200.	1,200.	1,200.		0.
38	Laptop Computer	060816	200DB	5.00	17	636.		318.	318.	209.		44.
39	Computers	101515	200DB	5.00	17	6,485.			6,485.	4,150.		934.
42	TV & Soundbar (Ed Ctr)	070116	200DB	5.00	17	1,000.		500.	500.	260.		96.
43	DVD Player (Ed Ctr)	070116	200DB	5.00	17	163.		82.	81.	42.		16.
	* 990 Page 10 Total Machinery & Equipme					26,082.		3,323.	22,759.	20,036.		1,090.
	* 990 Page 10 Total - Admin Office					33,837.		3,774.	30,063.	22,324.		1,583.
	Fair St Machinery & Equipment											
7	Animal Scale	071608	200DB	5.00	17	1,067.		534.	533.	533.		0.
8	Walkie Talkies	070609	200DB	5.00	17	3,227.		1,614.	1,613.	1,613.		0.
10	Industrial Washer/Dryer	121509	200DB	7.00	17	10,989.		5,495.	5,494.	5,494.		0.
11	Animal Scale	020210	200DB	7.00	17	535.			535.	535.		0.
12	Cages	033010	200DB	7.00	17	11,126.			11,126.	11,126.		0.
23	Cages	072710	200DB	7.00	17	2,800.			2,800.	2,800.		0.
33	Cages	073011	200DB	7.00	17	2,050.			2,050.	1,959.		91.
41	Computers	101515	200DB	5.00	17	1,474.			1,474.	944.		212.
	* 990 Page 10 Total Machinery & Equipme					33,268.		7,643.	25,625.	25,004.		303.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Butte Humane Society

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Transportation Equipment											
1	(D)Van	060994	200DB	5.00	17	3,087.			3,087.	3,087.		0.
2	(D)1997 Ford Van	082197	200DB	5.00	17	22,363.			22,363.	16,535.		0.
51	1999 Dodge Caravan	060519	200DB	5.00	19B	1,400.			1,400.			70.
	* 990 Page 10 Total Transportation Equi					26,850.		0.	26,850.	19,622.		70.
	* 990 Page 10 Total - Fair St					60,118.		7,643.	52,475.	44,626.		373.
	Spay Neuter Clinic											
	Buildings											
25	(D)Flooring	090110	SL	39.00	17	9,280.			9,280.	1,854.		188.
26	(D)Security System	090110	SL	7.00	17	2,320.			2,320.	2,320.		0.
27	(D)Heating/Air System	090110	SL	39.00	17	5,000.			5,000.	997.		102.
28	(D)Landscaping	090110	SL	15.00	17	1,915.			1,915.	960.		64.
29	(D)Countertops	090110	SL	39.00	17	3,706.			3,706.	740.		75.
30	(D)Windows	090110	SL	39.00	17	2,064.			2,064.	413.		42.
31	(D)Leasehold Improvements	090110	SL	39.00	17	24,032.			24,032.	4,800.		488.
50	Leasehold Improv - Clinic	050119	200DB	5.00	19B	204,651.			204,651.			10,233.
	* 990 Page 10 Total Buildings					252,968.		0.	252,968.	12,084.		11,192.
	Machinery & Equipment											

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Butte Humane Society

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5	Autoclave	101005	200DB	7.00	17	2,916.			2,916.	2,916.		0.
13	Vital Sign Monitor	062810	200DB	7.00	17	1,907.			1,907.	1,907.		0.
14	Anesthesia Machine	062810	200DB	7.00	17	1,242.			1,242.	1,242.		0.
19	Cages	071910	200DB	7.00	17	13,431.			13,431.	13,431.		0.
20	Anesthesia Machine	092810	200DB	7.00	17	1,917.			1,917.	1,917.		0.
21	Feline Scale	072810	200DB	7.00	17	325.			325.	325.		0.
22	Cages	072810	200DB	7.00	17	5,076.			5,076.	5,076.		0.
24	(D)Sign	043011	200DB	7.00	17	896.		896.				0.
35	(D)Cabinets	012313	200DB	7.00	17	800.		400.	400.	347.		18.
36	Wall Mounted Exam Table	121914	200DB	7.00	17	1,025.		513.	512.	352.		46.
37	Exam Table	120514	200DB	7.00	17	1,025.		513.	512.	352.		46.
40	Computers	101515	200DB	5.00	17	1,474.			1,474.	944.		212.
52	Dental Machine	083018	200DB	7.00	19C	4,891.			4,891.			1,223.
53	Anesthesia with vaporizer	083018	200DB	7.00	19C	2,901.			2,901.			725.
54	AutoClave	112118	200DB	7.00	19C	4,916.			4,916.			878.
	* 990 Page 10 Total Machinery & Equipme					44,742.		2,322.	42,420.	28,809.		3,148.
	* 990 Page 10 Total - Spay Neuter Clini					297,710.		2,322.	295,388.	40,893.		14,340.
	* Grand Total 990 Page 10 Depr					391,665.		13,739.	377,926.	107,843.		16,296.

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

Butte Humane Society

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Admin Office								
	Buildings								
15	Leasehold Improvements-Admin	090109	SL	39.00	4,918.		4,918.	1,234.	126.
	* 990 Page 10 Total Buildings				4,918.		4,918.	1,234.	126.
	Furniture & Fixtures								
44	Tables/Chairs (Ed Ctr)	070115	200DB	7.00	1,449.		1,449.	921.	151.
45	2 Zebra Chairs (Ed Ctr)	070115	200DB	7.00	200.		200.	127.	21.
46	Chair Carrier Dolly (Ed Ctr)	070115	200DB	7.00	184.		184.	117.	19.
47	Data Switch (Ed Ctr)	070115	200DB	5.00	102.		102.	80.	15.
48	Wall Decor (Ed Ctr)	080116	200DB	7.00	258.	129.	129.	73.	16.
49	Computer-CAD	013017	200DB	5.00	644.	322.	322.	229.	37.
	* 990 Page 10 Total Furniture & Fixtures				2,837.	451.	2,386.	1,547.	259.
	Machinery & Equipment								
3	Safe	071803	200DB	7.00	1,500.		1,500.	1,500.	0.
4	PA System	060305	200DB	7.00	510.		510.	510.	0.
6	Vacuum Cleaner	102006	200DB	7.00	428.		428.	428.	0.
9	Telephone System-Admin	081909	200DB	5.00	2,445.	1,223.	1,222.	1,222.	0.
32	Telephone System	120310	200DB	5.00	10,515.		10,515.	10,515.	0.
34	Phone System Network Server	012313	200DB	5.00	2,400.	1,200.	1,200.	1,200.	0.
38	Laptop Computer	060816	200DB	5.00	636.	318.	318.	253.	35.
39	Computers	101515	200DB	5.00	6,485.		6,485.	5,084.	934.
42	TV & Soundbar (Ed Ctr)	070116	200DB	5.00	1,000.	500.	500.	356.	58.
43	DVD Player (Ed Ctr)	070116	200DB	5.00	163.	82.	81.	58.	9.
	* 990 Page 10 Total Machinery & Equipment				26,082.	3,323.	22,759.	21,126.	1,036.
	* 990 Page 10 Total - Admin Office				33,837.	3,774.	30,063.	23,907.	1,421.
	Fair St								
	Machinery & Equipment								
7	Animal Scale	071608	200DB	5.00	1,067.	534.	533.	533.	0.
8	Walkie Talkies	070609	200DB	5.00	3,227.	1,614.	1,613.	1,613.	0.
10	Industrial Washer/Dryer	121509	200DB	7.00	10,989.	5,495.	5,494.	5,494.	0.
11	Animal Scale	020210	200DB	7.00	535.		535.	535.	0.
12	Cages	033010	200DB	7.00	11,126.		11,126.	11,126.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

Butte Humane Society

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
23	Cages	072710	200DB	7.00	2,800.		2,800.	2,800.	0.
33	Cages	073011	200DB	7.00	2,050.		2,050.	2,050.	0.
41	Computers	101515	200DB	5.00	1,474.		1,474.	1,156.	212.
	* 990 Page 10 Total Machinery & Equipment				33,268.	7,643.	25,625.	25,307.	212.
	Transportation Equipment								
51	1999 Dodge Caravan	060519	200DB	5.00	1,400.		1,400.	70.	532.
	* 990 Page 10 Total Transportation Equipment				1,400.		1,400.	70.	532.
	* 990 Page 10 Total - Fair St Spay Neuter Clinic Buildings				34,668.	7,643.	27,025.	25,377.	744.
50	Leasehold Improv - Clinic	050119	200DB	5.00	204,651.		204,651.	10,233.	77,767.
	* 990 Page 10 Total Buildings Machinery & Equipment				204,651.		204,651.	10,233.	77,767.
5	Autoclave	101005	200DB	7.00	2,916.		2,916.	2,916.	0.
13	Vital Sign Monitor	062810	200DB	7.00	1,907.		1,907.	1,907.	0.
14	Anesthesia Machine	062810	200DB	7.00	1,242.		1,242.	1,242.	0.
19	Cages	071910	200DB	7.00	13,431.		13,431.	13,431.	0.
20	Anesthesia Machine	092810	200DB	7.00	1,917.		1,917.	1,917.	0.
21	Feline Scale	072810	200DB	7.00	325.		325.	325.	0.
22	Cages	072810	200DB	7.00	5,076.		5,076.	5,076.	0.
36	Wall Mounted Exam Table	121914	200DB	7.00	1,025.	513.	512.	398.	46.
37	Exam Table	120514	200DB	7.00	1,025.	513.	512.	398.	46.
40	Computers	101515	200DB	5.00	1,474.		1,474.	1,156.	212.
52	Dental Machine	083018	200DB	7.00	4,891.		4,891.	1,223.	1,048.
53	Anesthesia with vaporizer	083018	200DB	7.00	2,901.		2,901.	725.	622.
54	AutoClave	112118	200DB	7.00	4,916.		4,916.	878.	1,154.
	* 990 Page 10 Total Machinery & Equipment				43,046.	1,026.	42,020.	31,592.	3,128.
	* 990 Page 10 Total - Spay Neuter Clinic				247,697.	1,026.	246,671.	41,825.	80,895.
	* Grand Total 990 Page 10 Depr				316,202.	12,443.	303,759.	91,109.	83,060.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

**California Exempt Organization
Annual Information Return**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name BUTTE HUMANE SOCIETY		California corporation number 0063730	
Additional information. See instructions.		FEIN 94-1580621	
Street address (suite or room) 2580 FAIR ST.		PMB no.	
City CHICO		State CA	ZIP code 95928
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	896,777	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,752,109	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	3,648,886	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	3,648,886	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,616,668	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,032,218	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title PRESIDENT	Date	<input type="checkbox"/> Telephone 530-894-9066 <input type="checkbox"/> PTIN P01278658
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> Firm's FEIN 68-0102429 <input type="checkbox"/> Telephone (530) 891-6474
	Firm's name (or yours, if self-employed) and address KCOE ISOM, LLP 3013 CERES AVENUE CHICO, CA 95973			

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	64,375	00	
	2	Interest	•	2	316	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7	832,086	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	896,777	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	0	00	
	12	Other salaries and wages	•	12	819,320	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	83,337	00
		15	Rents	•	15	142,951	00
		16	Depreciation and depletion (See instructions)	•	16	19,820	00
		17	Other Expenses and Disbursements	•	17	551,240	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,616,668	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		497,651		2,420,879
2 Net accounts receivable		4,886		3,633
3 Net notes receivable				
4 Inventories		13,596		13,596
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 5	63,314		41,423
10 a Depreciable assets	172,906		316,202	
b Less accumulated depreciation	(121,582)	51,324	(103,552)	212,650
11 Land				
12 Other assets	STMT 6	19,568		189,417
13 Total assets		650,339		2,881,598
Liabilities and net worth				
14 Accounts payable		27,618		226,464
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 7	51,518		48,189
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		571,203		2,606,945
22 Total liabilities and net worth		650,339		2,881,598

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	2,035,742	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	3,524
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		3,524
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		2,032,218
6 Total. Add line 1 through line 5		2,035,742			

CA 199

Cash Contributions
Included on Part I, Line 3

Statement 1

Contributor's Name	Contributor's Address	Date of Gift	Amount
William Volpe	466 Vallombrosa Avenue Chico, CA 95926	11/01/18	80,000.
Estate of Baird	Bequest from trust Chico, CA 95926	10/02/18	216,250.
Estate of Brown	Bequest from trust Chico, CA 95926	10/23/18	500,000.
Joan Robertson Trust	Bequest from trust Chico, CA 95926	11/01/18	71,000.
Rachel Ray Foundation	Foundation Chico, CA 95926	03/15/19	100,000.
Marilyn Everett	Local community Chico, CA 95926	03/22/19	100,000.
Total included on line 3			<u>1,067,250.</u>

CA 199

Other Income

Statement 2

Description	Amount
Adoption/Surrender Fees	72,043.
Spay/Neuter Clinic	760,043.
Total to Form 199, Part II, line 7	<u>832,086.</u>

CA 199 Compensation of Officers, Directors and Trustees Statement 3

Name and Address	Title and Average Hrs Worked/Wk	Compensation
Christy Norton 2580 Fair St. Chico, CA 95928	Director-President 20.00	0.
Devin Potter 2580 Fair St. Chico, CA 95928	Director-Vice President 6.00	0.
William Volpe 2580 Fair St. Chico, CA 95928	Director-Secretary 4.00	0.
John Alden 2580 Fair St. Chico, CA 95928	Director-Treasurer 2.00	0.
William Knudsen 2580 Fair St. Chico, CA 95928	Director-At Large 2.00	0.
Larry Wahl 2580 Fair St. Chico, CA 95928	Director-At Large 2.00	0.
Andrea Motta 2580 Fair St. Chico, CA 95928	Director-At Large 2.00	0.
Jessica Freitas 2580 Fair St. Chico, CA 95928	Director-At Large 2.00	0.

Butte Humane Society

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Joanna Padilla
2580 Fair St.
Chico, CA 95928

Director-At Large
2.00

0.

Lindsay Poulin
2580 Fair St.
Chico, CA 95928

Director-At Large
2.00

0.

Katrina Woodcox
2580 Fair St.
Chico, CA 95928

Executive Director
40.00

0.

Total to Form 199, Part II, line 11

0.

CA 199

Other Expenses

Statement 4

Description

Amount

Veterinary Services & S	205,814.
Direct Fundraising Expe	41,986.
Animal Care Supplies	37,098.
Bank Fees	32,366.
Direct expenses of fundraising events	42,001.
Other employee benefits	74,081.
Accounting fees	3,982.
Professional fundraising fees	24,553.
Other professional fees	10,892.
Advertising and promotion	14,284.
Office expenses	25,579.
Information technology	11,801.
Travel	7,150.
Insurance	6,325.
All other expenses	13,328.

Total to Form 199, Part II, line 17

551,240.

CA 199

Other Investments

Statement 5

Description

Beg. of Year

End of Year

Mutual Funds	63,314.	41,423.
Total to Form 199, Schedule L, line 9	63,314.	41,423.

CA 199	Other Assets	Statement 6
Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	19,568.	14,817.
Construction in Progress - Design of new shelter	0.	174,600.
Total to Form 199, Schedule L, line 12	19,568.	189,417.

CA 199	Other Liabilities	Statement 7
Description	Beg. of Year	End of Year
Accrued Payroll & Taxes	31,808.	39,477.
Insurance Contract Payable	4,633.	5,182.
Accrued Vacation	15,077.	3,530.
Total to Form 199, Schedule L, line 18	51,518.	48,189.

CA 199	Deductions in this Return Not Charged Against Book Income this Year	Statement 8
Description		Amount
Depreciation		3,524.
Total to Form 199, Schedule M-1, line 8		3,524.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-1580621

Corporation name

California corporation number

BUTTE HUMANE SOCIETY

0063730

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	9	391,665.	113,881.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	19,820

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	19,820
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	16,296
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	3,524

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22

CA 3885

Depreciation

Statement 9

Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus
1 Van	06/09/94	3,087.	3,087.	200DB	5.00	0.	
2 1997 Ford Van	08/21/97	22,363.	16,535.	200DB	5.00	0.	
3 Safe	07/18/03	1,500.	1,428.	200DB	7.00	0.	
4 PA System	06/03/05	510.	461.	200DB	7.00	0.	
5 Autoclave	10/10/05	2,916.	2,634.	200DB	7.00	0.	
6 Vacuum Cleaner	10/20/06	428.	386.	200DB	7.00	0.	
7 Animal Scale	07/16/08	1,067.	982.	200DB	5.00	0.	
8 Walkie Talkies	07/06/09	3,227.	2,976.	200DB	5.00	0.	
9 Telephone System-Admin	08/19/09	2,445.	2,248.	200DB	5.00	0.	
10 Industrial Washer/Dryer	12/15/09	10,989.	9,947.	200DB	7.00	0.	
11 Animal Scale	02/02/10	535.	483.	200DB	7.00	0.	
12 Cages	03/30/10	11,126.	10,048.	200DB	7.00	0.	
13 Vital Sign Monitor	06/28/10	1,907.	1,752.	200DB	7.00	0.	
14 Anesthesia Machine	06/28/10	1,242.	1,141.	200DB	7.00	0.	
15 Leasehold Improvements-Admin	09/01/09	4,918.	1,113.	SL	39.00	126.	
19 Cages	07/19/10	13,431.	12,145.	200DB	7.00	0.	
20 Anesthesia Machine	09/28/10	1,917.	1,731.	200DB	7.00	0.	
21 Feline Scale	07/28/10	325.	295.	200DB	7.00	0.	
22 Cages	07/28/10	5,076.	4,591.	200DB	7.00	0.	
23 Cages	07/27/10	2,800.	2,533.	200DB	7.00	0.	
24 Sign	04/30/11	896.	809.	200DB	7.00	0.	
25 Flooring	09/01/10	9,280.	1,864.	SL	39.00	198.	
26 Security System	09/01/10	2,320.	2,317.	SL	7.00	0.	
27 Heating/Air System	09/01/10	5,000.	1,003.	SL	39.00	107.	
28 Landscaping	09/01/10	1,915.	1,002.	SL	15.00	106.	
29 Countertops	09/01/10	3,706.	744.	SL	39.00	79.	
30 Windows	09/01/10	2,064.	415.	SL	39.00	44.	

Butte Humane Society

94-1580621

31 Leasehold Improvements						
09/01/10	24,032.	4,826.	SL	39.00		514.
32 Telephone System						
12/03/10	10,515.	9,644.	200DB	5.00		0.
33 Cages						
07/30/11	2,050.	1,849.	200DB	7.00		5.
34 Phone System Network Server						
01/23/13	2,400.	2,201.	200DB	5.00		0.
35 Cabinets						
01/23/13	800.	669.	200DB	7.00		31.
36 Wall Mounted Exam Table						
12/19/14	1,025.	704.	200DB	7.00		92.
37 Exam Table						
12/05/14	1,025.	714.	200DB	7.00		89.
38 Laptop Computer						
06/08/16	636.	415.	200DB	5.00		88.
39 Computers						
10/15/15	6,485.	4,150.	200DB	5.00		934.
40 Computers						
10/15/15	1,474.	944.	200DB	5.00		212.
41 Computers						
10/15/15	1,474.	944.	200DB	5.00		212.
42 TV & Soundbar (Ed Ctr)						
07/01/16	1,000.	640.	200DB	5.00		144.
43 DVD Player (Ed Ctr)						
07/01/16	163.	104.	200DB	5.00		24.
44 Tables/Chairs (Ed Ctr)						
07/01/15	1,449.	710.	200DB	7.00		211.
45 2 Zebra Chairs (Ed Ctr)						
07/01/15	200.	98.	200DB	7.00		29.
46 Chair Carrier Dolly (Ed Ctr)						
07/01/15	184.	90.	200DB	7.00		27.
47 Data Switch (Ed Ctr)						
07/01/15	102.	65.	200DB	5.00		15.
48 Wall Decor (Ed Ctr)						
08/01/16	258.	122.	200DB	7.00		39.
49 Computer-CAD						
01/30/17	644.	322.	200DB	5.00		129.
50 Leasehold Improv - Clinic						
05/01/19	204,651.		200DB	5.00		13,643.
51 1999 Dodge Caravan						
06/05/19	1,400.		200DB	5.00		47.
52 Dental Machine						
08/30/18	4,891.		200DB	7.00		1,165.
53 Anesthesia with vaporizer						
08/30/18	2,901.		200DB	7.00		691.
54 AutoClave						
11/21/18	4,916.		200DB	7.00		819.
Total to Form 3885	391,665.	113,881.				19,820.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:
Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

839035 12-12-18

--- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2018** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 BUTT 94-1580621 0063730 18 FORM 3
TYB 07-01-2018 TYE 06-30-2019
BUTTE HUMANE SOCIETY

2580 FAIR ST
CHICO CA 95928

(530) 343-7917

Amount of Payment 10.

TAXABLE YEAR
2018

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
BUTTE HUMANE SOCIETY	94-1580621

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	3,648,886
2 Total gross income (Form 199, line 8)	2	3,648,886
3 Total expenses and disbursements (Form 199, line 9)	3	1,616,668

Part II Settle Your Account Electronically for Taxable Year 2018

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here		Date		PRESIDENT Title
------------------	--	------	--	---------------------------

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01278658
Must Sign	Firm's name (or yours if self-employed) and address	KCOE ISOM, LLP 3013 CERES AVENUE CHICO, CA			FEIN 48-0567703 ZIP code 95973

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P01278658	
Must Sign	Firm's name (or yours if self-employed) and address	KCOE ISOM, LLP 3013 CERES AVENUE CHICO, CA			FEIN 68-0102429 ZIP code 95973

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>BUTTE HUMANE SOCIETY</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>2580 FAIR ST.</u> Address (Number and Street)</p> <p><u>CHICO, CA 95928</u> City or Town, State, and ZIP Code</p> <p><u>530-343-7917</u> Telephone Number</p> <p><u>KATRINAWOODCOX@BUTTEHUMANE.ORG</u> E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT004749</u></p> <p>Corporation or Organization No. <u>0063730</u></p> <p>Federal Employer ID No. <u>94-1580621</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:

Gross Annual Revenue \$ 3,606,885 Noncash Contributions \$ 0 Total Assets \$ 2,881,598
 Program Expenses \$ 1,040,979 Total Expenses \$ 1,571,143

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>CHRISTY NORTON</u>	<u>PRESIDENT</u>	
Signature of Authorized Agent	Printed Name	Title
		Date