# EXTENDED TO NOVEMBER 15, 2021

032001 12-23-20

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AI	or th	e 2020 calendar year, or tax year beginning	and	ending			
В	Check if applicab	C Name of organization			D Employer	identific	ation number
	Addre		INC.				_
	Name chang	pe   Doing business as			84-0	<u>54545</u>	55
	]Initial _returr _Final	Number and street (or P.O. DOX IT Mall IS not delive	red to street address)	Room/suite	E Telephone 303-		232
_	ireturi termi ated	City or town, state or province, country, and ZIF	or foreign poetal code	<del> </del>	G Gross receipts		4,270,009.
Г	Amer	ded TONOMONIM CO 20501	or loreign postar code				
-			V DENNISON		1	-	
<u> </u>	pendi	no I	. DEINIEDON				````
1 7			(insert no.) 4947(a)(1)	or 527	1		
			(11307(110.) [ ] 4047(4)(1)	) <u> </u>	1		
•			ciation Other	1 Year			
				L 1001	orionnason, 2.	· · ~ [ (V)	brate of legal bornione, CC
	T		mificant activities: SEE S	SCHEDU	LE O		
Ģ	'	Strony describe the organization of mestive of	grinioant douvillos. <u>D</u>		<del></del>		
nan	9	Check this box if the organization disconting	ued its operations or dispos	ed of more	than 25% of its	net asse	ets.
Veri	TONGHONT, CC   SUSTINATION   SAME   AS C   ABOVE						
ဇ္ဗိ	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O    Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.						
<b>ಿ</b>	Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)						
ţį.	6	5       Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5       141         6       Total number of volunteers (estimate if necessary)       6       721         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0 ·         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7b       0 ·         8       Contributions and grants (Part VIII, line 1h)       1,543,293 ·       2,081,674 ·         9       Program service revenue (Part VIII, line 2g)       2,341,997 ·       1,940,427 ·         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       20,662 ·       -27,806 ·         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       223,248 ·       156,279 ·					
ij.	72					1	·····
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		ract annual control to the control t	o 1, 1 u(t (, 111) o 1 1			. 1/5	
	B	Contributions and grants (Part VIII line 1h)			_	293.	
Revenue							
æ	i						
	l						
					±/±85/2		
	4-				2 573 (		
ses	160				2,3/3/0		
ĕ	ioa s		s) <b>\</b> 484 75	74			
EX	17				1 490 7	760	1 325 762
	'''						
- Sec		Treveride less expenses, Subtract line 10 from line 12					
ets c	20	Total assats (Part Y line 16)					
ASS( Bal	21		••••••				1 281 950.
let,	22						7.892.616.
Pa	rt II		5 20		,,,,,,,		1,052,010
		***	luding accompanying schedules	and stateme	nts, and to the he	st of my k	consider and helief it is
		at, and complete. Declaration of preparer (other than officer) is					monrouge and something
,	45774	N The state of the		ion proparor		,	
Sigr	,	Signature of officer			Date		
Her		JASON DENNISON, CHIEF EX	ECUTIVE OFFICE	R			
		Type or print name and title					
			eparer's signature	0	ate	Check	PTIN
Paid		LEE P. ACKERMAN	vparor o orginacu) o			if self-employed	
Prep		Firm's name BROCK AND COMPANY,	CPAS. P.C.				4-0930288
Use		Firm's address 900 S. MAIN STREET			111113		
	,	LONGMONT, CO 80501			Phone	по. З О З	-776-2160
Mav	the II	RS discuss this return with the preparer shown above?			11 110110		X Yes No

Form	990 (2020) 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		🖂
	Briefly describe the organization's mission:		
1	CARING, SERVING, AND EDUCATING TO IMPROVE THE LIVES OF	COMPANTON	
		OOME THE ON	
	ANIMALS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		( <del>4</del> .
	prior Form 990 or 990-EZ?	Yes	X No
	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, a	is measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
		venue \$ 1,935,	151. \
4a	(Code:) (Expenses \$\frac{3,038,261.}{\text{penses}}\$ including grants of \$\frac{1}{2}\$ . (Rev. THE ORGANIZATION'S PROGRAM PROVIDES FOR AN ANIMAL SHELT	PR AND ADOPUT	ON
		EK AND ADOPTI	OIA
	SERVICES, VETERINARY SERVICES, AND EDUCATION.		
		*	
4b	(Code:) (Expenses \$	/enue \$	)
		***************************************	
4c	(Code:) (Expenses \$ including grants of \$) (Ref	venue \$	)
4d	Other program services (Describe on Schedule O.)		
<del>-1</del> U		1	
40	Total program service expenses ▶ 3,038,261.		

Form **990** (2020)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ........... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 Х 19 complete Schedule G, Part III Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b |f "Yes" to line 20a, dld the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Form 990 (2020)

, w.	Continued)		I.,	
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
_ ,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	Ь—	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	├─	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		- T
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	SAFAVAL	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	200 (1900) 100 (1900)	Parks like	Per en veren
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a 28b	├	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<del>  11</del>
c	•	28c		х
20	"Yes," complete Schedule L, Part IV	29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	<del></del> -	ļ
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>U</b> Z		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Manager Control of the Control of th			·
	Check if Schedule O contains a response or note to any line in this Part V			
		S455-844	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable  Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable  1a 3		1	
b	Liker the number of Forms VF2G included in line 1d. Enter 6 a not applicable		1	
C		\$0.550.00	x	
	(gambling) winnings to prize winners?	1c		(2020)
03200	<b>1</b> 12-23-20	rom	1000	(4040)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х 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 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Зb 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 Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? Бa Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? ба 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 X a 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 X 7c to file Form 82827 d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f 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 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 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a 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 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form 990 (2020) Form 990 (2020)

LONGMONT HUMANE SOCIETY, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response processes, or changes on Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on schedule C. see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		- San	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		Х
d	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Name (Contractor)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	See See	10000000	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	ļ	_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	eministration
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			2019/05/30 010/05/2019
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l	
	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	Х	V407000000000000
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			SALES.
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Mikasi ken	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10000000		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)-	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 303-772-1232			
	9595 NELSON ROAD, LONGMONT, CO 80501			

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

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

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				2)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unlea	ss per	rson i	s bott	n an	compensation	compensation	amount of
	week		UG AI	1	, octo	1,443		from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8 Or C	itee			sated		(W-2/1099-MISC)	(W Z/ 1000 WIGO)	organization
	organizations	truste	tra tra		yee	m per		(** 2.1 1000 11.100)		and related
	below	Individual trustee or	nstitutional trustee	,,	Кеу етгріоуев	Highest compensated employee	₽.			organizations
	line)	l div	Instit	Officer	Keye	empla	Former			-
(1) ELIZABETH SMOKOWSKI	40.00						<u> </u>			
CHIEF EXECUTIVE OFFICER				Х				126,003.	0.	0.
(2) DR. LOU CAVALLO	4.00									
CHAIR		X		X				0.	0.	0.
(3) VONDA MODLIN	2.00	]	İ							
TREASURER		X		Х				0.	0.	0.
(4) MARTHA RISK	2.00	]						1		
SECRETARY		X		X	<u> </u>		<u> </u>	0.	0.	0.
(5) BRENDA BARIL	1.00	1				]				_
DIRECTOR		X		Х				0.	0.	0.
(6) SARAH DANZL	1.00									_
DIRECTOR		X						0.	0.	0.
(7) KARRY DANGERFIELD	1.00	1								
DIRECTOR		X						0.	0.	0.
(8) MICHAEL FRAZHO	1.00	1					}		_	_
DIRECTOR		X						0.	0.	0.
(9) TERESA MACPHAIL	1.00							_	_	_
DIRECTOR		X				L		0.	0.	0.
(10) PAUL M. MEESE	1.00	l								_
DIRECTOR	4 00	X				<u> </u>		0.	0.	0.
(11) DARLENE COKER	1.00									_
DIRECTOR	4 5 5	X						0.	0.	0.
(12) KIM MESSINA	1.00								_	^
DIRECTOR	1 00	X						0.	0.	0.
(13) DAVE SCAROLA	1.00	.,							م ا	_
DIRECTOR	1 00	X	_					0.	0.	0.
(14) DANIEL WEBB	1.00	4,							٨	^
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Name and title    Average	Section A. Officers, Directors, Trust		oloye	ees,			gnes	st C				(E)
Total room continuation sheets to Part VIII, Section A 1 26 ,003 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	(A)	(B)					1		(D)	(E) Reportable		(F) Estimated
Subtotal	Name and title			not cl	heck :	more	than (		1 '	,	.	
Power   Pow			offi						, ,	from related		other
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	\$100,000 of compensation from the organic	zation				-	U				_	orm <b>990</b> (2020

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Revenue excluded Related or exempt Unrelated Total revenue from tax under sections 512 - 514 function revenue business revenue 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues ..... 1b c Fundraising events ..... 10 d Related organizations 1d 482,383. e Government grants (contributions) 1e f All other contributions, gifts, grants, and <u>1,599,291.</u> similar amounts not included above ... 57,823. g Noncash contributions included in lines 1a-1f 081,674 h Total. Add lines 1a-1f Business Code 2 a PUBLIC CLINIC 541900 157,692. 157,692. Program Service b ADOPTION, CONTRACTUAL, 621990 722,596. 722,596. 611600 60,139. 60,139. c BEHAVIOR 900099 f All other program service revenue 1,940,427. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 7,825. 7,825. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis 35,631. and sales expenses ...... Revenue 7h 35,631. 7c c Gain or (loss) -35,631. -35,631. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ \_ contributions reported on line 1c). See 8a 135,087. Part IV, line 18 9,163. b Less: direct expenses \_\_\_\_\_ 125,924. 125,924. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a 101,417. and allowances 74,641. b Less: cost of goods sold 10b 26,776. 26,776. c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER REVENUE 621990 3,579. 3,579 d All other revenue 3,579. e Total, Add lines 11a-11d 150,574.1,935,151. 133,749. Total revenue. See instructions

Form 990 (2020) LONGMONT HUMANE SOCIETY, INC.

Part IX Statement of Functional Expenses

Total expenses   Program service   Program servi		on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	se or note to any line in	this Part IX		
and domastic governments, See Part IV, line 21 Circuits and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to domestic individuals. See Part IV, line 32 Grants and other assistance to foreign individuals. See Part IV, line 15 and 16 Benefits pat for of or members Compensation for curront officers, directors, trustess, and key employees Compensation not included above to disqualified persons (as defined under section 4958()(1) and persons described in			(A) Total expenses		(C) Management and general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign operativations, oreign individuals. See Part IV, lines 15 facts of the section of 10% and 4000 persons of described in section 4958(x)(1)) and persons described in section 4958(x)(1) and persons section 4018(x) and 4951(x) an	1	· •				
individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Bennetis paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation and included above to disqualified persons (see identification design) and (see identification) and (see identificati						
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benofits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and trustees, and key employees Compensation of trustees, and trustee	2	· · · · · · · · · · · · · · · · · · ·				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 16 Benefitis paid to or for members Compensation of current officers, directors, trustees, and Key employees person (see direction 4958(c)(3)) and persons described in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and 40(3) employer contributions (include section 40(8) and 40(8) employer contributions (include section 40(8) and 40(8)) mployer contributions (include section 40(8) and 40(8) employer contributions (include 40(8) and 40(8) employer contributions (include 40(8) employer contributions (include 40(8) employer contributions (include 40(8) employer contributions (include 40(8) employer contributions (include 40(8) employer (include 40(8) employer (include 40(8) employer (include 40(8) employer (include 40(8) employer (include 40(8) employer (include 40(8) employer (include 40(8) e						
individuals. See Part IV, lines 15 and 16 Banefits paid to or for members Componsation of current officers, directors, trustoses, and key employees Componsation of included above to disqualified persons (as defined under section 4958(c)(3)(8) Componsation of included above to disqualified persons (as defined under section 4958(c)(3)(8) Cother safaries and wages Pension plan accruals and contributions (include section 4016), and 4030) employer contributions) Cother employee benefits Other employee benefits Payroll taxes 188,657, 160,359, 11,319, 16,979 Fees for services (nonemployees): Management Legal Advantagement Legal Cocounting 16,800, 16,800	3					
Benefits paid to or for members   126,003.   107,103.   7,560.   11,340						
126,003   107,103   7,560   11,340		, , , , , , , , , , , , , , , , , , , ,				
trustees, and key employees	4	• • • • • • • • • • • • • • • • • • • •				
6 Compensation not included above to disqualified persons (as defined under section 4956)(1)) and persons described in section 4956((3))(8)  7 Other salaries and wagos  8 Pension plan accrusia and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  1 88,657. 160,359. 11,319. 16,979  1 Fees for services (nonemployees):  1 Management  1 Legal  2 Accounting  1 Lobbying  9 Professional fundraising services. See Part IV, line 17 Investment management fees  9 Other. (Hin It ga amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion  5 Conferences, conventions, and meetings  1 Ray and 2 Lay	5	•	126 003	107 103	7 560	11 340
persons (as defined under section 4958(p(3)(8)) 7 Other salaries and wages 8 Pension plan accrusts and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 Other employee benefits 9 Other ployee benefits 9 Payroll taxes 188,657, 160,359, 11,319, 16,979 188,657, 160,359, 11,319, 11,319, 16,979 188,657, 160,359, 11,319, 11,319, 16,979 188,657, 160,359, 11,319, 11,319, 16,979 188,657, 160,359, 11,319, 1	_		120,003.	107,103.	7,300.	11,540
persons described in section 4958(c)(3)(B)  Persion plan accrusis and contributions (include section 401(k) and 405(k) employer contributions)  Other employee benefits  Payroll taxes  Other employee benefits  Payroll taxes  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  188,657, 160,359, 11,319, 16,979  16,800, 16	6	·				
7 Other salaries and wages   2,151,464. 1,828,744. 129,088. 193,632     8 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions)     9 Other employee benefits   93,077. 79,115. 5,585. 8,377     1 Peas for sarvices (nonemployees):						
8 Persion plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 9 Other employee benefits 9 3,077. 79,115. 5,585. 8,377 10 Payroll taxes 1 188,657. 160,359. 11,319. 16,979 11 Fees for services (nonemployees): 1	7	· ·	2 151 464.	1 828 744.	129.088.	193,632
section 401(k) and 403(b) employer contributions)  Other employee benefits  Amangement  Legal  Accounting  Professional fundraising services. See Part IV, line 17  Investment management fee  Professional fundraising services. See Part IV, line 17  Investment management fees  Other, (Iff in 19 gamount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  Advertising and promotion  A office expenses  Payments of travel or entertainment expenses for any federal, state, or local public officials  Payments of stavel or entertainment expenses for any federal, state, or local public officials  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  A office expenses. Itemize expenses not covered this line 244 amount exceeds 10% of line 25, column (A) amount, and manorization  Insurance  Payments to affiliates  Depreciation, depletion, and amortization  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  A office expenses. Itemize expenses not covered this line 244 amount exceeds 10% of line 25, column (A) amount, list line 126 expenses on Schedule 0, long amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list line 244 amount exceeds 10% of line 25, column (A) amount, list		- I	2/201/2031			
9 Other employee benefits 93,077, 79,115, 5,585, 8,377 169, 177, 179,115, 5,585, 8,377 169, 177, 179,115, 179, 179, 179, 179, 179, 179, 179, 179	o					
Fees for services (nonemployees):   a Management	0	· · · · · · · · · · · · · · · · · · ·	93.077.	79,115.	5.585.	8.377
Fees for services (nonemployees):   a Management		· ·				16.979
a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Activatising and Activation Activatising and Activation Activatising and Activation Activa			200,007.	200/0051		
b Legal		, , , , ,				
16,800.   16,8	-	ł				
d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royalties Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses on line 24e, If line 24e expenses on line 24e, If line 24e expenses on line 24e, If line 24e expenses on Schedule O.) PUBLIC CLINIC EXPENSES DITILITIES PATINE SUPPLIES All other expenses Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (R) joint costs from a combined educational campalgn and fundraising solicitation.		F	16.800.		16,800.	
Professional fundraising services. See Part IV, line 17					-	
Investment management fees   9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   21, 276 .   21, 276 .						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 21,276. 221,276. 21,276. 3,419. 3,41		· · · · · · · · · · · · · · · · · · ·				
Column (A) amount, list line 11g expenses on Sch 0.)   21,276.   21,276.   3,419.						
2 Advertising and promotion 6,838. 3,419. 3,419 3 Office expenses 9,187. 6,431. 1,378. 1,378 4 Information technology Royalties 6 Occupancy 89,934. 21,584. 4,497. 63,853 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 10 Conferences, conventions, and meetings 10 Interest 43,302. 43,302. 10 Payments to affiliates 2 Depreciation, depletion, and amortization 10 Insurance 11 Insurance 12 Insurance 12 Insurance 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscallaneous expenses on line 24e. If line 24e expenses on Schedule 0.) a PUBLIC CLINIC EXPENSES 14 Insurance 15 UTILITIES 15 15 Insurance 16 Insurance 17 Insurance 17 Insurance 17 Insurance 18 Insurance 18 Insurance 18 Insurance 18 Insurance 19 Insuranc	5		21,276.		21,276.	
3 Office expenses	12		6,838.	3,419.		3,419
Information technology   Royalties   Roy	3		9,187.	6,431.	1,378.	1,378
Royalties	14					
89,934	5					
7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered 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 0.) 12 PUBLIC CLINIC EXPENSES 13 Official School	6	· ·	89,934.	21,584.	4,497.	63,853
for any federal, state, or local public officials  9	7					
9 Conferences, conventions, and meetings 10 Interest	8	Payments of travel or entertainment expenses				
Description   Description		for any federal, state, or local public officials				
Payments to affiliates   Depreciation, depletion, and amortization   272,043.   163,226.   108,817	9	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered 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 0.)  PUBLIC CLINIC EXPENSES  UTILITIES  REPAIRS AND MAINTENANCE  KENNEL SUPPLIES  All other expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	0	Interest	43,302.		43,302.	
Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered 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 0.)  PUBLIC CLINIC EXPENSES  UTILITIES  REPAIRS AND MAINTENANCE  KENNEL SUPPLIES  All other expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1					
Other expenses. Itemize expenses not covered 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 0.)   PUBLIC CLINIC EXPENSES   363,846.   363,846.     DUTILITIES   99,219.   91,281.   4,961.   2,977	2					108,817
above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a PUBLIC CLINIC EXPENSES b UTILITIES c REPAIRS AND MAINTENANCE d KENNEL SUPPLIES e All other expenses 179,351. 63,815. 43,865. 71,671 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.	3	Insurance	83,427.	15,017.	68,410.	
iline 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a PUBLIC CLINIC EXPENSES b UTILITIES c REPAIRS AND MAINTENANCE d KENNEL SUPPLIES e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.  363,846. 363,846. 363,846. 363,846. 371,521. 378,887. 379,739. 71,521. 378,887. 279,739. 371,521. 378,887. 371,671. 3884,963. 371,671.	4	Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.)  PUBLIC CLINIC EXPENSES  DUTILITIES  REPAIRS AND MAINTENANCE  KENNEL SUPPLIES  All other expenses  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.						
b UTILITIES 99,219. 91,281. 4,961. 2,977 c REPAIRS AND MAINTENANCE 77,739. 71,521. 3,887. 2,331 d KENNEL SUPPLIES 62,800. 62,800. e All other expenses 179,351. 63,815. 43,865. 71,671 5 Total functional expenses. Add lines 1 through 24e 3,884,963. 3,038,261. 361,928. 484,774 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.		amount, list line 24e expenses on Schedule O.)				
C REPAIRS AND MAINTENANCE   77,739.   71,521.   3,887.   2,331	a				, , , , ,	
d KENNEL SUPPLIES e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.  6 (2,800. 62,800. 62,800. 62,800. 71,671  3,884,963. 3,038,261. 361,928. 484,774	þ					2,977
e All other expenses 179,351. 63,815. 43,865. 71,671  Total functional expenses. Add lines 1 through 24e 3,884,963. 3,038,261. 361,928. 484,774  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.	C				3,887.	2,331
5 Total functional expenses. Add lines 1 through 24e 3,884,963. 3,038,261. 361,928. 484,774 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.					42 065	D4 CD4
Gount costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.	е					
reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.	5		3,884,963.	3,038,261.	361,928.	484,774
educational campaign and fundralsing solicitation.	6					
		educational campaign and fundralsing solicitation.  Check here if following SOP 98-2 (ASC 958-720)				

ar	t X	Balance Sheet		·	
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,137,673.	1	1,483,571.
١	2	Savings and temporary cash investments	4,375.	2	940.
ı	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,166.	4	24,997
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
- 1		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		1000 (100A) 1000 (100A)	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	114,128.	8	54,759
₹	9	Prepaid expenses and deferred charges	29,642.	9	28,393.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 9,943,624. 10b 3,599,232.			- 044 000
	þ	Less: accumulated depreciation 10b 3,599,232.	6,592,429.	10c	6,344,392
	11	Investments - publicly traded securities	F 0 4 0 0 F	11	505 000
	12	Investments - other securities. See Part IV, line 11	594,985.	12	607,288
	13	Investments - program-related, See Part IV, line 11		13	
	14	Intangible assets	600 100	14	620 226
١	15	Other assets. See Part IV, line 11	609,109.	15	630,226
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,105,507.	16	9,174,566
	17	Accounts payable and accrued expenses	268,555.	17	160,997.
	18	Grants payable	12,840.	18	18,171.
	19	Deferred revenue	12,040.	19	10,1/1.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Sei	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
	23	controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties	1,221,056.	23	1,094,964.
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties	1/221/0500	24	270017501
	25	Other liabilities (including federal income tax, payables to related third		2.7	
	2.0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,853.	25	7,818.
	26	Total liabilities. Add lines 17 through 25	1,514,304.	26	1,281,950.
$\neg$		Organizations that follow FASB ASC 958, check here X			
Sa		and complete lines 27, 28, 32, and 33.			
띭	27	Net assets without donor restrictions	7,243,014.	27	7,514,235
Sag	28	Net assets with donor restrictions	348,189.	28	378,381.
힏		Organizations that do not follow FASB ASC 958, check here			
로		and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds		29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
7% I	31	Retained earnings, endowment, accumulated income, or other funds		31	
۲I			E E 0 4 0 0 0		7 000 616
Net Assets or Fund Balances	32	Total net assets or fund balances	7,591,203. 9,105,507.	32	7,892,616. 9,174,566.

Form 990 (2020)