

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0063730

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change Butte Humane Society Name change 94-1580621 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 13391 Garner Lane 530-343-7917 4,117,658. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 95973 Chico, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Christy Norton for subordinates? Yes X No 13391 Garner Lane, Chico, CA H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ www.buttehumane.org **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Other > . Year of formation: 1911 **M** State of legal domicile: CA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: Saving Lives. Finding Homes. Activities & Governance Inspiring Compassion. if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 9 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 4,314,303. 3,369,018. Contributions and grants (Part VIII, line 1h) 8 Revenue 541,764. 689,165. Program service revenue (Part VIII, line 2g) 25.617. 59,475. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6,312.-2,471. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,887,996. 4,115,187. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,144,403. 938,480. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 29,500. 30,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 674,288. 593,828. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,848,191. 1,562,308. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,039,805. 2,552,879. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year Po 6,453,727. 12,042,846. 20 Total assets (Part X, line 16) 762,708. 3,782,663. 21 Total liabilities (Part X, line 26) 三年 691,019. 8,260,183 22 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign Christy Norton, Treasurer Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01278658 Christy M. Norton Paid self-employed Firm's name KCoe Isom, LLP Firm's EIN ▶ 68-0102429 Preparer Firm's address > 2454 Builders Place, Use Only Chico, CA 95928 Phone no. (530) 891-6474

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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

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

le Total program service expenses ► 1,174,513.

Form 990 (2020)

Form 990 (2020) Butte Humane Society
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	├°		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		_
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2020) Butte Humane Society
Part IV Checklist of Required Schedules (continued)

	· · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	990	(0000)

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

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If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) Butte Humane Society 94-1580621 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			. [2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			- 1	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·	5		Х
6	Did the organization have members or stockholders?			Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			¨			
	more members of the governing body?				7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			۱ ا			
-	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•			
o a	The governing body?	-	-		8a	Х	
b				- 1	8b	X	_
9				··	OD	-25	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			V	N ₂
10-	Did the expenientian have level chanters branches as offiliates?			ſ	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			·· }	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch				10b		
44.			o filing the form?	··· [11a	Х	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beloi	e illing the form?	ŀ	па	-22	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1	10-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			}	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,					₩.
	in Schedule O how this was done				12c	v	X
13	Did the organization have a written whistleblower policy?			}	13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 1		77	
	The organization's CEO, Executive Director, or top management official			}	15a	X	77
b	Other officers or key employees of the organization			.	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			I			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a	ı			77
	taxable entity during the year?			.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•	I			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			.	16b		
Sec	tion 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	nd 990	-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy,	and	financ	ial	
	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 boo						
	Butte Humane Society Administrative Office - 530-34	13-7	917				
	13391 Garner Lane, Chico, CA 95973						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss per	more rson i	than of s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	, i	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key er	Highe	Former			
(1) Katrina Woodcox	40.00								_	_
Executive Director	10.00			X				94,500.	0.	0
(2) Jessica Harrington	10.00	١								_
Director-Chair	F 0.0	X		X				0.	0.	0
(3) Devin Potter	5.00	37		77					0	0
Director-Vice President (4) Jessica Freitas	5.00	X		Х				0.	0.	0
(4) Jessica Freitas Director-Secretary	3.00	X		х				0.	0.	0
(5) Christy Norton	10.00	^		^				0.	0.	U
Director-Treasurer	10.00	X		X				0.	0.	0
(6) William Volpe	4.00							•	•	-
Director-At Large		х						0.	0.	0
(7) Andrea Motta	2.00									
Director-At Large		Х						0.	0.	0
(8) Kelly Leser	2.00									
Director-At Large		Х						0.	0.	0
(9) George Barber	2.00									
Director-At Large		Х						0.	0.	0
		-								
		-								
		$\frac{1}{2}$								
		\vdash								
		4	1							

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	(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more rson i	than of the the than of the than of the than of the than of the	n an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	(F) Estimate Imount other	of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from th ganiza nd relat ganizat	ne tion ted		
								4							
									, in the second						
									0.4 500						
С	Subtotal Total from continuation sheets to Part VII	I, Section A							94,500.	0			0.		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no) wh	o re	94,500. eceived more than \$100,	000 of reportable	•		0.		
	compensation from the organization										_	Yes	0 N o		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-		-		_	•	•	3		х		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		х		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5		Х		
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	ере	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of compens	sation f	rom			
	the organization. Report compensation for t					ith c	or wi	thin 	(B)			(C)			
	Name and business	address	NC	ONE	3				Description of s	services	Comp	ensatio	on		
2	Total number of independent contractors (in	•	ot lin	nited	d to		_	ted	above) who received me	ore than					
	\$100,000 of compensation from the organiz	zation >)				Form	990	(2020)		

032008 12-23-20

Form 990 (2020) Butte Humane Society
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ī ar		b	Membership dues 1b					
e, E		С	Fundraising events 1c	53,745.				
ifts Ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sic			All other contributions, gifts, grants, and					
eti je		•		315,273.				
들				313,273.	-			
d d		•	Noncash contributions included in lines 1a-1f 1g \$		2 260 010			
<u>ŏ</u> ĕ		h	Total. Add lines 1a-1f		3,369,018.			
				Business Code				
ė	2	а	Spay/Neuter Clinic	900099	627,057.			
ξ		b	Adoption/Surrender Fee	900099	62,108.	62,108.		
Sel		С						
E S		d						
gra		_						
Program Service Revenue			All other are successive various					
_			All other program service revenue	•	600 165			
-			Total. Add lines 2a-2f		689,165.			
	3		Investment income (including dividends, inter-		F0 475			F 0 455
			other similar amounts)		59,475.			59,475.
	4		Income from investment of tax-exempt bond p	proceeds		V		
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			, , ,	(ii) Other				
	′	а	(7	(ii) Other	1			
			assets other than inventory 7a					
		b	Less: cost or other basis					
e l			and sales expenses		-			
Revenue		С	Gain or (loss) 7c					
Be			Net gain or (loss)	>				
her	8	а	Gross income from fundraising events (not					
₹			including \$ 53,745. of					
			contributions reported on line 1c). See					
			Part IV, line 18	0.				
		h	Less: direct expenses 8t					
				2,111	-2,471.			-2,471.
			Net income or (loss) from fundraising events		-2,4/1.			-2,4/1.
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a		-			
		b	Less: direct expenses 9t)				
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold	b				
			Net income or (loss) from sales of inventory	•				
\neg				Business Code				
ns	44	_						
e eo	11							
llan		b			1			
Se Se		С			1			
Miscellaneous Revenue			All other revenue					
=		е	Total. Add lines 11a-11d)				
	12		Total revenue. See instructions	>	4,115,187.	689,165.	0.	57,004.

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Form **990** (2020)

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 (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 866,879. 641,194. 99,819. 125,866. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,091. 22,890. 5,131. 1,070. Other employee benefits 9 72,510. 53,843. 7,883. 10,784. 10 Payroll taxes Fees for services (nonemployees): Management 8,291. 5,219. 3,072. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,863. 1,863. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 27,534 3,222. 22,687 1,625. column (A) amount, list line 11g expenses on Sch O.) 3,978. 3,473. 505. Advertising and promotion 12 17,594. 10,650. 3,867. 3,077. Office expenses 13 29,742. 7,523. 8,301. 13,918. Information technology 14 15 Royalties 117,141. 99,273. 7,738. 10,130. 16 Occupancy 8,420. 4,627. 414. 3,379. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,023. 370. 559. 94. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 70,080. 69,109. 971. Depreciation, depletion, and amortization 22 24,964. 20,985. 3,979. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 221,691. 221,691. Veterinary Services & S 17,113. Bank Fees 17,113. 16,281. 16,281. Direct Fundraising Expe 12,154. 12,154. d Animal Care Supplies 15,959. 7.722. 4,881. 3,356. All other expenses 1,562,308. 1,174,513. 194,638. 193,157. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2020)

if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	67,145.	1	107,430.		
	2	Savings and temporary cash investments			2,543,001.	2	558,193.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	700.	4	807.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described		Г		6	
ţ	7	Notes and loans receivable, net			10 -01	7	10 -01
Assets	8	Inventories for sale or use			13,596.	8	13,596.
⋖	9				5,003.	9	4,630.
	10a	Land, buildings, and equipment: cost or other		2 000 400			
		basis. Complete Part VI of Schedule D		3,028,409.	0.000.000		0 765 600
		Less: accumulated depreciation		-	2,832,289.	10c	2,765,602.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	001 002	14	0 500 500		
	15	Other assets. See Part IV, line 11			991,993. 6,453,727.	15 16	8,592,588. 12,042,846.
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equa			762,708.	17	82,663.
	18	Accounts payable and accrued expenses			702,700.	18	02,003.
	19	Grants payable		19			
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ij		controlled entity or family member of any of thes				22	
Ęi	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	3,700,000.
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	<mark>17</mark> -24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			762,708.	26	3,782,663.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			4,488,692.	27	8,132,800.
Ba	28	Net assets with donor restrictions			1,202,327.	28	127,383.
n l		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 📖 📗			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			E 601 010	31	0 060 100
Š	32	Total net assets or fund balances			5,691,019.	32	8,260,183.
	33	Total liabilities and net assets/fund balances			6,453,727.	33	12,042,846. Form 990 (2020)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>4,11</u>					
2	Total expenses (must equal Part IX, column (A), line 25)		1,56					
3	Revenue less expenses. Subtract line 2 from line 1		2,55					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,69	1,0	<u> 19.</u>			
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								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	8,26	0,1	83.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Inspection

Name of the organization **Employer identification number** Butte Humane Society 94-1580621 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to requiarly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	. ,	,	` ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	(6)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(6) 2017	(6) 2010	(u) 2019	(6) 2020	(I) Total
8	Gross income from interest,						
Ü	dividends, payments received on						
	· · · · · ·						
	securities loans, rents, royalties,						
^	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	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		,				
12	Gross receipts from related activities,	*				12	
13	First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	
80	organization, check this box and stop		_			·····	P
	ction C. Computation of Public			(5)			0/
	Public support percentage for 2020 (li		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
168	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organization	on qualifies as a pu	blicly supported o	organization		▶□
k	10% -facts-and-circumstances test	- 2019. If the or	ganization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, ched	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. T	he organization qua	alifies as a publicly	/ supported organi:	zation	>
	Private foundation. If the organizatio						

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

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

Se	ction A. Public Support	,, ,	,							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.")	449,090.	705,798.	2660535.	2661871.	3315273.	9792567.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	422 962.	571 707.	832 086.	541,764.	689 165.	3057684			
3	Gross receipts from activities that	122,3020	3,2,,0,0	002,000	312,7310	003,2001	30370010			
J	are not an unrelated trade or bus- iness under section 513	124,000.					124,000.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				4					
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	996,052.	1277505.	3492621.	3203635.	4004438.	12974251.			
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the year						0.			
	Add lines 7a and 7b						12974251.			
	Public support. (Subtract line 7c from line 6.)						127/4271.			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6	996,052.	1277505.	3492621.	3203635.		12974251.			
	Gross income from interest,	77070			0_00000					
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,515.	700.	316.	25,617.	59,477.	87,625.			
k	Unrelated business taxable income				-	-				
	(less section 511 taxes) from businesses acquired after June 30, 1975									
(Add lines 10a and 10b	1,515.	700.	316.	25,617.	59,477.	87,625.			
	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.)	997,567.	1278205.	3492937.	3229252.	4063915.	13061876.			
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,			
							>			
	ction C. Computation of Publi									
15	Public support percentage for 2020 (I	, , , , , , , , , , , , , , , , , , , ,		column (f))		15	99.33 %			
<u>16</u>						16	%			
	ction D. Computation of Inves						<u> </u>			
17	Investment income percentage for 20					17	.67 %			
18	Investment income percentage from					18	<u>%</u>			
198	19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the									
	line 18 is not more than 33 1/3%, che	•			•	•				
20	Private foundation. If the organization									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
40		
4-		
4c		
F		
5a		
5b		
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7		
8		
9a		
9b		
9с		
10a		
iva		
105		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tion D. All Type III Supporting Organizations			
	шен этт туре не сарретану стуаналисто		Yes	No
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		163	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 (optiona) 1	Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
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 (optiona) 1	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.				
Section A - Adjusted Net Income (A) Prior Year (B) Current' (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 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current' (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): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 Corrent (average monthly cash balances 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Acquisition indebtedness applicable Amount Current Your Year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A) 1						
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see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Ourrent Year (from Section A, line 8, column A)						
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1	-		4			
6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1	5					
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current You 1 Adjusted net income for prior year (from Section A, line 8, column A) 1						
8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1						
Section C - Distributable Amount Current You Adjusted net income for prior year (from Section A, line 8, column A) 1						
					Current Year	
	1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2	Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year 5	5	<u> </u>				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · · ·				
emergency temporary reduction (see instructions).	-	•	6			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7			ted Type III supporting orga	nization (see	
instructions).	-			71		

Schedule A (Form 990 or 990-EZ) 2020

Fai	t v Type in Non-Functionally integrated 509(and, supporting orga	ilizations (continu	<u>ea)</u>	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015		7		
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j	-			
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Name of the organization

Employer identification number

B	Butte Humane Society	94-1580621				
Organization type (check	Organization type (check one):					
Filers of:	ilers of: Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	ation				
	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	n 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.						
year, contributior is checked, enter purpose. Don't c	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 \ \rightarrow \frac{1}{2} \rightarrow 1					
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

Butte	Humane Society	94	-1580621
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		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll

Name of organization Employer identification number

Butte Humane Society

94-1580621

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 14,818.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,645.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Numer and cook and all 14	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,953.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Butte Humane Society

94-1580621

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
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, <mark>add</mark> ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Butte Humane Society

94-1580621

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
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 23,099.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,513.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,609.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Butte Humane Society

94-1580621

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
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,756.	Person X Payroll

Name of organization

Employer identification number

Butte Humane Society

94-1580621

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
31		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 7,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Butte Humane Society

94-1580621

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization				Employer identification number	
Butte	Humane Society				94-1580621	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, used uplicate copies of Part III if additional) through (e) and the following that the following the charitable, etc., contributions of the charitable, etc.,	ing line entry. For a	organizations	nat total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held	
		(e) Trans	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
				4		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held	
-		(e) Trans	fer of aift		_	
	Transferee's name, address, ar			elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held	
-		(a) Trans	for of gift			
	Transferee's name, address, ar	(e) Transi nd ZIP + 4		elationship of tra	nsferor 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 Open to Public Inspection

Name of the organization

Butte Humane Society

Employer identification number 94-1580621

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised	d funds			
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be us	sed only			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				
	Preservation of land for public use (for example, recreat	ion or education) Pre <mark>ser</mark> vation 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 qualifi	ed conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
		<mark></mark>				
b						
C	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
•	listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax			
	year	amount in least and N				
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, I					
Ū	Starr and volunteer flours devoted to mornioring, inspecting, i	landing of violations, and emoreing consci	valion casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year			
-	▶ \$	g or molations, and ormoromig contournant	caseee aag a.e. yea.			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)			
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	ts that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	d balance sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB 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		L .			
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial <u>c</u>	ain, provide			
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		• \$			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020			

		umane Soci						94-15			age 2
Pai	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the f	ollowing that	make si	gnificant	use of its	,	ĺ	
	collection items (check all that apply):										
а	Public exhibition	(t	Loan or excl	hange progra	am					
b Scholarly research e Other											
С											
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, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	"Yes" on	Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for o	contributions	or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	kplanatio	n has been p	orovide <mark>d o</mark> n l	Part XIII]
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	g, column (a)) held as:	•					
а	Board designated or quasi-endowment		%		•						
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held an	d administer	ed for th	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost			ccumulat	ed	(d) Boo	k value	= =
		basis (investr		basis (oreciation	ı			
1a	Land			2,66	1,870.				2,66	1,8'	70.
	Buildings				9,236.	1	L36,1	30.	7	3,10	06.
С	Leasehold improvements						-				
d	Equipment			15	4,466.	1	L24,1	74.	3	0,29	92.
				Ι ΄	0 0 0 7			0.0		٦.	2.4

Schedule D (Form 990) 2020

2,765,602.

2,503.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2,837.

	Complete il the organization answered Tres (on Form 990. Part IV. line	11b. See Form 990, Part X, line 12.	
(a) 2 000p	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial	derivatives			
2) Closely h	eld equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	_	F 000 B+ IV I'	44 - O Farm 000 Bart V For 40	
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
/4\	(a) Description of investment	(b) Book value	(c) Wether of Valuation. Cost of Cit	d of year market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(4) Con	struction in Progress			7,753,287
		TICM STICT CT		
			butions for offsite	1,155,201
(2) Gar	ner Properties - Partne		butions for offsite	
(2) Gar (3) uti			butions for offsite	
(2) Gar (3) uti (4)	ner Properties - Partne		butions for offsite	
(2) Gar (3) uti (4) (5)	ner Properties - Partne		butions for offsite	
(2) Gar (3) uti (4) (5) (6)	ner Properties - Partne		butions for offsite	
(2) Gar (3) uti (4) (5)	ner Properties - Partne		butions for offsite	
(2) Gar (3) uti (4) (5) (6) (7)	ner Properties - Partne		butions for offsite	839,301
(2) Gar (3) uti (4) (5) (6) (7) (8) (9)	ner Properties - Partne	ership contril		
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Total. (Column	ner Properties - Partner Ilities Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Total. (Column Part X	ner Properties - Partner Ilities (1) Ities (b) must equal Form 990, Part X, col. (B) line (b) The Liabilities.	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	ner Properties - Partner Ilities Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) (1) Feder (2) (3) (4) (5)	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) (1) Feder (2) (3) (4) (5) (6)	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) (1) Feder (2) (3) (4) (5) (6) (7)	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Total. (Column Part X (2) (3) (4) (5) (6) (7) (8)	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	•	839,301 8,592,588
(2) Gar (3) uti (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	ener Properties - Partner Ilities In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ership contril	11e or 11f. See Form 990, Part X, line 25	839,301 8,592,588

Schedule D (Form 990) 2020

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Dona	ted services and use of facilities	2b			
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	l			
е	Add li	nes 2a through 2d			2e	
3	Subtr	act line 2e from line 1			3	
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:		1		
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		ith Evenence new E	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statemen	ils w	itii Expenses per H	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1		expenses and losses per audited financial statements		4	1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 -			
а		ted services and use of facilities	2a			
b		year adjustments	2b			
С		losses	2c			
d		(Describe in Part XIII.)			0-	
_		ines 2a through 2d			2e	
3		act line 2e from line 1			3	
4		Ints included on Form 990, Part IX, line 25, but not on line 1:	1 40	I		
a b		tment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	4a 4b			
					4c	
5		ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIII	Supplemental Information.				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	'. lines	1b and 2b: Part V. line 4	Part X.	ine 2: Part XI.
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	-	· · · · ·	,	,

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization
-------------	--------------

Butte Humane Society

Employer identification number

94-1580621 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

required to complete time pair	· · · · · · · · · · · · · · · · · · ·										
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations 	e X Solicita	tion of tion of	non-g gover	overnment grants							
d X In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No											
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.											
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No								
		K									
Total			•								
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration					

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Gala	Other events		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	50,104.	3,641.		53,745.
	2	Less: Contributions	50,104.	3,641.		53,745.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		4		
rect Ex	7	Food and beverages				
⊡	8	Entertainment				
	9	Other direct expenses		2,471.		2,471.
	10					2,471. 2,471.
		Net income summary. Subtract line 10 from li				-2,471.
Pa	art I	· · · · ·	answered "Yes" o <mark>n Fo</mark> rm	n 990, P <mark>art</mark> IV, line 19, or r	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		T . D . H. I		I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
9		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
	_					
0320	82 11	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 Butte Humane Society	94 - 15	8062	1 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	!	Yes	s No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	o An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100	70
17	The the hame and address of the person who propares the organization's gaming/special events books and record	10.		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make cha <mark>rita</mark> ble distributions from the gaming proceeds to	ſ		
	retain the state gaming license?		Ye	s L No
b	DEnter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
_	organization's own exempt activities during the tax year ▶ \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	Butte Humane	Society	94-1580621	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(continued)			
-					
			A		
			· · · · · · · · · · · · · · · · · · ·		
	<u> </u>				

SCHEDULE 0

Internal Revenue Service

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

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

Name of the organization

Employer identification number

Butte Humane Society	94-1580621							
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 Preside	ent of the Board							
of Directors as to performance and compensation. Compensat	ion comparables							
are obtained from national databases of humane society sta	tistics and local							
compensation data.								
Form 990, Part VI, Section C, Line 19:								
Form 990 which includes the organization's financial infor	mation and the							
by-laws are published on the organizations website. Police	y manuals are							
available at the main office at 13391 Garner Lane, Chico,	CA 95973.							
Financial statements are available upon written request to	the Treasurer,							
13391 Garner Lane, Chico, CA 95973.								
Form 990, Part XI, line 9, Changes in Net Assets:								
Depreciation - book vs. tax difference	16,285.							

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Identifying number

	tte Humane Society						age 10		94-1580621
Pa	rt I Election To Expense Certain Propert	y Under Section 17	9 Note: If you	have any lis	sted pro	operty, o	complete Part		
	Maximum amount (see instructions)								1,040,000.
	Total cost of section 179 property place								
3 7	Threshold cost of section 179 property b		2,590,000.						
4 F	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, enter	-0-					
5 [Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -0	D If married filing s	eparately, see in	nstruction	ns		5	
6	(a) Description of pro	perty		(b) Cost (busin	ess use c	only)	(c) Elected of	ost	
	isted property. Enter the amount from l					7			
	Total elected cost of section 179 proper								
9 7	Tentative deduction. Enter the smaller	of line 5 or line 8						9	
	Carryover of disallowed deduction from	•							
	Business income limitation. Enter the sn								
12 9	Section 179 expense deduction. Add lin	es 9 and 10, but	don't enter mo	ore than line	11			12	
	Carryover of disallowed deduction to 20		<u> </u>	$\overline{}$	<u> ></u>	13			
	e: Don't use Part II or Part III below for li	,		_					
	rt II Special Depreciation Allowan				7		-		
14 5	Special depreciation allowance for quali	fied property (oth	er than listed p	property) pla	aced in	service	during		
	the tax year								3,394.
15 F	Property subject to section 168(f)(1) elec	tion						15	
		<u></u>		_	<u></u>			16	
Pa	rt III MACRS Depreciation (Don't	nclude listed pro	perty. See inst	ructions.)					
			Sec	tion A					
				_					
17 N	MACRS deductions for assets placed in	service in tax year		_			<u></u>	17	66,686.
	f you are electing to group any assets placed in service	e during the tax year in	ars beginning to one or more gen	pefore 2020 eral asset accou	ınts, chec	k here	<u></u>		
		e during the tax year in Placed in Service	ars beginning to one or more general During 2020	pefore 2020 eral asset account Tax Year U	ınts, chec	k here	<u></u>		
	f you are electing to group any assets placed in service	e during the tax year in	ars beginning to one or more gen	peral asset account of the peral asset account o	Jsing t	k here	<u></u>		
	f you are electing to group any assets placed in service Section B - Assets	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
18 #	f you are electing to group any assets placed in service Section B - Assets (a) Classification of property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
18 H	f you are electing to group any assets placed in service Section B - Assets I (a) Classification of property 3-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
18 19a b	Section B - Assets (a) Classification of property 3-year property 5-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
18 19a b c	f you are electing to group any assets placed in service Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
18 H	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
19a b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	Jsing t	k here he Gen	eral Deprecia	tion Syste	em
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	unts, checo	k here he Gen Recovery period	eral Deprecia	(f) Method	em
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	conts, check distributions, ch	k here he Gen Recovery period 5 yrs.	eral Deprecian (e) Convention	(f) Method	em
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	conts, check distributions, ch	he Gen Recovery period 5 yrs. 5 yrs.	eral Depreciation (e) Convention	(f) Method	em
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	e during the tax year in Placed in Service (b) Month and year placed	ars beginning to one or more genee During 2020 (c) Basis for or (business/inve	peral asset account of the peral asset account o	conts, check distributions, ch	he he Gen Recovery period 5 yrs. 5 yrs. 5 yrs.	eral Depreciation (e) Convention	s/L S/L S/L	em
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	e during the tax year in Placed in Service (b) Month and year placed in service / / / / /	ars beginning to one or more gene e During 2020 (c) Basis for (business/inveonly - see in	pefore 2020 eral asset accou. Tax Year U epreciation structions)	25 27 27	he here he Gen Recovery period 5 yrs. 5 yrs. 5 yrs. 9 yrs.	eral Depreciation (e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property	e during the tax year in Placed in Service (b) Month and year placed in service / / / / /	ars beginning to one or more gene e During 2020 (c) Basis for (business/inveonly - see in	pefore 2020 eral asset accou. Tax Year U epreciation structions)	25 27 27	he here he Gen Recovery period 5 yrs. 5 yrs. 5 yrs. 9 yrs.	eral Depreciation (e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Pl	e during the tax year in Placed in Service (b) Month and year placed in service / / / / /	ars beginning to one or more gene e During 2020 (c) Basis for (business/inveonly - see in	pefore 2020 eral asset accou. Tax Year U epreciation structions)	29 27 27 38	he here he Gen Recovery period 5 yrs. 5 yrs. 5 yrs. 9 yrs.	eral Depreciation (e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	e during the tax year in Placed in Service (b) Month and year placed in service / / / / /	ars beginning to one or more gene e During 2020 (c) Basis for (business/inveonly - see in	pefore 2020 eral asset accou. Tax Year I epreciation structions)	25 27 27 31 31	he here he Gen Recovery period 5 yrs5 yrs5 yrs9 yrs.	eral Depreciation (e) Convention MM MM MM MM MM	S/L	em (g) Depreciation deduction
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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

Cost or Type of property Date placed in Park placed in Service		· · · · · · · · · · · · · · · · · · ·		 of Section A, on and Other Ir 							mits for p	passeng	er auton	nobiles.)	
(g) (pp dipperty (pit whicks first)) Part of paced in pa	24a	Do you have evidence to s	support the bu	siness/investmen	t use cla	imed?	<u> </u>	'es	No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
28 Special depreciation allowance for qualified business use: 28 Property used more than 50% in a qualified business use: 29 Property used more than 50% in a qualified business use: 29 Property used 50% or less in a qualified business use: 20 Property used 50% or less in a qualified business use: 21 Property used 50% or less in a qualified business use: 22 Property used 50% or less in a qualified business use: 23 Add amounts in column (b), lines 25 through 27. Enter here and on line 21, page 1 24 Add amounts in column (b), lines 25 through 27. Enter here and on line 21, page 1 25 Add amounts in column (b), lines 25 through 27. Enter here and on line 21, page 1 26 Add amounts in column (b), line 26. Enter here and on line 21, page 1 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (b), lines 25 through 27. Enter here and on line 21, page 1 29 Section 8 - 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 to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those 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 vehicles for Use by Their Employees 30 Total mise driven during the year. 31 Total mise driven during the year. 32 Add sith evehicle available for personal use driven during the year. 33 La sonther vehicle available for personal use during fifty you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 32 Do you maintain a written policy statement that prohibits all personal use of vehicles, except communing, by your employees? See the instructions for vehicles used		(a) Type of property	(b) Date placed in	(c) Business/ investment	ot	(d) Cost or	Ва	(e) sis for depr	eciation estment	(f) Recovery	Me	(g) thod/	Depre	(h) eciation	Ele sectio	(i) cted on 179
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