Storm relief - EM-3591-CA | EXT to 10/16/23

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection TIIN 30 TTTT, 1 2021

А Г	OI LIN	s 2021 Calendar year, or tax year beginning 001 1, 2021 and	enumy U	ON 30, 2022					
B c	heck if pplicabl	C Name of organization		D Employer identif	ication number				
	Addre	Butte Humane Society							
	Name chang			94-15806	21				
	Initial return		Room/suite	E Telephone number	er				
	Final return	13391 Garner Lane			30-343-7917				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	ipts \$ 2,079,087.				
	Amen	ded Chico, CA 95973		H(a) Is this a group r	eturn				
	Application			for subordinate	s? Yes X No				
	pendir	9 13391 Garner Lane, Chico, CA 95973		H(b) Are all subordinates i	ncluded? Yes No				
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	a list. See instructions				
		e:▶ www.buttehumane.org		H(c) Group exemption	on number				
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1911	M State of legal domicile: CA				
Pa	rt I	Summary							
•	1	Briefly describe the organization's mission or most significant activities: Savi	ng Liv	es. Finding	Homes.				
Activities & Governance		Inspiring Compassion.							
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7				
8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0				
/itie	6	Total number of volunteers (estimate if necessary)		6	0				
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
Revenue				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		3,369,018.					
	9	Program service revenue (Part VIII, line 2g)		689,165.	783,891.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,475.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,471.	-25,838.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,115,187.	1,990,676.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		938,480.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,000.	10,000.				
ф	b	Total fundraising expenses (Part IX, column (D), line 25) 231,99	91.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		593,828.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,562,308.					
	19	Revenue less expenses. Subtract line 18 from line 12		2,552,879.	-500,674.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		12,042,846.	13,360,547.				
t As	21	Total liabilities (Part X, line 26)		3,782,663.	5,637,098.				
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		8,260,183.	7,723,449.				
	rt II	Signature Block							
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.					
		Circulture of efficient		Data					
Sigr		Signature of officer		Date					
Her	е	Emily Acevedo, Executive Director							
		Type or print name and title		Doto lou l	DTIN				
.		Print/Type preparer's name Preparer's signature		Date Check [PTIN				
Paid		Christy M. Norton		self-emplo					
	arer	Firm's name KCoe Isom, LLP		Firm's EIN ▶	68-0102429				
use	Only	Firm's address 2454 Builders Place, Suite 130		D. E3	0 001 6474				
	:-	Chico, CA 95928		Phone no. 5 3	30-891-6474				
May	tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No				

. u	Check if Schodule O contains a vaccanas av note to any line in this Bort III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
'	Provide for the well-being of companion animals. Reduce the number	r of
	unwanted animals through aggressive spay/neuter programs. Promot	
	human animal bond through adoption, education and outreach program	
	Act as an advocate on behalf of animals in need.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	1 e5
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	1 e5
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	oneoe
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
	revenue, if any, for each program service reported.	ises, and
4a	770 ((0	86,296.)
Ta	The Butte Humane Society educates the public regarding animal rig	
	and provides animal services which include microchipping, behavior	
	testing, and ultimately pet adoptions.	
	costing, and altimately per datipations.	
4b	(Code:) (Expenses \$ 1,131,868. including grants of \$) (Revenue \$	597,595.)
	Butte Humane Society's Clinic not only promotes education to the	
	concerning animal care and the importance of spaying and neutering	
	it also provides much-needed low-cost, high quality spay/neuter,	
	preventative and wellness veterinary care, and vaccination service	es to
	our community.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	`
		,
		,
		<i>)</i>
		,
		,
		,
		,
4d	Other program services (Describe on Schedule O.)	
4d	(Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,910,536.	Form 990 (2021)

Form 990 (2021) 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? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u>
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- "		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ . ,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) Butte Humane Society
Part IV Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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		
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is breaked as a materialistic for feederal income to a management of the second seco	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

132004 12-09-21

Form 990 (2021) Butte Humane Society
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
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.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
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)?	4a		X					
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).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x					
	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	6b							
-	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).	7-		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 7b		<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0							
C	to file Form 8282?	7с		x					
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	8 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	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	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								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	40							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	iou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 7										
	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										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
-	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 990 was filed?	4		х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74									
b		7b		х							
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75									
	The governing body?	8a	х								
a	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21								
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	the section B requests information about policies not required by the internal nevenue code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120									
·	on Schedule O how this was done	12c		Х							
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b		Х							
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			_							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	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 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.	,,									
	X Own website X Another's website Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	Butte Humane Society Administrative Office - 530-343-7917										
	13391 Garner Lane, Chico, CA 95973										

Form **990** (2021)

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	Position lo not check more than one ox, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Katrina Woodcox	40.00								_	
Executive Director				Х				114,500.	0.	0
(2) Jessica Harrington	10.00									
Director-Chair		Х		Х				0.	0.	0
(3) Devin Potter	5.00								•	•
Director-Vice President	F 00	Х		Х				0.	0.	0
(4) Jessica Freitas	5.00	. ,		7,7					0	0
Director-Secretary (5) Christy Norton	10.00	Х		Х				0.	0.	0
Director-Treasurer	10.00	Х		х				0.	0.	0
(6) Katie Gonser	10.00	Λ		^				0.	0.	0
Director-At Large	10.00	Х						0.	0.	0
(7) Kelly Leser	2.00							•	•	•
Director-At Large	200	х						0.	0.	0
(8) George Barber	2.00								•	
- Director-At Large		Х						0.	0.	0

Form **990** (2021)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	HI E	ghes	st C	ompensated Employee	s (continued)	—			
	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	Estimated amount of			
		week					is both or/trus		compensation from	compensation from related			other	Oi
		(list any	ector						the	organizations		com	oensa	tion
		hours for related	or din	98			ated		organization	(W-2/1099-MISC	/		om th	
		organizations	rustee	trust		99	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat I relat	
		below	Individual trustee or director	Institutional trustee	h.	Key employee	Highest compensated employee	er	1000 (120)		organizati			
		line)	Indiv	Instit	Officer	Key e	High	Former						
			-											
											+			
			1											
											+			
			1											
			-											
											+			
			-											
											+			
			1											
											\perp			
								L	114 500		+			
	Subtotal								114,500.		0.			0.
	Total from continuation sheets to Part VI								114,500.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re			<u>, • </u>			<u> </u>
_	compensation from the organization				C. C.		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•							•	•				v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4		Х
3	rendered to the organization? If "Yes," com	•				-			-			5		Х
Sec	tion B. Independent Contractors	ipiete Scrieduit	3	UI SL	<i>ICIT</i>	<u>UE/S</u>	OII				··			
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatio	n fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
	(A) Name and business	addraga	376		_				(B)	am daga	Cou	(C)	_
	Name and business	auuress	MC	ONE	5				Description of s	ervices		прег	satio	-
								_						
2	Total number of independent contractors (i	ncludina but n	ot lin	niter	ot b	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organic				0)	.Ju						
											Fr	orm (990 (2021)

132008 12-09-21

			Check if Schedule O con	tains a resnor	റ കാ	r note to any lir	ne in this Part VIII			
			Officer if Schedule O con	tairis a respoi	136 0	Thole to any iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
ts s	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b						
e, E		С	Fundraising events	1c	- 2	220,443.				
ifts Ir A			Related organizations							
n G≒			Government grants (contribu							
Sir			All other contributions, gifts, grain				1			
eti je		'			1 (069,619.				
들			similar amounts not included abo			303,013.	-			
d d		•	Noncash contributions included in lines				1 200 060			
<u>ŏ</u> ĕ		h	Total. Add lines 1a-1f				1,290,062.			
				_	L	Business Code				
ė	2	а	Spay/Neuter Cli	inic	_	900099	697,595.			
ξ		b	Adoption/Surrer	nder Fe	е	900099	86,296.	86,296.		
Sel		С								
E §		d			_					
gra		_			_					
Program Service Revenue			All other program service rev	00110	— h					
_					_		783,891.			
_			Total. Add lines 2a-2f				103,031.			
	3		Investment income (including				F 124			F 124
			other similar amounts)				5,134.			5,134.
	4		Income from investment of ta	ax-exempt bor	nd pr	oceeds				
	5		Royalties							
				(i) Real		(ii) Personal				
	6	а	Gross rents 6a	a						
		b	Less: rental expenses 6	0						
			Rental income or (loss) 66	1						
			Net rental income or (loss)	<u> </u>						
			Gross amount from sales of	(i) Securiti	<u> </u>	(ii) Other				
	′	а		· · ·	03	(ii) Otrici	-			
			assets other than inventory 78	a			-			
		b	Less: cost or other basis			60 550				
Revenue			and sales expenses			62,573.	-			
ě		С	Gain or (loss) 70	c		-62,573.				
Be		d	Net gain or (loss))	-62,573.	-62,573.		
her	8	а	Gross income from fundraising e	events (not						
₹			including \$ 220,4	443. of						
			contributions reported on line	e 1c). See						
			Part IV, line 18	•	8a	0.				
		h	Less: direct expenses		8b	25,838.	1			
			Net income or (loss) from fun				-25,838.			-25,838.
				-	Ë	<u></u>	25,050.			23,030.
	9	а	Gross income from gaming a							
			Part IV, line 19		9a		-			
			Less: direct expenses		9b					
		С	Net income or (loss) from gar	ning activities	·	<u></u>				
	10	а	Gross sales of inventory, less	returns						
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sale			•				
		-	: (35)	551		Business Code				
ns	11	_			ŀ					
e e	• •				_ [
Miscellaneous Revenue		b					+	+		
Se Se		С.								
Αis			All other revenue				-			
		е	Total. Add lines 11a-11d				1 222 1 = 1	504 015		
	12		Total revenue. See instructions				1,990,676.	721,318.	0.	-20,704.

94-1580621 Page **10** Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**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, 114,500. 114,500. 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) 1,072,324. 936,341. 83,693. 52,290. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 68,520. 52,832. 12,181. 3,507. Other employee benefits 9 98,937. 79,705. 16,371. 2,861. 10 Payroll taxes 11 Fees for services (nonemployees): Management 43,592. 863. 42,602. 127. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 17,204 22,878. 5,640. 34. column (A), amount, list line 11g expenses on Sch O.) 10,101.1,921. 8,180. Advertising and promotion 12 39,287. 18,253. 8,659. 12,375. Office expenses 13 32,233. 17,773. 7,216. 7,244. Information technology 14 15 Royalties 19,868. 108,451. 76,945. 11,638. 16 Occupancy 6,829. 516. 4,525. 1,788. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 315. 30. 1,013. 668. Conferences, conventions, and meetings 19 43,187. 8.352. 62,875. 11.336. 20 Payments to affiliates 21 289,049. 286,282. 2,767. Depreciation, depletion, and amortization 22 20,623. 14,585. 3,900. 2,138. 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.) 302,782. 302,782. Veterinary Services & S Direct Fundraising Expe 91,709. 91,709. 33,859. 19,275. 6,918. 7,666. Maintenance 26,524. 26,524. d Animal Care Supplies 4,998. 45,264. 26,444. 13,822. e All other expenses 2,491,350. 1,910,536. 348,823. 231,991. 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

Form **990** (2021)

educational campaign and fundraising solicitation.

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

Part	Λ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			107,430.	1	63,227
	2	Savings and temporary cash investments			558,193.	2	343,504
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			807.	4	4,538
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	sons (as defined				
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			13,596.	8	13,313
ĕ	9				4,630.	9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,192,757.			
	b	Less: accumulated depreciation	10b	405,193.	2,765,602.	10c	11,787,564
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, line 1			12		
1	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11		8,592,588.	15	1,148,401	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	12,042,846.	16	13,360,547
1	17	Accounts payable and accrued expenses	82,663.	17	722,336		
1	18	Grants payable		18			
1	19	Deferred revenue			19	8,000	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete F				21	
န္မ 2	22	Loans and other payables to any current or form					
≝		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	-	·····		22	
- 4	23	Secured mortgages and notes payable to unrela			2 500 000	23	4 006 560
	24	Unsecured notes and loans payable to unrelated			3,700,000.	24	4,906,762
2	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			2 702 662	25	F (27 000
- 2	26	Total liabilities. Add lines 17 through 25		V	3,782,663.	26	5,637,098
s l		Organizations that follow FASB ASC 958, che	ck here				
၌		and complete lines 27, 28, 32, and 33.			0 122 000		7 670 060
<u>a</u>	27	Net assets without donor restrictions	8,132,800.	27	7,679,960 43,489		
<u> </u>	28	Net assets with donor restrictions			127,383.	28	43,409
<u> </u>		Organizations that do not follow FASB ASC 9	o8, che	ck here L			
<u> </u>		and complete lines 29 through 33.					
<u> ş</u> 2	29	Capital stock or trust principal, or current funds				29	
1886	30	Paid-in or capital surplus, or land, building, or eq				30	
-	31	Retained earnings, endowment, accumulated in			8,260,183.	31	7 722 //0
	32	Total net assets or fund balances				32	7,723,449
3	33	Total liabilities and net assets/fund balances			12,042,846.	33	13,360,547

5	William State Transcript			ıα	gc				
Pai	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				<u>X</u>				
			4 00						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,99	0,6	76.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,49						
3	Revenue less expenses. Subtract line 2 from line 1	3	-50 8,26						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	-3	0,6	<u>50.</u>				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-!	5,4	10.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	7,723	3,4	49.				
Pa	rt 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 on Schedule	O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	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		х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:	240.0,							
	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							
Ū	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 Scho								
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
Ja		gic Addit	3a		x				
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	od audit	Sa		 				
b		c u auuii	3b						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	(2021)				
			Form	J 30	(ZUZ I)				

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization 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).) 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n 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) No 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_							
	Public support. Subtract line 5 from line 4.						
	•••	(-) 0047	(1-) 0040	(-) 0040	(4) 0000	(-) 0004	(f) T-+-!
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶ □
b	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle						▶ □
18	Private foundation. If the organization		-	•			• • • • • • • • • • • • • • • • • • •
			,,	, ,, 11 ~	,		(Form 990) 2021

(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.)

Sec	etion A. Public Support	ciow, picase comp	icte i art ii.j					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not	,				,		
	include any "unusual grants.")	705,798.	2660535.	2661871.	3315273.	1077619.	10421096.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	571,707.	832,086.	541,764.	689,165.	783,891.	3418613.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1277505.	3492621.	3203635.	4004438.	1861510.	13839709.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	: Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						13839709.	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	1277505.	3492621.	3203635.	4004438.	1861510.	13839709.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	700.	316.	25,617.	59,477.	5,134.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	700.	316.	25,617.	59,477.	5,134.	91,244.	
	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.)	1278205.	3492937.	3229252.	4063915.	1866644.	13930953.	
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,	
	check this box and stop here						>	
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2021 (li		•	olumn (f))		15	99.35 %	
	Public support percentage from 2020		•			16	99.33 %	
	ction D. Computation of Inves					1	<u> </u>	
	Investment income percentage for 20	•	•			17	.65 %	
	Investment income percentage from 2					18	.67 %	
19a	33 1/3% support tests - 2021. If the						► V	
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
00	line 18 is not more than 33 1/3%, che		•	· ·		•	>	
ZU	Private foundation. If the organization	n did not check a l	oox on line 14 192	a, or Typ, check th	is dox and see inst	TUCTIONS	■	

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0.		
9c		
10a		
10b		

132024 01-04-21

rai	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 on lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described on line 11a above?		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
<u> </u>	detail in Part VI.		
Sect	tion B. Type I Supporting Organizations		1
		Yes	No
	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.		
	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		
Sect	supervised, or controlled the supporting organization. 2		l
	<i>y</i> . 11 0 0	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sect	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
	By reason of the relationship described on 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		
Sect	supported organizations played in this regard. 3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ons)	
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.		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	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. Did the experization exercise a substantial degree of direction ever the policies, programs, and activities of each		
IJ	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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

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

Inspection

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

roganization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other a Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	es No es No d area			
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total number of conservation easements Number of conservation easements on a certified historic structure included in (a)	d area			
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total number of conservation easements Number of conservation easements on a certified historic structure included in (a)	d area			
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total number of conservation easements Number of conservation easements on a certified historic structure included in (a)	d area			
Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	d area			
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total number of conservation easements Number of conservation easements on a certified historic structure included in (a)	d area			
are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)	d area			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Preservation of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)	d area			
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Preservation of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)	d area			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. a Total number of conservation easements 2a	d area			
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Preservation of a historically important land Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure included in (a))			
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Preservation of a historically important land Preservation of a certified historic structure Preservation of a historically important land Preservation of a historically important land Preservation of a certified historic structure Preservation of a historically important land Preservation of a historic structure Preservation of a certified historic structure Preservation of a historically important land Preservation of a historically important land Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure)			
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Held at the End Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Preservation of a certified historic structure Held at the End 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a))			
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Held at the End Total number of conservation easements Discrepancy to the tax year. Total number of conservation easements Discrepancy to the tax year. Discrepancy to the tax year.				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c	on the last			
day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Held at the End 2a b C Local Section 25 Local Section 26 Local Section 26 Local Section 26 Local Section 26 Local Section 27 Local Section 27	on the last			
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2a 2b 2c	5.1 ti 10 105t			
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2b 2c	d of the Tax Year			
c Number of conservation easements on a certified historic structure included in (a)				
(7)				
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure				
listed in the National Register				
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax				
year ▶				
4 Number of states where property subject to conservation easement is located ▶				
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
violations, and enforcement of the conservation easements it holds?				
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
>				
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	ear			
▶ \$				
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)				
and section 170(h)(4)(B)(ii)?	es No			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works				
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b If the organization elected, as permitted under 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				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1				
a Revenue included on Form 990, Part VIII, line 1				

132051 10-28-21

Schedule D (Form 990) 2021

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

b

С

collection items (check all that apply):

1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships

and programs Administrative expenses End of year balance

a Board designated or quasi-endowment

Other expenditures for facilities

Permanent endowment Term endowment

Preservation for future generations

Public exhibition

Scholarly research

	nent
4 Describe in Part Aill the interface uses of th	e orga

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,661,870.		2,661,870.
b Buildings		6,021,694.	109,368.	5,912,326.
c Leasehold improvements				
d Equipment		1,487,596.	192,162.	1,295,434.
e Other		2,021,597.	103,663.	1,917,934.
Total. Add lines 1a through 1e. (Column (d) must equa	11,787,564.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Butte Humane	Society	94-	-1580621 Page 3
Part VII Investments - Other Securities.	Farma 000 Dart IV line	14b Coo Forms 000 Bort V line 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) book value	(c) Method of Valuation. Cost of end-	Ol-year market value
1) Financial derivatives			
2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Construction in Progress -			94,706.
(2) Garner Properties - Partne	rship contrib	outions for offsite	4 050 605
(3) utilities			1,052,695.
(4) Rent deposit			1,000.
(5)			
(6)			
(7)			
(8)			
(9)			1 1/0 /01
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		1,148,401.
Complete if the organization answered "Yes" o	on Form 000 Dort IV line	110 or 11f Son Form 000 Dort V line 25	
(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part A, line 25.	(b) Book value
···			(b) DOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			

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

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

Schedule D (Form 990) 2021

(6) (7) (8)

Par	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenเ	ıe per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
		ment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)	·		
		nes 4a and 4b			
5 Pai		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Sta			
ıaı	I C AII	Complete if the organization answered "Yes" on Form 990, Part IV, lin	•	ses per rieturn.	
-	Total				
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	2a		
		ed services and use of facilities year adjustments			
			1 2 1		
		losses (Describe in Part XIII.)			
		nes 2a through 2d		2e	
3		act line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)			
С	Add li	nes 4a and 4b	•	4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pa	rt XIII	Supplemental Information.	•		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4, Part X, line 2, Part XI	,

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 94-1580621 Butte Humane Society Form 990, Part VI, Section B, line 11b: Form 990 is distributed via email to all members of the board of directors for review and is discussed at the next monthly meeting. Form 990 is approved for filing at that meeting. Form 990, Part VI, Section B, Line 15a: The Executive Director is reviewed annually by the President of the Board of Directors as to performance and compensation. Compensation comparables are obtained from national databases of humane society statistics and local compensation data. Form 990, Part VI, Section C, Line 19: Form 990 which includes the organization's financial information and the by-laws are published on the organizations website. Policy 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: 13,602. Depreciation - book vs. tax difference Loss on sale of assets - book vs. tax difference -19,012. Total to Form 990, Part XI, Line 9 -5,410.

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

Schedule O (Form 990) 2021

OMB No. 1545-0047