## EXTENDED TO NOVEMBER 16, 2020

# **Return of Organization Exempt From Income Tax**

Form 9 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

A	or th	e 2019 calendar year, or tax year beginning	and	ending					
В	Check if opplicab	C Name of organization			D Employer i	identific	cation number		
	Addre	ss LONGMONT HUMANE SOCIETY	, INC.						
	Name chang				84-06	454	55		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone	numbei	ſ		
	Final return	OFOE METCOM DOVD	,		303-772-1232				
	termir ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross recelpts	\$	4,542,592.		
	Amen	ded LONGMONT, CO 80501			H(a) Is this a g	group re	eturn		
	Application	$^{ m a-}$ ${\sf F}$ Name and address of principal officer: ${ m ELI}$	ZABETH SMOKOWSKI	I.	for subor	dinates	? Yes X No		
	pendi	SAME AS C ABOVE			H(b) Are all subor	dinates in	cluded? Yes No		
				or 527	lf "No," a	ttach a	list. (see instructions)		
		te: ► WWW.LONGMONTHUMANE.ORG	· · · · · · · · · · · · · · · · · · ·		H(c) Group ex				
			sociation Other >	L Year	of formation: 19	72 <sub>N</sub>	State of legal domicile; CO		
Pa	rt I	Summary							
Ø)	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU:	LE O				
Š									
Activities & Governance	2	Check this box  if the organization discor	,			1 1			
Š	3	Number of voting members of the governing body (					11		
8	4	Number of independent voting members of the gov				1	11		
es	5	Total number of individuals employed in calendar ye					185		
Σ	6	Total number of volunteers (estimate if necessary)					830		
Act		Total unrelated business revenue from Part VIII, col		0.					
	b	Net unrelated business taxable income from Form 9	990-1, line 39	·····		. 7b	0.		
ne		0 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u></u>	Prior Year 1,835,1	0.0	Current Year 1,543,293.		
				1	2,256,0		2,341,997.		
Revenue						83.	20,662.		
Re		Investment income (Part VIII, column (A), lines 3, 4,			250,9		223,248.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			4,344,5		4,129,200.		
	12 13	Total revenue - add lines 8 through 11 (must equal l Grants and similar amounts paid (Part IX, column (A			<del>-</del>	0.	0.		
		Benefits paid to or for members (Part IX, column (A)				0.	0.		
		Salaries, other compensation, employee benefits (P			2,404,4		2,573,014.		
Expenses		Professional fundraising fees (Part IX, column (A), lit			,	0.	0.		
pen		Total fundraising expenses (Part IX, column (D), line		37.					
EX		Other expenses (Part IX, column (A), lines 11a-11d,	-		1,457,4	02.	1,490,760.		
		Total expenses. Add lines 13-17 (must equal Part IX			3,861,8		4,063,774.		
		Revenue less expenses. Subtract line 18 from line 1			482,6	88.	65,426.		
or				Вес	inning of Curren		End of Year		
sets	20	Total assets (Part X, line 16)			9,323,8	99.	9,105,507.		
ASK	21	Total liabilities (Part X, line 26)			1,848,1		1,514,304.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from l	ine 20		7,475,7	97.	7,591,203.		
Pa	rt II	Signature Block							
	•	lties of perjury, I declare that I have examined this return, i			•	-	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer	') is based on all information of wh	iich preparer l	nas any knowledg	e.			
		Signature of officer			Date				
Sigr		,							
Here	8	ELIZABETH SMOKOWSKI, CH Type or print name and title	IEF EXECUTIVE O	FFICER	•				
				In	ate	Charle C	PTIN		
D. C.		· · ·	Preparer's signature	ا	1	Check			
Paid		LEE P. ACKERMAN  Firm's name   BROCK AND COMPANY	CDAC D C			self-employe	P01224102 84-0930288		
Prep		Firm's name BROCK AND COMPANY Firm's address 900 S. MAIN STREE			Firm's l	EIN 🕨	04-0330200		
Use	omy	LONGMONT, CO 8050			Dhona	<sub>no</sub> 30.	3-776-2160		
Mark	the I	2S discuss this return with the preparer shown above			rnone	110. 50.	X Yes No		

Form	990 (2019) LONGMONT HUMANE SOCIETY, INC. 84-0645455 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	CARING, SERVING, AND EDUCATING TO IMPROVE THE LIVES OF COMPANION
	ANIMALS.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior 1 of 1 350 of 350 E21
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,972,406. including grants of \$) (Revenue \$ 2,383,350.
	THE ORGANIZATION'S PROGRAM PROVIDES FOR AN ANIMAL SHELTER AND ADOPTION
	SERVICES, VETERINARY SERVICES, AND EDUCATION.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 2,972,406.
<u> </u>	Form <b>990</b> (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
	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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in 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, VII, VIII, IX, or X			
	as applicable.	1011111111	Ventes.	THE STATE OF
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	Λ.	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	22	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	440		х
	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	11d	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' ' '		
12a		12a	Х	
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
<b></b> .	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	The state of the s	14a		X
14a	- 1 to a second by the second			
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.~	complete Schedule G, Part III	19	<u> </u>	Х
<b>20</b> a	The state of the s	20a		X
b	the second state of the second state of the social state ments to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	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?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	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			
		25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			Х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	10000	1001000	
28				
	instructions, for applicable filing thresholds, conditions, and exceptions):	20000000	345440040	Samenas
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
	"Yes," complete Schedule L, Part IV		<u> </u>	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	l	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		Х
	"Yes," complete Schedule L, Part IV		х	-23
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-41	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-25
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	v
	Part V, line 1	1	<del>                                     </del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			٦,
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٧,,	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 I	
		H (discussion)	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	(gambling) winnings to prize winners?	<u>  1c </u>	X	<u> </u>
932004	4 01-20-20	Form	เ ษษบ	(2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 185 filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 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 Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans X 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 on Schedule O ..... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes." see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

Form 990 (2019) LONGMONT HUMANE SOCIETY, INC. 84-0645455 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						<u> </u>	
<u>Sec</u>	tion A. Governing Body and Management							
		1.	1	11		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	١		11				
b								
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		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision		_		37	
					3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		us filed?		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X	
6	Did the organization have members or stockholders?				6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or					
	more members of the governing body?				7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?				7b_	000000000	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			V000000	V.366	
а	The governing body?				8a	X		
b	Each committee with authority to act on behalf of the governing body?				8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.,	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, 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 bod	y befo	re filing the for	m?	11a	Х		
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	X		
b	and the state of t							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y							
_	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?				14	X	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent				NAME OF STREET	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						Virginia Virginia	
а	The organization's CEO, Executive Director, or top management official				15a	Х		
	Other officers or key employees of the organization				15b		X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a					
100	taxable entity during the year?				16a		X	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			.,		5450 A1155 A		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure				1			
	List the states with which a copy of this Form 990 is required to be filed ► NONE							
17 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	0-T (Section 50	)1(c)(3):	s onlv)	availa	ble	
18	for public inspection. Indicate how you made these available. Check all that apply.		- : (22300000					
	X Own website X Another's website X Upon request Other (explain	n an C	chedule (1)					
45	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cv. and	l finan	cial		
19		or more	a, madrout poli	J, 0110	isat P			
	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books are the properties.	oke an	nd records 🕨					
20	THE ORGANIZATION - 303-772-1232	ono an	ia rodordo	-				
	9595 NELSON ROAD, LONGMONT, CO 80501							

Check if Schedule O contains a response or note to any line in this Part VII
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#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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

(A) Name and title  o  (1) BRIAN BERRY CHAIR	(B) Average hours per week (list any hours for related organizations below line) 4.00	box,	not cl unles	s per	tion nore son is recto	than o s both r/trust	aก ee)	( <b>D)</b> Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other
(1) BRIAN BERRY	week (list any hours for related organizations below line)	offic	er an	d a di	recto	r/trust	ee)	from		
		Ē	10	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
CHAIR			111		Ke	宝 后	요		0	
		X		X				0.	0.	0.
(2) DR. LOU CAVALLO	2.00									0
CHAIR ELECT		X		X				0.	0.	0.
(3) DANIEL WEBB	2.00							,	۸	0.
TREASURER	4 00	Х		Х				0.	0.	U .
(4) KARRY DANGERFIELD	1.00	7.7		77				0.	0.	0.
SECRETARY	1 00	X		X	ļ			0.	<u> </u>	V •
(5) CARLA HART	1.00	X						0.	0.	0.
DIRECTOR	1.00	^	-					0.		<u> </u>
(6) LAURIE ENKE	T.00	Х						0.	0.	0.
OIRECTOR (7) TERESA MACPHAIL	1.00	21			├-	┢═				
DIRECTOR	7.00	X						0.	0.	0.
(8) KIM MESSINA	1.00		<del>                                     </del>							
DIRECTOR		Х						0.	0.	0.
(9) VONDA MODLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARTHA RISK	1.00								_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(11) DAVE SCAROLA	1.00								_	
DIRECTOR		Х				ļ		0.	0.	0.
(12) ELIZABETH SMOKOWSKI	40.00			l				100 000	,	_
CHIEF EXECUTIVE OFFICER			ļ	X	ļ	<u> </u>		123,093.	0.	0.
<b> -</b>		l		1						
			-	├	┼	├	-			
		-								
		-	+-	-	$\vdash$	-	$\vdash$			
<u></u>		1								
		<del> </del>	<del>                                     </del>	$\vdash$	$\vdash$	+-	$\vdash$			
<b> </b>		1								
		<del>                                     </del>	$\top$	T	1	$t^-$				
		1					1			

Part VII   Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C				
(A)	(A) (B) (C) (D) (E)							(E)		(F)	
Name and title	Average	age Position			nno	Reportable	Reportable		Estimated		
<del></del>	hours per	ours per box, unless person is b			s both	an	compensation	compensation		amount of	
	week		officer and a director/trustee)				tee) I	from	from related		other
	(list any	Individual trustee or director						the	organizations		compensation
	hours for	r dire				pa		organization	(W-2/1099-MIS	C)	from the
	related	tee o	uste			ensa	İ	(W-2/1099-MISC)			organization
	organizations	I trus	nstitutional trustee		Key employee	Highest compensated employee					and related
	below	vidue	itutio	Officer	вш	hest ploye	Former				organizations
	line)	ğ	Inst	)JJ0	ĝ	캶	호				
			<u> </u>		┢		-				
		_		_	<b></b>	-	-				
						<del> </del>					
						ļ					
						ļ					
					┞	1	$\Box$				
		l									
		<b>L</b>	L	L	<u> </u>		<u> </u>	123,093.		0.	0.
1b Subtotal							-	0.		0.	0.
c Total from continuation sheets to Part VI								123,093.		0.	0.
d Total (add lines 1b and 1c)											<b>V</b> •
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	) wh	o re	sceived more than \$100,	000 of reportable		4
compensation from the organization											1
										<u> </u>	Yes No
3 Did the organization list any former officer,	director, trust	ee, l	еу е	empl	loye	e, or	hig	hest compensated emp	oyee on	100	
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a	accrue comper	oo Isati	on fi	an .	anv	unre	alate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." con										"	5 X
Section B. Independent Contractors	ipiete Scheaul	9 J. I	OE SE	ICH I	vers	OH		***************************************			
		1					+b	at cooking a may than	100 000 of comp	oneatic	n from
1 Complete this table for your five highest co										ici iodill	AT HOIT
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	tnin		ear.		(0)
(A)	Liberton			_				(B) Description of s	onioco	Co	(C) mpensation
Name and business	address	N	INC	<u>:</u>			_	Description of s	ervices		inpensation
							_				
	1	_,			41-	- 17			avo than		
2 Total number of independent contractors (i		ot iii	nite	u to			sted	above) who received me	JIE HIAN		
\$100,000 of compensation from the organi	zation 🚩				(	<u> </u>				-00.10.00000000000000000000000000000000	000 (00 (0)

Form 990 (2019) LONGMONT HUMANE SOCIETY, INC.

Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a response	e or note to any lir	ne in this Part VIII	(B)	(C)	(D)
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded
y y	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
교립			Fundraising events							
E E					1d					
2,2			Government grants (contril	butie	ons) 1e					
Ĕ.		f	All other contributions, gifts, g	ırant	s, and					
but.			similar amounts not included	abov	/e <b>1f</b> 1	<u>,543,293.</u>				
들의		g	Noncash contributions included in li	nes 1	a-1f <b>1g</b> \$	658,178.				
<u> </u>		h	Total. Add lines 1a-1f			<u></u>	1,543,293.			
						Business Code	1 101 010	4 404 040		
ا بو	2		PUBLIC CLINIC			541900	1,481,043.			
Program Service Revenue						621990	718,272.			
Sign		C	BEHAVIOR			611600	124,396.	124,396.		
am		d								
₽ ₽		е				-	10.006	10 000		
ا تە			All other program service r				18,286.	18,286.		
		g	Total. Add lines 2a-2f				2,341,997.			manifeli film membersi
	3		Investment income (includ				2 5/2			3,543.
			other similar amounts)				3,543.			3,3=3+
	4		Income from investment of							
	5		Royalties	·····	(i) Real	(ii) Personal				
	_			<u>_</u> ا	(I) Neal	(ii) r ersonal	-			
	6			6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6с			500 1500 1500 1000 1000 1000 1000 1000			
	~		Net rental income or (loss) Gross amount from sales of	<u></u>	(i) Securities	ii) Other				
	1	а		70	108,250		1			
			assets other than inventory  Less: cost or other basis	/ a	200,230	•	1			
a		D	and sales expenses	76	90,072	. 2,189.				
ᇍ		^	Gain or (loss)	7C	18.178	1,059.	7			
ě			Net gain or (loss)				17,119.			17,119.
Other Revenue	g		Gross income from fundraising							
Ě۱	Ü	ű	including \$	_						
			contributions reported on		1					
			Part IV, line 18			3a 209,927.				
		b	Less: direct expenses			вы 28,032.				
			Net income or (loss) from t			<u></u>	181,895.			181,895.
	9		Gross income from gamin							
			Part IV, line 19			9a				
		b	Less: direct expenses	.,		9ь				
		С	Net income or (loss) from	gam	ing activities_	<b>_</b>				
	10	а	Gross sales of inventory, I	ess	returns					
			and allowances		I	0a334,452	-			
			Less: cost of goods sold			оь <mark>293,099</mark> .		41 252		
		С	Net income or (loss) from	sale	s of inventory		41,353.	41,353.		
တ						Business Code				
oc e	11	а								
lan(		b								
Miscellaneous Revenue		C								
Σ			All other revenue							
			Total, Add lines 11a-11d				4.129.200.	2,383,350.	0.	202,557.
00000	12		Total revenue. See instruction	1110	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-,,200.			Form <b>990</b> (2019)

Form 990 (2019) LONGMONT HUMANE SOCIETY, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	123,093.	97,243.	17,233.	8,617.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,187,179.	1,727,872.	153,102.	306,205.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	77,812.	61,471.	5,447.	10,894.
10	Payroll taxes	184,930.	146,095.	12,945.	25,890.
11	Fees for services (nonemployees):	-			
''	Management				
b	Legal				
	Accounting	16,000.		16,000.	
d					
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
я	column (A) amount, list line 11g expenses on Sch O.)	20,365.		20,365.	
12	Advertising and promotion	9,386.	4,693.		4,693
13	Office expenses	9,648.	4,824.	2,412.	4,693. 2,412.
14	Information technology				
15	Royalties				
16	Occupancy	128,990.	23,218.	3,870.	101,902
17	T1				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,466.		52,466.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	271,783.	163,070.	108,713.	
23	Insurance	80,410.	14,474.	65,936.	
24	Other expenses. Itemize expenses not covered				
£-T	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PUBLIC CLINIC EXPENSES	446,249.	446,249.		
b	UTILITIES	101,917.	89,687.	4,077.	8,153
	REPAIRS AND MAINTENANCE	93,016.	69,762.	23,254.	
c d	KENNEL SUPPLIES	61,753.	61,753.		
	All other expenses	198,777.	61,995.	43,061.	93,721
	Total functional expenses. Add lines 1 through 24e	4,063,774.	2,972,406.	528,881.	562,487
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,			
<b>∠</b> U	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II sollowing 5OF 38-2 (A5C 358-720)				Form <b>990</b> (2019

Form 990 (2019)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,521,562.	1	1,137,673.
	2	Savings and temporary cash investments			3,825.	2	4,375.
	3	Pledges and grants receivable, net		1		3	
	4	Accounts receivable, net			21,681.	4	23,166.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
g	7	Notes and loans receivable, net		7	111 100		
Assets	8	Inventories for sale or use			83,843.	8	114,128
۲	9	Prepaid expenses and deferred charges			46,960.	9	29,642.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,953,867.			C F00 400
	b	Less: accumulated depreciation	10b	3,361,438.	6,846,860.	10c	6,592,429
	11	Investments - publicly traded securities		040 555	11	E04 00E	
	12	Investments - other securities. See Part IV, line		219,575.	12	594,985	
ı	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	EDO EOS	14	609,109		
	15	Other assets. See Part IV, line 11		579,593.	15	9,105,507	
	16	Total assets. Add lines 1 through 15 (must equ		1	9,323,899. 286,508.	16	268,555
	17	Accounts payable and accrued expenses	<u> </u>	17	200,333		
	18	Grants payable	7,876.	18	12,840		
	19	Deferred revenue		1,010.	19 20	14,040	
	20	Tax-exempt bond liabilities			21		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iii.		trustee, key employee, creator or founder, subs				22	Astronomical and a series of the series of t
Liabilities		controlled entity or family member of any of the	1,538,273.	23	1,221,056		
	23	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	24	Other liabilities (including federal income tax, pa					
	25	parties, and other liabilities not included on line					
		of Schedule D		15,445.	25	11,853	
	26	Total liabilities. Add lines 17 through 25			1,848,102.	26	1,514,304
	20	Organizations that follow FASB ASC 958, ch					
S)		and complete lines 27, 28, 32, and 33.	•				
č	27	Net assets without donor restrictions			7,157,227.	27	7,243,014
39/2	28	Net assets with donor restrictions	i i	318,570.	28	348,189	
힏		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	3			29	
sets	30	Paid in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
		Total net assets or fund balances			7,475,797.	32	7,591,203 9,105,507
Ę	32	Total fiet assets of faile balances		·····	9,323,899.	33	

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-0645455

LONGMONT HUMANE SOCIETY, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 X activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. \_\_\_\_\_ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. i Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. \_\_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. \_\_\_ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN in your gove (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 LONGMONT HUMANE SOCIETY, INC. 84-0645455 Page 2

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

oupport comonais is: a gamma		
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if th	e organization failed to qualify unde	er Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)		

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	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)							
	Public support. Subtract line 5 from line 4.							
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2010	(0) 2017	(0) 2010	10/ -0.10		
	Gross income from interest,							
8	•							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
۵	Net income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	etc. (see instruction	ons)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12		
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	501(c)(3)		
	organization, check this box and sto	p here					<b>)</b>	
Se	ction C. Computation of Publ					r I		
14	Public support percentage for 2019 (					14	%	
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14		.,	15	<u>%</u>	
16	33 1/3% support test - 2019. If the							
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b>	
ŀ	33 1/3% support test - 2018. If the							
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			, ▶∟	
17	10% -facts-and-circumstances test	t <b>- 2019.</b> If the org	ganization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		<b>P</b>	
ı	10% -facts-and-circumstances test	<b>t - 2018.</b> If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	i /a, and line 15 is 1	U% Of	
	more, and if the organization meets t						<b>⊾</b> [□	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	ualifies as a public	cly supported orga	nization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019 LONGMONT HUMANE SOCIETY, INC. 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not						BE COOO	
	include any "unusual grants.")	1325368.	1450299.	1406741.	1835199.	1543293.	7560900.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2371017.	2497345.	3723235.	2866391.	2886375.	14344363.	
2	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to			2= 222	25 000	25 000	170 005	
	the organization without charge	35,999.		35,999.		35,999.	179,995. 22085258.	
	Total. Add lines 1 through 5	3732384.	3983643.	5165975.	4737589.	4405007.	<u> </u>	
7a	Amounts included on lines 1, 2, and						0.	
	3 received from disqualified persons						0.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
(	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						22085258.	
	ction B. Total Support					I .		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 6	3732384.	3983643.	5165975.	4737589.	4465667.	22085258.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,404.	2,160.	999.	2,383.	3,543.	11,489.	
ı	Unrelated business taxable income		,					
K	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
(	Add lines 10a and 10b	2,404.	2,160.	999.	2,383.	3,543.	11,489.	
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	10,098.		17,811.	18,331.		46,240.	
40	assets (Explain in Part VI.)	3744886.	3985803.	5184785.	4758303.	4469210.	22142987.	
	Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is fo		I					
14	check this box and stop here						<b>)</b>	
Se	ction C. Computation of Publi	ic Support Per	centage					
	Public support percentage for 2019 (			column (f))		15	99.74 %	
16	Public support percentage from 2018				*******************	16	99.89 %	
Se	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 26			ine 13, column (f))		17	.05 %	
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	.11 %	
19	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	ifies as a publicly s	supported organiza	ition	▶\&	
ı	o 33 1/3% support tests - 2018. If the	e organization did r	not check a box or	i line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, che	eck this box and st	t <b>op here.</b> The orga	anization qualifies a	as a publicly suppo	orted organization		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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b A family member of a person described in (g) above?  A 39% controlled entity of a person described in (g) above? If "yes" to a.b., or c. provide detail in Pert VI.  Section B. Type I Supporting Organizations  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 Pert VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported granization, 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.  Did the organization organization or restrictions, if any, applied to such powers during the tax year.  Did the organization organization organization and organization? If "Yes," explain in Pert VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations  Were a majority of the organization's supported organization(s)? If "No," describe in Pert VI how control or remangement of the supporting Organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  Did the organization provide to each of its supported organization, 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 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 maintai			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or.c. provide detail in Part VI.  Section B. Type I Supporting Organizations  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 directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization and what conditions or restrictions, If any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the thin the supported organization(e) 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 organizations.  Section C. Type II Supporting Organizations  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 aupported organization(e) "I"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 of the organization of the companization of the supported organization of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization of the organization's (incetors, or trustees either (i) appointed or elected by the supported organization or supported organization's income or ase		Yes	No
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below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 55% controlled entity of a person described in (a) or (b) above? If "Yea" to a. b. or c. provide detail in Pert VI.  Section B. Type I Supporting Organizations  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 directors or trustees are elicited organization, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or erronor directors or trustees were elicosted among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization operated  supported organization of the supporting organization operated, supported organization of the supported organization operated, supported organization of the supported organizations of the supporting organizations  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  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 provided organization provided organization provided organization provided organization provided organization provided organization provided organization provided organization provided organization provided organization provided organiz			
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c. A 59% controlled entity of a nerson described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.  Section B. Type I Supporting Organizations  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.  2 Did the organization operate for the benefit of any supported organization of the rhan the supported organizations (s) that operated, supervised, or controlled the supported organization of the restriction or the supporting organization.  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations.  Section C. Type II Supporting Organizations.  1 Were a majority 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).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's to year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's to year provided organization's organization's organization and the supported organization's polyported organization's polyported organization's polyported organization's supported orga	11b		
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Section E. Type III Functionally Integrated Supporting Organizations  1			
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1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a	_3		
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b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b Did the activities described in (a) constitute activities triat, but for the organization a movement, one of the organization and organizati			3000000
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	2b		
activities but for the organization's involvement.		Antender Control	9000000
<ul> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
to the state of th		1000 (1000) 1000 (1000)	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of describe of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2_		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integr	ated Type III supporting organiza	ition (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

2

4

5

3

5

6

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which to	ne organization is responsive		
~	(provide details in Part VI). See instructions.	<del>-</del> •		
9	Distributable amount for 2019 from Section C, line 6			
<u> </u>	Line 8 amount divided by line 9 amount			
10	Line o amount divided by inter-	(i)	(îi)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
- 6				

Schadula A	(Form 990 or 990 EZ) 2019	LONGMONT	HUMANE	SOCIETY.	INC.	84-0645455 Page 8
Part VI	Supplemental Information 1, Section A, lines 1, Section D, lines 1	<b>nation.</b> Provide t 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3: Part I	the explanatio 5a, 6, 9a, 9b, 9 V. Section F. I	ns required by P lc, 11a, 11b, and ines 1c, 2a, 2b, 3	art II, line 10; Part II, : 11c; Part IV, Sectic 3a. and 3b: Part V. li	line 17a or 17b; Part III, line 12; in B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
,						

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization

LONGMONT HUMANE SOCIETY,

Employer identification number 84-0645455

Par			unas of A	Counts. Complete if the
·····	organization answered "Yes" on Form 990, Part IV, line	e b.  (a) Donor advised funds		(b) Funds and other accounts
4	Total number at end of year			
1 2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in done	or advised fun	ds
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
•	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	janization answered "Yes" on Fort	m 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat		ation of a hist	orically important land area
	Protection of natural habitat		ation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in th	ne form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	d by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation eas		***	
5	Does the organization have a written policy regarding the peri		lling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforci	ng conservati	on easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing or	onservation ea	asements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of secti	on 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial	statements th	nat describes the
,	organization's accounting for conservation easements.		Otloon (	Cimilar Assata
Pa	TIII Organizations Maintaining Collections of		, or Other (	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			ance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes the	ese items.	
b		8, to report in its revenue stateme	ent and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, historical treat		financial gain,	, provide
	the following amounts required to be reported under FASB A			• •
а	Revenue included on Form 990, Part VIII, line 1			<b>L</b> A
h	Assets included in Form 990, Part X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	> \$

Scher	dule D (Form 990) 2019 LONGMON	HUMANE S	OCIETY, I	NC.				<u> 15455</u>	
Par		ollections of Ar	t, Historical	Treasures, or	Other	Similar A	Assets	(continue	ed)
3	Using the organization's acquisition, accession	n, and other record	s, check any of t	he following that	make sig	nificant use	e of its		
	collection items (check all that apply):								
а	Public exhibition	c	I Loan or	exchange progra	m				
b	Scholarly research	e	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they furthe	er the organization	n's exem	pt purpose	in Part 3	AII.	
5	During the year, did the organization solicit or	receive donations	of art, historical t	reasures, or othe	r similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's	collection?			<u> L</u>	Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organiz	ation answered "`	Yes" on I	Form 990, F	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribut	tions or other ass	ets not ir	rcluded		1	
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
								Amount	
С	Beginning balance	.,		,		1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f		7	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow of	or custodial accou	unt liabilit	y?	L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has be	een provided on F	Part XIII				Ш
Par	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" of	n Form 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prior yea	r (c) Two year	s back	<b>d)</b> Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	<u></u> %							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are he	ld and administer	ed for the	e organizati	ion	_	
	by:							<u> </u>	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 1	a. See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or		Cost or other		ccumulated	i	(d) Book	value
		basis (invest	ment) b	asis (other)	der	oreciation	ishama		
ia	Land					· · · · · · · · · · · · · · · · · · ·			F7 4 3
b	Buildings		9,	568,870.	3,0	)50,15		6,518	
С	Leasehold improvements			10,213.		10,21			0.
d	Equipment			368,582.		<u> 294,86</u>		73	,715.
е	Other	i i		6,202.		6,20	2.	C F ^ ^	0.
	<mark>ι.</mark> Add lines 1a through 1e. <i>(Column (d) must ε</i>		X. column (B). li	ne 10c.)				6,592	,429.

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

11,853.

(8)

Pa	TXI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		т г	4 016 020
1				1	4,216,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	20,361.	-	
b	Donated services and use of facilities	2b	35,999.		
c	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d	29,619.		
е	Add lines 2a through 2d			2e	85,979 <b>.</b>
3	Subtract line 2e from line 1			3	4,130,259.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	1 1	-1,059.		
~	Add lines 4a and 4b			4c	-1,059.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,129,200.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	l <sub>e</sub>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,100,832.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a	35,999.		
a					
b	Prior year adjustments Other losses				
Ç	Other losses Other (Describe in Part XIII.)		1,059.		
d	•			2e	37,058.
e	Add lines 2a through 2d			3	4,063,774.
3	Subtract line 2e from line 1			1460.65	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	F		1	
b	Other (Describe in Part XIII.)			11000000	0.
c	Add lines 4a and 4b			4c	4,063,774.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) rt XIII Supplemental Information.			5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			1; Part X	K, line 2; Part XI,
PA	RT X, LINE 2:				
TH	E ORGANIZATION UTILIZES THE PROVISIONS OF	ASC 740	, PERTAINI	NG T	ro
<u>AC</u>	COUNTING FOR UNCERTAINTY IN INCOME TAXES.	THE PR	RONOUNCEMEN	IT RE	EQUIRES
$\underline{\mathrm{TH}}$	E USE OF A MORE-LIKELY-THAN-NOT RECOGNITIO	N CRITE	RIA BEFORE	ANI	SEPARATE
FR	OM THE MEASUREMENT OF A TAX POSITION. AN	ENTITY	SHALL INIT	TALI	ŢĀ
RE(	COGNIZE THE FINANCIAL STATEMENT EFFECTS OF	' A TAX	POSITION W	VHEN	IT IS
	RE LIKELY THAN NOT, BASED ON THE TECHNICAL				
	UL BE SUSTAINED UPON EXAMINATION. WITH RE				
WT.	AL BE SISTAINED OPON EXAMINATION. WITH RE	ロトロイエ ア	LO LIE OKGA	ᅶᆚᅩᄼᄼ	Z T T ∩ TA 1

THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS

TAXABLE INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.

#### **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.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

**Employer identification number** Name of the organization 84-0645455 LONGMONT HUMANE SOCIETY, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundralser have custody (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity fundralser or entity (fundraiser) from activity organization or control of contributions? listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Pa		of fundraising events. Complete if the	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2 PAWS IN THE PARK	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	0011(0)
Revenue	1	Gross receipts	137,322.	26,685.	45,920.	209,927.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	137,322.	26,685.	45,920.	209,927.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ey	7	Food and beverages				
ij	8	Entertainment	ነ ጎኅ ጎለላ	3,430.	2,398.	28,032.
	9	Other direct expenses  Direct expense summary. Add lines 4 through	<u> </u>	3,1001		28,032.
	10 11	Net income summary. Subtract line 10 from li	ine 3, column (d)			181,895.
Pa			answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				( 1) T-1-1
<u>e</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ŗ	1	Gross revenue				
	2	Cash prizes				
Expenses	3	Noncash prizes				
α Exp	3					
Direct	4	Rent/facility costs				
	5	Other direct expenses			Yes %	
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
•	E-~	ter the state(s) in which the organization cond	cts gaming activities			
9 a		the organization licensed to conduct gaming a		states?		Yes No
		'No," explain:				
10:		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
		'Yes," explain:				

Sak	nedule G (Form 990 or 990-EZ) 2019 LONGMONT HUMANE SOCIETY, INC. 84	-06 <u>45</u>	<u>455</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	, 📙	Yes	L No
	Indicate the percentage of gaming activity conducted in:	1	ı	•
	a The organization's facility		1	<u>%</u>
ı	o An outside facility	13b	L	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<del></del>	Yes	No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation > \$			
	Description of applicac provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No
	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			
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	3 (Form 990 or 990-EZ)	LONGMONT	HUMANE	SOCIETY,	INC.	84-0645455	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continue	ed)				
A CONTRACTOR OF CONTRACTOR		100) Amad	,				

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization

LONGMONT HUMANE SOCIETY, INC.

Employer identification number 84-0645455

Par	Types of Property						
		(a) Check if applicable	(b)  Number of  contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		3
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		237,179.	FAIR MARKET	VALUE	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4,000	406,040.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
• •	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			44 050		TENT TITT	
25	Other ► ( <u>PET SUPPLIES</u> )	X	42	14,959.	FAIR MARKET	VALUE	
26	Other						
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 82	33, Part IV,	Donee Acknowledg	gement		V	No
				and the second discussion	1-00 H-14	Yes	NO
30a	During the year, did the organization receive by	/ contributio	n any property rep	oorted in Part I, lines I throug	ın 28, that it		
	must hold for at least three years from the date					200	Х
	exempt purposes for the entire holding period?	}		,	***********	30a	5555
b	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X					Х	
31					uons:	31	<del></del>
32a	Does the organization hire or use third parties					32a X	
_	Contributions						
	if "Yes," describe in Part II.  If the organization didn't report an amount in c	olumn (a) fa	r a tung of proport	v for which column (a) is che	cked.		
33		ojuliji (G) 10	i a type of propert	y for writion condition (a) is offer	once,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 LONGMONT HUMANE SOCIETY, INC.	84-0645455	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organiza ination of both. Also com	ition plete
SCHEDULE M, LINE 32B:		
OCCASSIONALLY, THRIFT STORE ITEMS DONATED WERE SOLD BY A C	ONTRACTOR	
THROUGH ONLINE PLATFORMS.		
,		

## **SCHEDULE 0**

Department of the Treasury

Internal Revenue Service

(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 Inspection

Name of the organization

LONGMONT HUMANE SOCIETY, INC.

Employer identification number 84-0645455

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO MANAGEMENT AND MEMBERS
OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO SUBMITTING.
FORM 990, PART VI, SECTION B, LINE 12C:
IN JANUARY OF EACH YEAR, BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT
OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST DISCLOSURE.
FORM 990, PART VI, SECTION B, LINE 15A:
ELIZABETH SMOKOWSKI'S SALARY IS SET BY THE BOARD OF DIRECTORS AFTER THEY
HAVE ADMINISTERED A YEARLY REVIEW OF COMPANY PERFORMANCE, AS WELL AS A
PERSONAL REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALE OF TRUSTEED ASSETS 29,619.
OHIDOUR LIE VILLE OF LIFE HADELER
PART I, LINE 1
CARING, SERVING, AND EDUCATING TO IMPROVE THE LIVES OF COMPANION
ANIMALS.

# Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organiz

atior	1	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2019, or fiscal year beginning , 2019, and ending Do not send to the IRS. Keep for your records.

Name of exempt organization

■ Go to www.irs.gov/Form8879EO for the latest information.

**Employer identification number** 

84-0645455 LONGMONT HUMANE SOCIETY, INC.

Name and title of officer

ELIZABETH SMOKOWSKI

CHIEF EXECUTIVE OFFICER

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

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.

2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	2b 3b	4,129,200.
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
Ja		5050077	·

#### **Declaration and Signature Authorization of Officer** Part II

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 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

~					
Officer's	PIN:	cneck	one	pox	only

X I authorize	BROCK	AND	COMPANY,	CPAS,	P.C.	 to enter my PIN	
				ERO firm n	ame	1	Enter five numbers, b

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

MASSESSEE THE PARTY OF THE PART
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have
indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State
program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Cligabeth Smokorusky Date ► Certification and Authentication Part III

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

84433280501

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 Must Retain This Form - See Instructions** 

ERO's signature