BETTY STRAW BROWN CPA 824 EAST AVENUE MADISON, GA 30650 (706) 752-1333 BSBCPA@BELLSOUTH.NET

June 30, 2019

HUMANE SOCIETY OF MORGAN COUNTY, INC. 1170 FAIRGROUND RD MADISON, GA 30650

Dear Client,

Enclosed is the 2018 U.S. Form 990, Return of Organization Exempt from Income Tax, for HUMANE SOCIETY OF MORGAN COUNTY, INC. for the tax year ending December 31, 2018.

Your 2018 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

I very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

BETTY STRAW BROWN

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

IIICI		the Service Go to www.irs.gov/Formisso for instructions and the lates				
Α	For the	2018 calendar year, or tax year beginning , 2018, and end	ling	_		, 20
В	Check if	applicable: C Name of organization HUMANE SOCIETY OF MORGAN COUNTY,	INC.		Employer i	dentification number
	Address				58-211	
	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	E	Telephone	number
	Initial ref	turn 1170 FAIRGROUND RD			(706)3	43-9977
	Final retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return MADISON, GA 30650			Gross rece	ipts \$ 240,765.
	Applicat	ion pending F Name and address of principal officer:	H(a) Is	this a grou	up return for sub	ordinates? Yes X No
		DONA FRANKS, 1170 FAIRGROUND RD, MADISON, GA 30	650 H(b) A	Are all su	bordinates in	cluded? Yes No
	Tax-exe	mpt status: 501(c)(3) 501(c) () √ (insert no.) 4947(a)(1) or 527		If "No,	" attach a lis	t. (see instructions)
J	Website	:► HUMANEMORGAN.ORG	H(c) (Group e	xemption nu	mber ▶
K	Form of	organization: X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation:	1995	M State of	legal domicile: GA
P	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: 10 RES	CUE ANIMALS IN	N AND ARO	OND MORGAN COU	ATY GA, PROVIDE THEM WITH CARE
8		INCLUDING SPAY/NEUTERING, VACCINATIONS, MICROCHIPS T				
au		FAMILIES FOR ALL RESCUED ANIMALS.				
ern	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more	than 2	25% of its	net assets.
é	3	Number of voting members of the governing body (Part VI, line 1a)		7.	3	9
~	4	Number of independent voting members of the governing body (Part VI, line 1	b)		4	9
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	20
Activities & Governance	6	Total number of volunteers (estimate if necessary)			6	100
Aci	7a	Total unrelated business revenue from Part VIII, column (C), line 12	Y		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38			7b	0.
			Pr	rior Yea	r	Current Year
m	8	Contributions and grants (Part VIII, line 1h)		143	,169.	142,150.
Revenue	9	Program service revenue (Part VIII, line 2g)			,066.	59,502.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			14.	2.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12.	,296.	23,592.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,545.	225,246.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			,	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		139	,050.	125,264.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		164	,516.	138,316.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		303	,566.	263,580.
	19	Revenue less expenses. Subtract line 18 from line 12		-75	,021.	-38,334.
or			Beginning	of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1.	,273	,713.	1,233,640.
t As	21	Total liabilities (Part X, line 26)		1.	,739.	
울	22	Net assets or fund balances. Subtract line 21 from line 20	1,	,271	,974.	1,233,640.
Pa	art II	Signature Block				
Un	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, an	nd to the	best of my	knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	erer has any	knowled	dge.	
				05	/13/20	19
Sig	gn	Signature of officer		Date		
He	re	DONA FRANKS, TREASURER				
		Type or print name and title				
Pa	id	Print/Type preparer's name Preparer's signature	Date		Check X	if PTIN
	epare	BETTY STRAW BROWN				red P00486250
	epare se Onl	E DEMMY GEDAM DECIMA GEA		Firm's	s EIN ▶	-
US	e on	Firm's address ▶ 824 EAST AVENUE, MADISON, GA 30650		Phone	e no. (706	5)752-1333
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
Face		work Reduction Act Notice and the congrete instructions. BAA				Earm 990 (2010

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Part			
1			
-			
Briefly describe the organization's mission: TO RESCUE ANIMALS IN AND AROUND MORGAN COUNTY GA, PROVIDE THEM WITH CA INCLUDING SPAY/NEUTERING, VACCINATIONS, MICROCHIPS THEN FIND ADOPTIVE FAMILIES FOR ALL RESCUED ANIMALS. 2 Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program/ces? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program servex expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 209,401. including grants of \$ 22,460.) (Revenue \$ TO. RESCUE ANIMALS. IN. AND. AROUND. MORGAN. COUNTY, GA. PROVIDE THEM WITH C. INCLUDING. SPAY/NEUTERING, VACCINATIONS, MICROCHIPS. THEN. FIND. ADOPTIVE FAMILIES FOR ALL RESCUE ANIMALS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)			
2			
	•		Yes 🗵 No
3			
			Yes ⊠ No
4			
			ons to otners
	the total expenses, and revenue, if any	r, for each program service reported.	
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: 1 TO RESCUE ANIMALS IN AND AROUND MORGAN COUNTY GA, PROVIDE THEM WITH CARE INCLUDING SPAY/NEUTERING, VACCINATIONS, MICROCHIPS THEN FIND ADOPTIVE FAMILIES FOR ALL RESCUED, ANIMALS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services; expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocatic the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2.09, 401, including grants of \$ 22, 450.) (Revenue \$ 225, 10. RESCUE ANIMALS, IN, AND, AND, MORGAN, COUNTY, GA, RROVIDE THEM WITH CARE. INCLUDING, SPAY/NEUTREING, VACCINATIONS, MICROCHIPS THEM FIND, ADOPTIVE FAMILIES FOR, ALL, RESCUE ANIMALS. 4b (Code:) (Expenses \$	246 \		
4a			
	FAMILIES FOR ALL RESCUE AL		
		-	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Code: \(\(\(\(\) \\ \) \(including grants of \$\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)	
40	(Code) (Expenses \$	/ (Nevenue \$	/
		/	
4d	Other program services (Describe in S	chedule O.)	
		grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	209,401.	
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Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	×	
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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×	
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		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
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? [#E]Yeson Germolete Schedule I, Parts I and II	21		×
		Forr	n 990	(2018

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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		×
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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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 2a 20			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:	162		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
С	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	organization solicit any contributions that were not tax deductible as charitable contributions?	bа		×
b		٠.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		_^
		140		
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		
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Yes," complete Form 4720, Schedule O.	10		
	ii 165, Complete Form 4720, Collectule O.	Гот	. 990	(2010

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Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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	×	
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in 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		×
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	▶	
	COMPANY PROCON 1170 EXTREMENTED DO MADISON CA 206E0 (706)242 0077			

REV 05/20/19 PRO Form **990** (2018)

Form 990 (2018)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

				((C)					
(A)	(B)	(do n	ot oh		ition	e than o	ana	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated amount of
	hours per week (list any hours for related organizations below dotted line)	Individua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) JULIE MCGINNIS	0.00					8.			_	_
PRESIDENT	0.00	×		×	1			0.	0.	0.
(2) DONNA K. BADDOUR VICE PRESIDENT	0.00	×		×				0.	0.	0.
(3) PAT STOKES SECRETARY	0.00	×		×				0.	0.	0.
(4) KIM DOUGLAS TREASURER	0.00	×		×				0.	0.	0.
(5) KEITH DAVIS DIRECTOR	0.00	×						0.	0.	0.
(6) BRAD EVANS DIRECTOR	0.00	×						0.	0.	0.
(7) JIM JONES DIRECTORS	0.00	×						0.	0.	0.
(8) DR JAMES WILLIAMS DIRECTOR	0.00	×						0.	0.	0.
(9) DIANE LIVELY YOST DIRECTOR	0.00	×						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										
		REV 0	5/20/1	19 PF			_			Form 990 (2018)

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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (con	tinued)		
					(0								
	(A)	(B)	(do n	ot ch	Pos		than c	ne	(D)	(E)		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from		stimated nount of	
		week (list any		er and	_		or/trust	_	from	related		other	
		hours for	Individual t or director	nsti	Officer	Key employee	amp digh	Former	the	organizations		pensatio	on
		related organizations	/idu	nstitutional trustee	er	em	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC		rom the anization	n
		below dotted	9 4	onal		ş	e con		(,,		an	d related	i
		line)	trustee	trus		8	per				org	anization	IS
			ď	stee			Highest compensated employee						
						_	8						
(15)												,	
(4.0)									-		1		
(16)													
(17)											_		
1111													
(18)											+		
(10)													
(19)													
1													
(20)													
3==2													
(21)													
(22)													
(23)													
(24)								r					
(25)						N							
1b				•				•	0.	0	-		0.
	Total from continuation sheets to Part							•					
	Total (add lines 1b and 1c)							<u>\</u>	0.	0	_		0.
2	Total number of individuals (including but		i to th	iose	list			e) w	no received m	ore than \$100,0	JUU of		
	reportable compensation from the organi	zation					0					Yes	No
	Did the second of the first of the second of								1			res	INO
3	Did the organization list any former of employee on line 1a? If "Yes," complete to										. 3		×
4	For any individual listed on line 1a, is the organization and related organizations												
	individual												×
5	Did any person listed on line 1a receive of												
-	for services rendered to the organization												×
Section	on B. Independent Contractors								•				
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than \$	100.000	of	
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the	organiza	tion's t	ax
	year.												
	(A)								(B)		(0		
	Name and business add	ress							Description of s	ervices	Compe	nsation	
								L.		<u> </u>			
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from 1										000	1
			REV 0	5/20/1	19 PR	:U					Fo	orm 990	(2018)

orm 9	90 (201	8)						Page \$
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a	a resp	onse or note to				🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts	1a	Federated campaigns	1a					
Grants nounts	b	Membership dues	1b	7,724.				
S, C	С	Fundraising events	1c					
Giff	d	Related organizations	1d					
ns,	е	Government grants (contributions)	1e					
er S	f	All other contributions, gifts, grants, and similar amounts not included above						
Contributions, Gifts, Grants and Other Similar Amounts		L	1f	134,426.				V
ng p	g h	Noncash contributions included in lines 1a-	·IT: \$ _	-	140 150			
	n	Total. Add lines 1a-1f		Business Code	142,150.	_		
eun	2a	ADOPTION REVENUE	ŀ	900099	58,377.	58,377.	0.	0.
Rev	b	OWNER SURRENDER		900099	1,125.	1,125.	0.	0.
8	c			300033	1/123.	1/1231	V .	
erv	d		- 1					
Program Service Revenue	е		- 1					
ogra	f	All other program service revenue					_	
Ā	g	Total. Add lines 2a-2f		<u> ▶</u>	59,502.			
	3	Investment income (including					_	_
		and other similar amounts)			2.	0.	0.	2.
	5	Royalties						
	J	(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses		_				
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory (i) Securities	es	(ii) Other				
	b	Less: cost or other basis and sales expenses .	4					
	С	Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fundraising events (not including \$						
ev		of contributions reported on line 10						
er F		See Part IV, line 18	,,. . a	39,111.				
Ě	b	Less: direct expenses	b	15,519.				
0	С	Net income or (loss) from fundrai	ising e		23,592.		0.	23,592.
	9a	Gross income from gaming activit See Part IV, line 19	ties. · a					
	b	Less: direct expenses						
		Net income or (loss) from gaming		vities ▶				
	10a	Gross sales of inventory, le returns and allowances	- 1					
		Less: cost of goods sold						
	С	Net income or (loss) from sales of	of inve					
	44.	Miscellaneous Revenue		Business Code				
	11a b							
	C							
	d	All other revenue	. [

. > 225,246.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

23,594. Form **990** (2018) REV 05/20/19 PRO

59,502.

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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 respon		ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	116,363.	116,363.	0.	0
9 10 11	Other employee benefits	8,901.	8,901.	0.	0
a b c d e	Legal				
f g	Investment management fees				
12 13 14	Advertising and promotion	360. 5,572.	360. 4,179.	0. 1,393.	0
15 16 17	Royalties	21,193.	0.	21,193.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings . Interest				
22	Depreciation, depletion, and amortization .	34,607. 12,803.	34,607.	0. 12,803.	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	22,000		==,,,,,	·
a b c	PET CARE EXPENSES CLEANING EXPENSE	41,686. 3,305.	41,686. 3,305.	0.	0
d e	All other expenses Total functional expenses. Add lines 1 through 24e	18,790.	0.	18,790.	0
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	263,580.	209,401.	54,179.	0

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P	art X				
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	44,381.	1	38,790.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
Assets	_			6	
188	7 8	Notes and loans receivable, net		7	/
•	9	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		9	
	IVa	other basis. Complete Part VI of Schedule D 1,500,049.			
	b	Less: accumulated depreciation 10b 307,994.	1,226,662.	10c	1,192,055.
	11	Investments—publicly traded securities	1,220,002.	11	1,102,000
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,670.	15	2,795
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,273,713.	16	1,233,640
	17	Accounts payable and accrued expenses	1,739.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
	26		1,739.	25 26	
-	20	Total liabilities. Add lines 17 through 25	1,739.	20	
es		complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets	986,374.	27	948,040.
ğ	28	Temporarily restricted net assets	777,0.21	28	,
9	29	Permanently restricted net assets	285,600.	29	285,600.
ş		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	1,271,974.	33	1,233,640.
- 1	34	Total liabilities and net assets/fund balances	1,273,713.	34	1,233,640.

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orm 9	90 (2018)		Pa	age 1 2
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2	25,2	246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,5	580.
3	Revenue less expenses. Subtract line 2 from line 1	-	38,3	334.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	1,2	71,9	74.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
_	33, column (B))	1,2	33,6	540.
Part	Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
	Association with the state of the first open and th		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	▼ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Form **990** (2018)

HUMANE SOCIETY OF MORGAN COUNTY, INC

Public Charity Status and Public Support

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Employer identification number

58-2110079

	neason for Fublic One	ii ity Status (Aii	organizations must	compie	te tilis b	art.) See manucho	nio.				
The o	rganization is not a private found	ation because it i	s: (For lines 1 through	12, ched	k only or	ne box.)					
1	A church, convention of church	ches, or associati	on of churches descri	ibed in s e	ction 17	0(b)(1)(A)(i).					
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)					
3	A hospital or a cooperative ho										
	_ = .										
7	hospital's name, city, and state:										
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6											
7											
8	☐ A community trust described		•	Part II \							
9	_										
3	An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or				
10	X An organization that normally	receives: (1) mor	e than 331/3% of its su	ipport fro	m contril	butions, membershi	p fees, and gross				
	receipts from activities related support from gross investmen	to its exempt funt income and un	nctions—subject to correlated business taxal	ertain exc ble incom	eptions, le (less se	and (2) no more that ection 511 tax) from	n 331/3% of its businesses				
11	acquired by the organization and an organization organization organized and										
	_ ~ ~	•		•							
12	An organization organized and of one or more publicly supp										
	Check the box in lines 12a thr										
	_	o .	21		•	•					
а											
	the supported organizatio					he directors or trust	ees of the				
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B							
b	☐ Type II. A supporting organical interpretation in the properties of the prope	anization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having				
	control or management of	the supporting of	rganization vested in	the same	persons	that control or man	age the supported				
	organization(s). You must	complete Part I	V, Sections A and C.								
С	☐ Type III functionally integer	grated. A suppor	ting organization oper	ated in c	onnectio	n with, and function	ally integrated with,				
	its supported organization	(s) (see instructio	ns). You must compl	lete Part	IV, Secti	ons A, D, and E.					
d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s				
_	that is not functionally inte										
	requirement (see instruction										
e	_ '										
е	Check this box if the orga functionally integrated, or						e II, Type III				
	, ,	3.	tionally integrated sup	sporting (Jigariizat	IOII.					
f	Enter the number of supported Provide the following information										
g											
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
			above (see instructions))	docu	ment?	instructions)	instructions)				
				Yes	No						
A)											
B)											
C)											
D)											
E)											

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

Total

Schedule A (Form 990 or 990-EZ) 2018 REV 10/24/18 PRO Schedule A (Form 990 or 990-EZ) 2018 Page 2 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 Part III. If the organization fails to						alify under
Secti	on A. Public Support			, ,,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	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					12	
13	First five years. If the Form 990 is for the						
Sacti	organization, check this box and stop he on C. Computation of Public Suppor			<u> </u>			
14	Public support percentage for 2018 (line 6			1. column (fl)		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test-2018. If the organi	ization did not	check the box	on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ 🗆
b	331/3% support test—2017. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organi	neck this box a zation qualifies	and stop here.	Explain in supported
b	10%-facts-and-circumstances test – 2! 15 is 10% or more, and if the organization resupported org	ation meets th meets the "fac	e "facts-and-o	circumstances' stances" test.	' test, check ' The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization di instructions						

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secu	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	` ,	. ,	. ,	.,		.,
	received. (Do not include any "unusual grants.")	105,780.	115,778.	146,749.	143,169.	142	250.	653,726.
2	Gross receipts from admissions, merchandise	10077001	11577701	110//121	113/103.		250.	00077201
	sold or services performed, or facilities							
	furnished in any activity that is related to the	108,261.	100,073.	81,798.	95,362.	. 02	094.	468,588.
3	organization's tax-exempt purpose Gross receipts from activities that are not an	100,201.	100,073.	01,/90.	95,302.	03,	094.	400,500.
3	unrelated trade or business under section 513							
							\sim	
4	Tax revenues levied for the							r
	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	214,041.	215,851.	228,547.	238,531.	225,	344.	1,122,314.
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .							
h	Amounts included on lines 2 and 3							
b	received from other than disqualified				, T			
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year				P			
	Add lines 7a and 7b			-				
8	Public support. (Subtract line 7c from							
	line 6.)							1,122,314.
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
9	Amounts from line 6	214,041.	215,851.	228,547.	238,531.	225,	344.	1,122,314.
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources .	524.	98.	72.	14.		2.	710.
h	Unrelated business taxable income (less	7211	30.					7101
-	section 511 taxes) from businesses							
	acquired after June 30, 1975							
								===
	Add lines 10a and 10b	524.	98.	72.	14.		2.	710.
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	214 565	215 949	228 619	238 545	225	346	1,123,024.
14	First five years. If the Form 990 is for the							
	organization, check this box and stop he							
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2018 (line			12 column (f)		15		99.94 %
16	Public support percentage from 2017 Scl					16		99.86 %
	on D. Computation of Investment In					_		
17	Investment income percentage for 2018 (0.06 %
18	Investment income percentage from 2017					18		0.04 %
19a	331/3% support tests-2018. If the organ							
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as	a publicly supp	orted or	ganizat	ion . 🕨 🗵
b	331/3% support tests-2017. If the organiz	-	-				-	_
~	line 18 is not more than 331/3%, check this							
20	Private foundation. If the organization di	-	-				-	
_20	riivate iounuation. Ii the organization di	a not check a	DOX OIT IIIIE 14,	, 198, 01 190, 0	HECK THIS DOX	and se		

Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2018

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Scriedu	ne A (1 01111 990 01 990-EZ) 2010			rage .
Part	N Supporting Organizations (continued)			
	The theoretical terror and the state of the form of the following terror and the state of the st		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		>	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		_
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Secti	ion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ı.	3	Ja		
O	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	orno supported organizations: ii res, describe iii Fart VI the fore played by the organization in this regard.	JU		

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Schedule A (Form 990 or 990-EZ) 2018 Schedule A (Form 990 or 990-EZ) 2018 Page 6 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A-Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B-Minimum Asset Amount (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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) Section C-Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a				
b	From 2014			
	From 2016			
-	From 2017			
f				
	Applied to underdistributions of prior years			
h				
Ť	Carryover from 2013 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
a	Excess from 2015			
	Excess from 2016			
d				
u	EXCOOLIGITIZATI			

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e Excess from 2018

ichedule A (I	Form 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

OMB No. 1545-0047

► 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.

► Attach to Form 990.

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

Open to Public Inspection

HUMANE SOCIETY OF MORGAN COUNTY, INC. 58-2110079 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education)
 □ Preservation of a historically important land area
 □ Protection of natural habitat
 □ Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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.

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

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

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

organization's accounting for conservation easements.

Schedule D (Form 990) 2018

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Schedule A (Form 990 or 990-FZ) 2018

Schedule D (Fo	rm 990) 2018				Page 2	Schedule D (Fo	rm 990) 2018				Page 3
Part III	Organizations Maintaining Col	llections of Art, Hist	torical Treasures,	or Other Similar	Assets (continued)	Part VII	Investments-Other Securities				· · · · · ·
3 Usin	g the organization's acquisition, acce	ession, and other recor	ds, check any of the	following that are a	a significant use of its		Complete if the organization answ	wered "Yes" on Form	990, Part IV, line	e 11b. See Form	990, Part X, line 12.
colle	ction items (check all that apply):						(a) Description of security or category	/	(b) Book value		od of valuation:
a 🗌 P	Public exhibition	d i	Loan or exchange	programs			(including name of security)			Cost or end-	of-year market value
	scholarly research		Other			(1) Financia	I derivatives				
	reservation for future generations						held equity interests				
	ide a description of the organization's	s collections and expla	in how they further t	ne organization's ex	empt purpose in Part						
XIII.						(A)					
5 Durir	ng the year, did the organization solid	cit or receive donation	s of art historical tre	asures or other sin	nilar	(P)					
	ts to be sold to raise funds rather than					(C)					
Part IV	Escrow and Custodial Arrange		art or are organizate		· les lao	(D)					
Faitiv	Complete if the organization ans		m 000 Part IV lina	0 or reported an	amount on Form	(E)					
		swered res on ron	iii 990, Part IV, iiile	e, or reported an	aniount on Form	(F)					
4 . 1 . 11	990, Part X, line 21.	ta de la companya de				(G)					
	e organization an agent, trustee, cus					(G) (H)					
	ded on Form 990, Part X?			4	Yes 🗌 No	()					
b If "Ye	es," explain the arrangement in Part X	III and complete the to	llowing table:		A		b) must equal Form 990, Part X, col. (B) line 12.)				
					Amount	Part VIII	Investments - Program Related				
0	nning balance			1c			Complete if the organization ans	wered "Yes" on Form			
	tions during the year			1d			(a) Description of investment		(b) Book value	(c) Meth	od of valuation:
e Distr	ibutions during the year			1e						Cost or end-	of-year market value
f Endi	ng balance			1f		(1)					
2a Did t	he organization include an amount on	Form 990, Part X, line	21, for escrow or cu	stodial account liabi	lity? 🗌 Yes 🗌 No	(2)					
b If "Ye	es," explain the arrangement in Part X	III. Check here if the ex	planation has been p	rovided on Part XIII	\square	(3)					
Part V	Endowment Funds.					(4)					-
	Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	10.		(5)				·	
	. (a)) Current year (b) Price	or year (c) Two years	back (d) Three years b	ack (e) Four years back	(6)					
1a Begi	nning of year balance					(7)					
0	ributions					(8)					
	nvestment earnings, gains, and					(9)					
	98						b) must equal Form 990, Part X, col. (B) line 13.)				
	its or scholarships						Other Assets.				
	er expenditures for facilities and					Tartix	Complete if the organization ans	wored "Vee" on Form	000 Part IV line	11d See Form	000 Part Y line 15
	rams		N					a) Description	330, 1 ait iv, iiie	Tru. See Form	(b) Book value
							(6	a) Description		-	(b) Book value
			′			_(1)					
	of year balance		// / / / / / / / / / / / / / / / / / /			(2)					
	ide the estimated percentage of the co		e (line 1g, column (a))	held as:		(3)					
a Boar	d designated or quasi-endowment	%				(4)					
b Perm	nanent endowment >%	6				(5)					
	porarily restricted endowment	%				(6)					
	percentages on lines 2a, 2b, and 2c sl					(7)					
	here endowment funds not in the pos	ssession of the organiz	zation that are held a	nd administered for	the	_(8)					
orga	nization by:				Yes No	(9)					
(i) u	inrelated organizations				. 3a(i)	Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
	elated organizations					Part X	Other Liabilities.				
b If "Ye	es" on line 3a(ii), are the related organi	izations listed as requir	red on Schedule R?		. 3b		Complete if the organization answ	wered "Yes" on Form	990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
4 Desc	cribe in Part XIII the intended uses of the	he organization's endo	wment funds.				line 25.				
Part VI	Land, Buildings, and Equipmen	nt.				1.	(a) Description of liability	(b) Book value			
	Complete if the organization ans		m 990. Part IV. line	11a. See Form 99	0. Part X. line 10.	(1) Federal in	ncome taxes				
	Description of property	(a) Cost or other basis		(c) Accumulated	(d) Book value	(2)					
	boompast of property	(investment)	(other)	depreciation	(4) 2001 1446	(3)					
10 1000		0.	285,600.		285,600.	(4)					
	l	0.	1,103,765.		1,103,765.	(5)					
	lings		1,103,703.		1,103,705.	(6)	<u> </u>				
	ehold improvements		110 604		110 604	(7)					
	pment		110,684.		110,684.	(7)					
	r					(8)					
Total. Add I	ines 1a through 1e. (Column (d) must				1,500,049.	(9)					
BAA		REV 11/12/18 P	RO	s	chedule D (Form 990) 2018		(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
							r uncertain tax positions. In Part XIII, provi				
						organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Check	here if the text of th	ne tootnote has beer	provided in Part XIII
											0-1

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	$\overline{}$	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
С			
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII.)	-	
с 5	Add lines 4a and 4b	4c	
		5	
Part	XIII Supplemental Information.		t V. lino 4: Part V. lino
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information.	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	
Part Provid	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Parl	

REV 11/12/18 PRO

BAA

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

	ment of the Treasury Revenue Service	.		ach to Form		990-EZ. nd the latest inform	ation	Open to Public
	of the organization		do to www.iis.gov/F	01111990 101 11	istructions a	nd the latest inform	Employer identi	Inspection fication number
HUM	ANE SOCIETY O	F MORGAN C	OUNTY, INC.				58-211007	9
Par			Complete if the ot required to o			vered "Yes" on	Form 990, Part IV	, line 17.
1						wing activities	Check all that apply.	
a	☐ Mail solicitation		irraioca rariao ti			on of non-gover		
b	☐ Internet and e		ns			on of governmer	•	
C	☐ Phone solicita			g	Special f	undraising event	ts	
d 2a	☐ In-person soli		en or oral agree	ment with	any individ	lual (including of	ficers, directors, trus	etage
							fundraising services	
b					Iraisers) pu	irsuant to agree	ments under which t	the fundraiser is to be
	compensated at	least \$5,000 by	the organization	١.		`		
				## D			(v) Amount paid to	
	(i) Name and address of or entity (fundra		(ii) Activity	custody or contrib	draiser have r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3	List all states in		nization is regist	ered or lice	ensed to s	olicit contributio	ns or has been noti	fied it is exempt from
	registration or lice	ensing.						

For Paperwork Reduction Act Notice, see the Instructions	for Form 990 or 990-EZ.
BAA	REV 10/17/18 PRO

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 Page 2

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

			(a) Event #1 RAFFLE (event type)	(b) Event #2 VARIOUS (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	1 Gross receipts	20,000.	19,111.		39,111.
ď	2	2 Less: Contributions				
	3	3 Gross income (line 1 minus line 2)	20,000.	19,111.		39,111.
	4	4 Cash prizes	10,000.			10,000.
	5	5 Noncash prizes				
sesu	6	6 Rent/facility costs				
Expe	7	7 Food and beverages				
Direct Expenses	8	8 Entertainment				
	9	9 Other direct expenses .		5,519.		5,519.
	10			15,519. 23,592.		
Pa	Part III Net income summary. Subtract line 10 from line 3, column (a)					
-eni			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	1 Gross revenue				
es	2	2 Cash prizes				
Direct Expenses	3	3 Noncash prizes				
Direct I	4	4 Rent/facility costs				
_	5	5 Other direct expenses .				
	6	6 Volunteer labor	Yes % No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	7 Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	8 Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	а	Enter the state(s) in which the or Is the organization licensed to co If "No," explain:	ganization conducts ga	s in each of these states	3?	Yes No
10		Were any of the organization's g If "Yes," explain:	aming licenses revoked	l, suspended, or termina	ated during the tax year	? .
—	AA			REV 10/17/18 PRO	Schedu	le G (Form 990 or 990-EZ) 2018

Schedu	ile G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	REV 10/17/18 PRO Schedule G (Form 990 or 990-EZ) 2018
BAA	Schedule d (Form 990 of 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ. Fo do to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
HUMANE SOCIETY	OF MORGAN COUNTY, INC.	58-2110079
	b: RETURN PROVIDED TO AND REVIEWED BY EXECUTIVE COM	MITTEE
Pt VI, Line 12	c: DIRECTORS ARE REQUIRED TO REPORT CONFLICTS TO TH	E BOARD.
Pt VI, Line 15	a: COMPENSATION FOR TOP OFFICIAL REVIEWED BY BOARD	BEFORE, DURING
THE HIRING PRO	CESS BEFORE EMPLOYEE IS HIRED	
Pt VI, Line 7b	: ALL DOCUMENTATION, POLICIES, AND FINANCIAL STATEM	ENTS ARE AVAILABLE
TO PUBLIC UPON	REQUEST.	
		<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BAA. No. 51056K

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

Form 8879-E0

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2018, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

HUMANE SOCIETY OF MORGAN COUNTY, INC. Name and title of officer

58-2110079

DONA FRANKS, TREASURER

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

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

la	Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	225,246.
2a	Form 990-EZ check here ▶ ☐ b Total revenue , if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	3b	
ŧа	Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
ริล	Form 8868 check here ▶ □ b Balance Due (Form 8868 line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions

nvolved in the processing of the electronic payment of taxes to receive or esolve issues related to the payment. I have selected a personal identific electronic return and, if applicable, the organization's consent to electronic	cation number (PIN) as my signature for the organization's
Officer's PIN: check one box only	
▼ I authorize BETTY STRAW BROWN CPA	to enter my PIN 1 0 0 7 9 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2018 electronically filed return. If I hav being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	
☐ As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclo	g filed with a state agency(ies) regulating charities as part of

Part III Certification and Authentication

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

5 8 1 2 0 4 5 0 4 5 1

Date ▶ 05/13/2019

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

For Paperwork Reduction Act Notice, see back of form. BAA

REV 11/05/18 PRO

Form **8879-EO** (2018)

4562 Department of the Treasury

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

(b) Cost (business use only)

HUMANE SOCIETY OF MORGAN COUNTY, INC. Form 990 / Form 990EZ

Identifying number 58-2110079

OMB No. 1545-0172

Attachment Sequence No. 179

Election To Expense Certain Property Under Section 179

(a) Description of property

	Note: If you have any listed property, complete i air v before you complete i air i.		
1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	4	
5	Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-, If married filing		

				4				
7	Listed property. Enter the amount from line 29		7			$\overline{}$		
8	Total elected cost of section 179 property. Add amount	s in column (c), lines	6 an	id.7	 Y.,		8	
9	Tentative deduction. Enter the smaller of line 5 or line 8						9	

10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12

13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property, Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions

16 Other depreciation (including ACRS)	16	
Part III MACRS Depreciation (Don't include listed property. See instructions.)		
Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	31,636

18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 vrs 30 yrs. 9/1 c 30-year 40 yrs.

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 2.971. 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 34,607.

23 For assets shown above and placed in service during the current year, enter the

For Paperwork Reduction Act Notice, see separate instructions.

REV 01/02/19 PRO

Form **4562** (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 🛛 Yes 🗌 No 24b If "Yes," is the evidence written? 🖾 Yes 🗌 No (b) Rasis for depreciation Rusiness nvestment use Cost or other basis (business/investment vehicles first) in service neriod Convention deduction cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 2015 FORD TRANSIT VAN 06/08/2015 100% 21,288. 21,288 5.00 200 DB-HY 1.975 U-HAUL TRUCK 03/20/2015 100% 8,649 8,649 5.00 200 DB-HY 996 27 Property used 50% or less in a qualified business use: % 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add 34 Was the vehicle available for personal Yes No Yes No Yes Yes No Nο Yes No use during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Date amortization Description of costs Amortizable amount Code section period or Amortization for this yea percentage 42 Amortization of costs that begins during your 2018 tax year (see instructions):

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

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

Form **4562** (2018) REV 01/02/19 PRO

43

44

8868

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

(Rev. January 2019)

MADISON GA 30650

The books are in the care of ► COURTNEY BRYSON

Department of the Treasury Internal Revenue Service

Type or

File by the

due date for filing your

instructions.

print

▶ File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

0 1

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

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

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

Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or 58-2110079 HUMANE SOCIETY OF MORGAN COUNTY, INC. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 1170 FAIRGROUND RD City, town or post office, state, and ZIP code. For a foreign address, see instructions

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

Tele	phone No. ► (706)343-9977 Fax No. ► (706)343-9925		_	
• If the	e organization does not have an office or place of business in the United States, check this box			▶□
• If thi	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			If this is
for the	whole group, check this box	▶ [a	nd attach
a list v	with the names and EINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until Nov 15 , 20 19, to file the exempthe organization named above. The extension is for the organization's return for:	ot org	aniz	ation return for
	▶ ⊠ calendar year 20 18 or ▶ □ tax year beginning , 20 , and ending			, 20
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final ret Change in accounting period	turn		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	За	\$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$	0
Cautio	n: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and	Form	1 887	'9-EO for paymer

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

REV 12/20/18 PRO Form **8868** (Rev. 1-2019)

Form 4562

Depreciation and Amortization Report Tax Year (2018 ► Keep for your records

2018

Page 1 of 1

Name as Shown on Return HUMANE SOCIETY OF MORGAN COUNTY, INC.	AY	Identifying Number 58-2110079
QuickZoom here to enter assets		

QuickZoom here to set MACRS convention for assets acquired in 2018. Activity: Form 990 - / Form 99082

Activity: Form 990	- /	Form 9	90EZ									
		Date	Cost	Land	Bus	Section	Special	Depreciable		Method/	Prior	Current
Asset Description	Code	In Service	(Net of		Use %	179	Depreciation	Basis	Life	Convention	Depreciation	Depreciation
	*		Land)		`		Allowance					
DEPRECIATION												
TUB		04/19/11	978		100.00			978	7.00	200DB/HY	923	55
OFFICE FURNITURE		05/12/11	782		100.00			782	7.00	200DB/HY	738	44
FURNITURE & FIXTURES		05/31/11	4,114		100.00			4,114	7.00	200DB/HY	3,883	231
FURNITURE & FIXTURES		05/31/11	5,706	1	100.00			5,706	7.00	200DB/HY	5,385	321
EXTERIOR SIGN		06/30/11	2,635		100.00			2,635	7.00	200DB/HY	2,487	148
BUILDING		07/01/11	1,102,265	285,600	100.00			1,102,265	39.00	SL/MM	182,533	28,263
EQUIPMENT		07/07/11	32,959		100.00			32,959	7.00	200DB/HY	31,106	1,853
WELL HOUSE		07/26/11	4,600		100.00			4,600	7.00	200DB/HY	4,341	259
COMPUTER		10/11/11	534		100.00			534	5.00	200DB/HY	534	0
EQUIPMENT		11/01/11	604		100.00			604	7.00	200DB/HY	570	34
TENT		12/06/11	556		100.00			556	7.00	200DB/HY	525	31
CONCRETE		08/01/12	1,500		100.00			1,500	39.00	SL/MM	207	38
SOD		09/11/12	23,415		100.00	11,707		11,708	10.00	200DB/HY	15,874	0
WASHING MACHINE	4	11/19/13	3,864		100.00			3,864	7.00	200DB/HY	2,966	359
U-HAUL TRUCK	A	03/20/15	8,649		100.00			8,649	5.00	200DB/HY	6,158	996
2015 FORD TRANSIT VAN	A	06/08/15	21,288		100.00			21,288	5.00	200DB/HY	15,157	1,975
SUBTOTAL PRIOR YEAR			1,214,449	285,600		11,707	0	1,202,742			273,387	34,607
TOTALS			1,214,449	285,600		11,707	0	1,202,742			273,387	34,607
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^{*}Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report Tax Year (2018 ► Keep for your records

2018

Page 1 of 1

Name as Shown on Return	Identifying Number
HUMANE SOCIETY OF MORGAN COUNTY, INC.	58-2110079

Activity: Form 990 - / Form 990EZ

Asset Description	Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/ Convention	Prior Depr	Current Depr	Adj/ Pref
DEPRECIATION		-											
TUB		04/19/11	978		100.00	_		978	7.00	150DB/HY	918	60	-5
OFFICE FURNITURE		05/12/11	782		100.00			782	7.00	150DB/HY	734	48	-4
FURNITURE & FIXTURES		05/31/11	4,114		100.00			4,114	7.00	150DB/HY	3,862	252	-21
FURNITURE & FIXTURES		05/31/11	5,706		100.00			5,706	7.00	150DB/HY	5,356	350	-29
EXTERIOR SIGN		06/30/11	2,635		100.00	•		2,635	7.00	150DB/HY	2,474	161	-13
BUILDING		07/01/11	1,102,265	285,600	100.00			1,102,265	39.00	SL/MM	182,533	28,263	0
EQUIPMENT		07/07/11	32,959		100.00			32,959	7.00	150DB/HY	30,941	2,018	-165
WELL HOUSE		07/26/11	4,600		100.00			4,600	7.00	150DB/HY	4,318	282	-23
COMPUTER		10/11/11	534		100.00			534	5.00	150DB/HY	534	0	0
EQUIPMENT		11/01/11	604		100.00			604	7.00	150DB/HY	567	37	-3
TENT		12/06/11	556		100.00			556	7.00	150DB/HY	522	34	-3
CONCRETE		08/01/12	1,500		100.00			1,500	39.00	SL/MM	207	38	0
SOD		09/11/12	23,415		100.00	11,707		11,708	10.00	150DB/HY		1,023	-1,023
WASHING MACHINE	7	11/19/13	3,864		100.00			3,864	7.00	150DB/HY	2,681	473	-114
U-HAUL TRUCK	A	03/20/15	8,649		100.00			8,649	5.00	150DB/HY		1,441	-445
2015 FORD TRANSIT VAN	A	06/08/15	21,288		100.00			21,288	5.00	150DB/HY		1,975	0
SUBTOTAL PRIOR YEAR			1,214,449	285,600		11,707	0	1,202,742			235,647	36,455	-1,848
TOTALS			1,214,449	285,600		11,707	0	1,202,742			235,647	36,455	-1,848
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	_												

^{*}Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive