			** PUBLIC DISCLOSURE COP					
	Ω	00	Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047		
Forr	_	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ode (exce	ept private foundations	» 2019		
•		uary 2020)	Do not enter social security numbers on this form as	s it may be	e made public.	Open to Public		
Intern	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the second seco			Inspection		
AF	or the	e 2019 calend	ar year, or tax year beginning ${ m NOV}$ 1 , 2019 and en	nding O	СТ 31, 2020			
	heck if oplicabl	le: C Name o	forganization		D Employer identification number			
	⊣Addre		NE GOGIEEN OF MIGGOURT					
]chang ∣Name		NE SOCIETY OF MISSOURI		12 065262	0		
]chang ∣Initial	U			43-065263	0		
]return]Final		and street (or P.O. box if mail is not delivered to street address) RC MACKLIND AVENUE	oom/suite	E Telephone number (314) 951	_1500		
	lreturn⊥ termir)			G Gross receipts \$	27,441,558.		
	ated Amen	ded Cm	own, state or province, country, and ZIP or foreign postal code LOUIS, MO 63110		H(a) Is this a group ret	· · · · · · · · · · · · · · · · · · ·		
	_return ☐Applic		nd address of principal officer: KATHRYN WARNICK		for subordinates?			
	⊥tion pendi		MACKLIND AVE., ST. LOUIS, MO 63110		H(b) Are all subordinates inc			
I T	ax-ex	empt status:	· · · · ·			st. (see instructions)		
			HSMO.ORG		H(c) Group exemption	(
κF	orm of	f organization:	X Corporation	L Year of		State of legal domicile: MO		
Pa	rt I	Summary						
	1	Briefly describ	e the organization's mission or most significant activities: PREVEN	NTION	OF CRUELTY,	ABUSE AND		
Governance		NEGLECT	OF ANIMALS.					
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed	d of more	than 25% of its net asse			
ove	3					20		
	4			17				
es				326				
Activities &			of volunteers (estimate if necessary)		267			
Act			d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>		0.		
	•				Prior Year 13,126,609.	<u>Current Year</u> 11,966,973.		
ne	8 9		and grants (Part VIII, line 1h)		7,912,221.	7,752,645.		
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1,582,140.	2,077,659.		
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-228,763.	-258,327.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,392,207.	21,538,950.		
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
			to or for members (Part IX, column (A), line 4)		0.	0.		
s		•	compensation, employee benefits (Part IX, column (A), lines 5-10)		9,098,317.	9,203,377.		
Expenses			undraising fees (Part IX, column (A), line 11e)		162,684.	343,861.		
cpei	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 2 , 2 2 6 , 5 5 4	4.				
ĥ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,941,652.	9,831,658.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,202,653.	19,378,896.		
		Revenue less	expenses. Subtract line 18 from line 12		3,189,554.	2,160,054.		
t Assets or d Balances					ginning of Current Year	End of Year		
sset: 3alar	20	Total assets (F			93,447,223.	96,451,358.		
Net As -und B	21		(Part X, line 26)		2,759,132.	4,397,799.		
	22 rt II	Net assets or Signature	fund balances. Subtract line 21 from line 20		90,688,091.	92,053,559.		
		-		nd atotam -	nto and to the bast of much	nowledge and helief it is		
			I declare that I have examined this return, including accompanying schedules ar . Declaration of preparer (other than officer) is based on all information of which			nowledge and beller, it is		
<u>u ue,</u>	001160		. הההוא הוא הוא הוא הוא הוא הוא הוא הוא ה	n preparer i	nas any Knowieuge.			
Sigr		Signatur	e of officer		Date			
Jigi	•	,						

Here	Mere KATHRYN WARNICK, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	KIMBERLY A RYAN			self-employed P00829977					
Preparer	Firm's name RUBINBROWN LLP Firm's EIN 43-07653								
Use Only	Firm's address 🕒 ONE NORTH BRENTW	OOD							
SAINT LOUIS, MO 63105 Phone no. (314) 290-330									
May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	P32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: PREVENTION OF CRUELTY, ABUSE AND NEGLECT OF ANIMALS.		
	Did the executive undertake only eignificant preasure convices during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,368,917. including grants of \$) (Reven MEDICAL CENTERS - THE SOCIETY'S MEDICAL CENTERS PROVIDE . OF VETERINARY SERVICES. IN ADDITION TO THE TREATMENT OF	A WIDE VARIE	
	INJURIES AND ILLNESS, WELLNESS CARE, LOW COST/NO COST SP.	AY/NEUTER,	
	PHYSICAL THERAPY AND EXTENSIVE SURGICAL CARE ARE PROVIDE	D.	
	APPROXIMATELY 30,000 CLIENT VISITS.		
	COVID-19 RESPONSE - IN RESPONSE TO COVID-19, THE SOCIETY		ਹਾਹ
	OF SHORT-TERM CHANGES TO VARIOUS PROGRAMS IN ORDER TO EN		
	OF ITS EMPLOYEES, PATIENTS AND CUSTOMERS.	SOLE THE SAF	111
4b	(Code:) (Expenses \$4,895,184. including grants of \$) (Reven	ue\$1,177,	380.
	ADOPTION CENTERS - FORMERLY-OWNED OR ABANDONED PETS ARE	GIVEN A SECO	ND
	CHANCE TO FIND LOVING HOMES THROUGH THE SOCIETY'S ADOPTI		
	HEALTH AND TEMPERAMENT OF EACH ANIMAL IS EXTENSIVELY EVA		
	BEING PLACED FOR ADOPTION. GREAT EFFORTS ARE MADE TO MAT		
	ANIMALS WITH POTENTIAL OWNERS UTILIZING A PRE-ADOPTION Q	UESTIONNAIRE	•
	THIS PROCESS HELPS THE SOCIETY DETERMINE THAT AN ANIMAL	WILL BE PLAC	ED
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO	WILL BE PLAC LUME OF	ED
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S	WILL BE PLAC LUME OF	ED
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO	WILL BE PLAC LUME OF	ED
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S	WILL BE PLAC LUME OF	ED
4c	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED.	WILL BE PLAC LUME OF ERVICES AT	015.
4c	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses \$	WILL BE PLAC LUME OF ERVICES AT	015. ON
4c	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses\$1,055,832. including grants of \$) (Reven ANIMAL CRUELTY TASKFORCE - THE SOCIETY IS THE ONLY HUMAN IN MISSOURI TO PROVIDE COMPREHENSIVE INVESTIGATIVE AND EX	WILL BE PLAC LUME OF ERVICES AT	015. ON
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses\$1,055,832. including grants of \$) (Reven ANIMAL CRUELTY TASKFORCE - THE SOCIETY IS THE ONLY HUMAN IN MISSOURI TO PROVIDE COMPREHENSIVE INVESTIGATIVE AND E SERVICES FOR ANIMALS STATEWIDE. TWENTY-FOUR HOURS A DAY,	WILL BE PLAC LUME OF ERVICES AT	015. ON CUE
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4c	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses \$1,055,832. including grants of \$) (Reven ANIMAL CRUELTY TASKFORCE - THE SOCIETY IS THE ONLY HUMAN IN MISSOURI TO PROVIDE COMPREHENSIVE INVESTIGATIVE AND E SERVICES FOR ANIMALS STATEWIDE. TWENTY-FOUR HOURS A DAY, YEAR, HUMANE OFFICERS FROM THE ANIMAL CRUELTY TASKFORCE TO COMPLAINTS OF ANIMAL CRUELTY OR ABUSE. A SIGNIFICANT EMERGENCY MEDICAL ASSISTANCE OR DRAMATIC RESCUE EFFORTS.	WILL BE PLAC LUME OF ERVICES AT	015. ON CUE D RE
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4c	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses \$1,055,832. including grants of \$) (Reven ANIMAL CRUELTY TASKFORCE - THE SOCIETY IS THE ONLY HUMAN IN MISSOURI TO PROVIDE COMPREHENSIVE INVESTIGATIVE AND E SERVICES FOR ANIMALS STATEWIDE. TWENTY-FOUR HOURS A DAY, YEAR, HUMANE OFFICERS FROM THE ANIMAL CRUELTY TASKFORCE TO COMPLAINTS OF ANIMAL CRUELTY OR ABUSE. A SIGNIFICANT EMERGENCY MEDICAL ASSISTANCE OR DRAMATIC RESCUE EFFORTS.	WILL BE PLAC LUME OF ERVICES AT	015. ON CUE D RE FF
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4c 4d	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses \$1,055,832. including grants of \$) (Reven ANIMAL CRUELTY TASKFORCE - THE SOCIETY IS THE ONLY HUMAN IN MISSOURI TO PROVIDE COMPREHENSIVE INVESTIGATIVE AND E SERVICES FOR ANIMALS STATEWIDE. TWENTY-FOUR HOURS A DAY, YEAR, HUMANE OFFICERS FROM THE ANIMAL CRUELTY TASKFORCE TO COMPLAINTS OF ANIMAL CRUELTY OR ABUSE. A SIGNIFICANT EMERGENCY MEDICAL ASSISTANCE OR DRAMATIC RESCUE EFFORTS. MEMBERS ARE TRAINED AT LAW ENFORCEMENT ACADEMIES AND WOR WITH AREA POLICE DEPARTMENTS TO ASSIST AND EXPEDITE THE APPROXIMATELY 17,100 ANIMALS SERVED.	WILL BE PLAC LUME OF ERVICES AT	015. ON CUE D RE FF
4d	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. (Code:)(Expenses \$	WILL BE PLAC LUME OF ERVICES AT	015. ON CUE D RE FF
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VO INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH S THREE LOCATIONS. APPROXIMATELY 11,100 ANIMALS SERVED. 	WILL BE PLAC LUME OF ERVICES AT	015. ON CUE D RE FF

Form 990 (OF	MISSOURI
Part IV	Checklist c	of Required Sc	hedules		

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		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			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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			
	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	Х	
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	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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	· (contract)		Vee	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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		x
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	230		
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		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</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>
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	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	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
50		38	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	L
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 326						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	_	37				
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	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X			
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8					
0	sponsoring organization have excess business holdings at any time during the year?	0					
9	Sponsoring organizations maintaining donor advised funds.	00					
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	อม					
10	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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						
с	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b					
15 ^{~~}	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
-							

Form **990** (2019)

932005 01-20-20

HUMANE SOCIETY OF MISSOURI

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20)		
	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 1	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		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
	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0-	Did the examination have lead chapters, branches, or effiliates?	10a	165	X
	Did the organization have local chapters, branches, or affiliates?	104		- 11
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
8	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 Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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			
	ANNE GOECKNER - 314-951-1509			
	1201 MACKLIND AVE., ST. LOUIS, MO 63110			
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Form 990 (2019)	HUMANE SOCIETY OF MISSOURI	43-0652638	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employ	ees, and Independent Contractors							
Check if S	Schedule O contains a response or note to any line in this Part VII		Χ					
Section A. Officers,	, Directors, Trustees, Key Employees, and Highest Compensated Employees							
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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 nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per work of the indication related to the indicatinditin related to the indicatinditindication related to	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veek (list any neutron of set and a set ano	Name and title	Average			Position		Reportable	Reportable	Estimated		
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3		S. MO 6	31	29								125.25	7.
\$100,000 of compensation from the organization			-										
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization	2 Total number of independent contractors (in	ncluding but p	ot lir	nited	1 to 1	thos	e lie	ted	above) who received mo	ore than			
+ · · · · · · · · · · · · · · · · · · ·		0	51 m		0								
			IN	UA	TT			HF	ETS			Form 990 (2)	019)

SEE PART VII, SECTION A CONTINUATION SHEETS 932008 01-20-20

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Form 990 HUMANE SC Part VII Section A. Officers, Directors, Tru	OCIETY C)F	MI	SS	SOU	RI			43-065	2638
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per	(c	heck	all '	that		ly)	compensation from	compensation from related	amount of other
	week (list any	or				Highest com pensated em ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	tee or	ustee			ensate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	dwoo				organizations
	below	lividua	stitutio	Officer	y emp	ghest	Former			
	line)	Ĕ	Ĕ	₽	Ke	ΞĨ	8			
(27) ROB STROBING	1.00									0
BOARD MEMBER		х						0.	0.	0.
		-								
		-								
		·								
		-								
					\vdash					
Total to Part VII, Section A, line 1c										

932201 04-01-19

				IETY	OF MISS	SOURI		43-0652	638 Page 9
Pa	rt VII	I Statement of Reve	enue						
		Check if Schedule O cor	ntains a respo	onse oi	r note to any line	(
						(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
S S	1 a	Federated campaigns	1a						
un	b								
۵Ë	с				393,679.				
ifts r A	d		1d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contribu							
Sic	f	All other contributions, gifts, gra							
her	•	similar amounts not included ab			11,573,294.				
ĢĘ	a	Noncash contributions included in line			750,229.				
no'n	9 h	Total. Add lines 1a-1f		Ψ	^ `	11,966,973.			
0 0		Total. Add lines 1a-11			Business Code	,,,-			
	2 a	MEDICAL CENTER FEES		_	900099	6,404,551.	6,404,551.		
/ice	z a b				900099	1,177,380.	1,177,380.		
ue ue	u	LONGMEADOW RESC. RANC	ч		900099	115,264.	115,264.		
Program Service Revenue	C				900099	19,098.	113,204.		
Be	d	VOLUNTEER PROGRAMS			900099	4,450.	4,450.		
ľ	e				900099	-	4,450. 31,902.		
ш.	•					31,902. 7,752,645.	51,902.		
	g					1,152,045.			
	3	Investment income (includin	•			1 726 740			1 726 740
	-	other similar amounts)				1,736,749.			1,736,749.
	4	Income from investment of t			oceeds				
	5	Royalties	(i) Rea						
	-				(ii) Personal				
	6 a			650.					
	b	· · · · ·	6b	0.					
	с		6c ¹² ,	650.		10.550			10.550
	d	· · · · · · · · · · · · · · · · · · ·				12,650.			12,650.
	7 a	Gross amount from sales of	(i) Securi		(ii) Other				
			7a ⁵ ,901,	471.					
	b	Less: cost or other basis							
nue			7b 5,536,2		24,281.				
evenue		· / ······	7c 365,		-24,281.	242.042			
۳,		Net gain or (loss)		····	🕨	340,910.			340,910.
Other R	8 a	Gross income from fundraising	-						
õ		including \$ 39							
		contributions reported on lin							
		Part IV, line 18			0.				
	b	· · · · · · · · · · · · · · · · · · ·			292,709.				
	c				····· ►	-292,709.			-292,709.
	9 a	Gross income from gaming a							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from ga		es	>				
	10 a	Gross sales of inventory, les							
		and allowances			71,070.				
		Less: cost of goods sold			49,338.				
	С	Net income or (loss) from sa	ales of invento			21,732.			21,732.
s				\vdash	Business Code				
e e	11 a								
ellaneo: evenue	b	·							
Miscellaneous Revenue									l
Mis		All other revenue							
_		Total. Add lines 11a-11d							
	12	Total revenue. See instructions	S		🕨	21,538,950.	7,752,645.	0.	1,819,332.
932009	9 01-20	0-20							Form 990 (2019

Page 9

HUMANE SOCIETY OF MISSOURI Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	616,694.	383,723.	232,971.	
6 Compensation not included above to disqualified	010/0910	50577250		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,137,399.	5,746,328.	634,241.	756,830
8 Pension plan accruals and contributions (include				•
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	899,567.	727,068.	85,627.	86,872.
10 Payroll taxes	549,717.	444,478.	52,150.	53,089
11 Fees for services (nonemployees):				
a Management				
b Legal	81,100.	35,662.	5,645.	39,793
c Accounting	57,300.	42,975.	11,460.	2,865.
d Lobbying	12,000.	12,000.		
e Professional fundraising services. See Part IV, line 17	343,861.			343,861
f Investment management fees	92,553.		92,553.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	651,460.	430,335.	46,358.	174,767.
12 Advertising and promotion	184,179.	79,756.	9,921.	94,502.
13 Office expenses	1,203,276.	950,000.	139,861.	113,415.
14 Information technology				
15 Royalties			40.000	0 0 0 1
16 Occupancy	592,441.	541,511.	42,899.	8,031.
17 Travel	63,181.	48,970.	4,336.	9,875.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates22 Depreciation, depletion, and amortization	1,578,719.	1,473,690.	68,723.	36,306.
	291,639.	206,793.	47,156.	37,690
23 Insurance 24 Other expenses. Itemize expenses not covered	251,055.	200,755.		57,0500
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.)				
a MEDICAL & SURG SUPPLIES	2,425,281.	2,424,530.	540.	211
b REPAIRS AND MAINTENANCE	876,882.	698,231.	111,729.	66,922.
c DISCOUNTS	429,754.	429,754.		
d DIRECT MAILING	356,399.	33,246.	6,218.	316,935
e All other expenses	935,494.	848,490.	2,414.	84,590
25 Total functional expenses. Add lines 1 through 24e	19,378,896.	15,557,540.	1,594,802.	2,226,554
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

11

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Form 990 (2019)

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	HUMA	NE S	OCIETY	OF	MISSOURI
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		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		5,000.	1	5,000.
	2	Savings and temporary cash investments		2,166,591.	2	7,911,746.
	3	Pledges and grants receivable, net	4,234,394.	3	4,129,188.	
	4	Accounts receivable, net		32,403.	4	15,605.
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
ets	7	Notes and loans receivable, net		240.020	7	
Assets	8	Inventories for sale or use		342,039.	8	230,765.
◄	9	Prepaid expenses and deferred charges		312,107.	9	614,688.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D		25 020 552		24 777 700
		Less: accumulated depreciation		<u>35,820,553.</u> 15,900,957.		<u>34,777,799.</u> 14,357,330.
	11	Investments - publicly traded securities		15,900,957.	11	14,357,350.
	12	Investments - other securities. See Part IV, line 1	r		12	
	13 14	Investments - program-related. See Part IV, line 1			13 14	
	14	Intangible assets Other assets. See Part IV, line 11		34,633,179.	14	34,409,237.
	16	Total assets. Add lines 1 through 15 (must equa		93,447,223.	16	96,451,358.
	17	Accounts payable and accrued expenses		2,759,132.	17	2,680,756.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
s	22	Loans and other payables to any current or form				
litie		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persons		22	
	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	vables to related third			
		parties, and other liabilities not included on lines	, .	•		
		of Schedule D		0.	25	<u>1,717,043</u> . 4,397,799.
	26			2,759,132.	26	4,397,799.
ŷ		Organizations that follow FASB ASC 958, chee	ck here 🕨 🔼			
nce	07	and complete lines 27, 28, 32, and 33.		55,599,807.	07	56,814,270.
ala	27			35,088,284.	27 28	35,239,289.
Б	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95		55,000,204.	20	55,255,205.
Fun		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or eq		30		
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	Г	90,688,091.	32	92,053,559.
2	33	Total liabilities and net assets/fund balances		93,447,223.	33	96,451,358.
						Form 990 (2019)

Form 990 (2019)
Part X Balance Sheet

Form	990 (2019) HUMANE SOCIETY OF MISSOURI	43-00	652638	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,538		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,378		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,160		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,688		
5	Net unrealized gains (losses) on investments	5	-554	.,43	<u>30.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-240),1	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	92,053	5,55	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a			<u>2</u> a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2019)

SCH	IED	ULE	Α
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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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
2019
Open to Public Inspection

Name of the	organization
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Name of		NE COCTEMV	OF MICCOUDT					
Part I	Reason for Public (OF MISSOURI	molata thi	ic part) Sc	o instructions		3-0652638
	nization is not a private found							
	A church, convention of ch					I)(A)(I).		
2	A school described in sect							
3	A hospital or a cooperative					•		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		llege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	•						
7 X	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:							
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	oort from c	ontributio	ns, membersh	nip fees, an	d gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)			-			
11	An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	-	•	•			rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section &	509(a)(3). (Check the box in
	lines 12a through 12d that							
a	Type I. A supporting orga			-			-	aivina
	the supported organization	-		• • • •	-			
	organization. You must o							
b	Type II. A supporting org			ion with its	s sunnorte	d organizatio	n(s) by hay	vina
~ _	control or management o	-				-		•
	organization(s). You mus						jo ino oupp	
c	Type III functionally inte			in connect	ion with	and functional	lv integrate	d with
• _	its supported organization						ly integrate	a with,
d	Type III non-functionally		-				tod organiz	ration(c)
u							-	
	that is not functionally int			•		-	anallenin	101055
• [requirement (see instruct							
e 🗋	Check this box if the orga					Type I, Type I	п, туре п	
6 Em	functionally integrated, or							
	ter the number of supported o	•						
g Pro	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
	•		above (see instructions))	162			,	
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOURI Part II Support Schedule for Organizations Described in Sections 1

43-0652638 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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.")	10132558.	9234168.	10429642.	13126609.	11966973.	54889950.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10132558.	9234168.	10429642.	13126609.	11966973.	54889950.
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)						6075691.
	Public support. Subtract line 5 from line 4.						48814259.
Sec	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	10132558.	9234168.	10429642.	<u>13126609.</u>	11966973.	<u>54889950.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1686673.	1687584.	1768961.	1713635.	1749399.	8606252.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	22,589.	38,697.	29,941.	8,544.	0.	99,771.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	54,500.	309,876.				364,376.
11	Total support. Add lines 7 through 10						63960349.
	Gross receipts from related activities,	•	,				,051,826.
	First five years. If the Form 990 is for	•					. —
Sar	organization, check this box and stor ction C. Computation of Publi	o here	centage				>
	Public support percentage for 2019 (I		•			14 15	
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o		-			or more, check thi	······································
J	and stop here. The organization qual					or more, check in	
17 a	10% -facts-and-circumstances test		•				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			
b	10% -facts-and-circumstances test	•	•		•		
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOURI Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	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						
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
C	Add lines 7a and 7b						_
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgar	nization,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar	-	•		•••		▶∟
k	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						n ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			>
9320	23 09-25-19		16	5	Sch	edule A (Form 9	990 or 990-EZ) 2019
				•			

Schedule A (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOURI

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")? // "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified 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.)

932024 09-25-19

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOURI Part IV Supporting Organizations (continued)

			Vee	Na
44	Lies the exception accepted a rift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	444		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Ition B. Type I Supporting Organizations	11c		
Sec				
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOU	JRI		43-0652638 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain	in Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			

2 3

4

5 6

7

8

1

2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Current Year

Schedule A (Form 990 or 990-EZ) 2019

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factors (explain in detail in Part VI):

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

3 Subtract line 2 from line 1d.

Multiply line 5 by .035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

2 Enter 85% of line 1.

see instructions).

4

6

7

8

4

5

6

7

2 Acquisition indebtedness applicable to non-exempt-use assets

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Schedule A (Form 990 or 990 EZ) 2019 HUMANE SOCIETY OF MISSOURI

Pa	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	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			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOURI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2015 AMOUNT: \$	54,500.	
2016 AMOUNT: \$	309,876.	
	Schedule A (Form 990 or 990-E	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

43	3 – (06	52	26	3	8
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Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

HUMANE SOCIETY OF MISSOURI

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

43-0652638

HUMANE SOCIETY OF MISSOURI

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 569,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 342,358. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 581,088. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 X Person Payroll 767,601. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 691,856. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 2

Employer identification number

HUMANE SOCIETY OF MISSOURI

HUMAN	E SOCIETY OF MISSOURI	43	3-0652638
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$881,484.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

923452 11-06-19

2019.05092 HUMANE SOCIETY OF MISSOUR 02285.01

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Employer identification number

43-0652638

HUMANE SOCIETY OF MISSOURI

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SHARES OF JOHNSON & JOHNSON		
		\$\$_342,358.	12/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Name of o	rganization		Employer identification number						
HUMAN	E SOCIETY OF MISSOURI		43-0652638						
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) ► \$						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
<u> </u>									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
			<u> </u>						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		e) Transfer of gift	I						
	Transferee's name, address, a	nd 7 ID ± 4							
			Relationship of transferor to transferee						
923454 11-06	6-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)						

SCHEDULE C	Po	olitical Campaign	and Lobbying	g Activities	OMB No. 1545-0047			
(Form 990 or 990-EZ)								
		2013						
Department of the Treasury Internal Revenue Service								
		Form 990, Part IV, line 3, or Fo			Inspection			
-	-	plete Parts I-A and B. Do not cor			Activities), then			
		01(c)(3)) organizations: Complete	•	Do not complete Part I-B.				
 Section 527 organiz 								
•	•	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, lin	ne 47 (Lobbying Activities	s), then			
 Section 501(c)(3) or 	anizations that I	have filed Form 5768 (election un	der section 501(h)): Co	mplete Part II-A. Do not co	mplete Part II-B.			
 Section 501(c)(3) org 	anizations that l	have NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B. Do n	not complete Part II-A.			
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 5 (Prox	y Tax) (see separate in	structions) or Form 990-	EZ, Part V, line 35c (Proxy			
Tax) (see separate inst	ructions), then							
 Section 501(c)(4), (5) 	, or (6) organizat	tions: Complete Part III.						
Name of organization				Emp	oloyer identification number			
		SOCIETY OF MISSOU			43-0652638			
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.			
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities in					
2 Political campaign	activity expendit	ures		► 9	\$			
3 Volunteer hours for	political campai	gn activities						
Part I-B Compl	oto if the ore	unization is axampt und	r agation 501/a)/2	1				
		anization is exempt unde		-	<u></u>			
		incurred by the organization und		► 9				
		incurred by organization manage		►				
		n 4955 tax, did it file Form 4720 t						
					Yes No			
b If "Yes," describe in Part I-C Compl		anization is exempt unde	er section 501(c).	except section 501(c	c)(3).			
	-	by the filing organization for sec						
		ization's funds contributed to oth			۶			
exempt function ac					\$			
		. Add lines 1 and 2. Enter here ar		······ •·· •·	¢			
					\$			
		1120-POL for this year?			↓ YesNo			
		nployer identification number (EIN						
		tion listed, enter the amount paid						
	-	omptly and directly delivered to a						
political action corr	mittee (PAC). If	additional space is needed, provi	de information in Part I	V.				
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
()			(-,	filing organization's	contributions received and			
				funds. If none, enter -0	promptly and directly delivered to a separate			
					political organization.			
					If none, enter -0			

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 HU					652638 Page 2
Part II-A Complete if the organ	ization is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	e e	• • •	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share o	, .	• •			
B Check 🕨 🔄 if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		
Limits c (The term "expenditu	on Lobbying Expe res" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	ce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influen	ce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1c	I)			
f Lobbying nontaxable amount. Enter th	e amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,00	0 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero c	n either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this yea	r?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations that		01(h) election do not ate instructions for li		f the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 HUMANE SOCIETY OF MISSOURI

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?	X			2,000.
j	Total. Add lines 1c through 1i			12	2,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
с	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, li	nes 1 a	nd 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT I-A, LINE 1:				

DUES ARE PAID TO AN ASSOCIATION THAT CONDUCTS LOBBYING.

Schedule C (Form 990 or 990-EZ) 2019

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.



	ment of the Treasury Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest inform	ation.	Open to Inspecti	
	e of the organization				, identificatio	number
		HUMANE SOCIETY OF N	MISSOURI		3-06526	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.	Complete if th	ie
	organizatio	n answered "Yes" on Form 990, Part IV, lin	le 6.		-	
	-		(a) Donor advised funds	(b) Funds an	d other accou	nts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		ed funds		
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes	No
6		on inform all grantees, donors, and donor a				
		oses and not for the benefit of the donor o				
	impermissible priva	ate benefit?			Yes	No
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of	a historically impo	rtant land area	ı
	Protection o	f natural habitat	Preservation of	a certified historic	structure	
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the form o	of a con <u>servation e</u>	asement on th	e last
	day of the tax year	·.		Held	at the End of th	e Tax Year
а	Total number of co	onservation easements		2a		
b	Total acreage restr	ricted by conservation easements		2b		
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re		
	listed in the Nation	nal Register		2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	g the tax	
	year 🕨					
4		where property subject to conservation eas				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
		orcement of the conservation easements it				No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements	s during the ye	er
	►					
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements dur	ing the year	
-	►\$					
8		vation easement reported on line 2(d) abov				
~		(4)(B)(ii)?			Ves	└── No
9	,	be how the organization reports conservation	•		the	
		d include, if applicable, the text of the footn	iote to the organization's infancial stateme	ents that describes	line	
Par	t III Organiza	ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar As	sets.	
		the organization answered "Yes" on Form				
19		elected, as permitted under FASB ASC 95		nd halance sheet w	orks	
Ia		easures, or other similar assets held for put	· ·			
		Part XIII the text of the footnote to its finar		-		
b	•	elected, as permitted under FASB ASC 95			s of	
	-	sures, or other similar assets held for public				
		ng amounts relating to these items:				
	-	ded on Form 990, Part VIII, line 1		▶ ¢		
				N A		
2	.,	received or held works of art, historical trea	asures, or other similar assets for financial			
£		unts required to be reported under FASB A		San', provide		
а	-	on Form 990, Part VIII, line 1		▶ \$		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
932051	10-02-19

► \$

►

Sche		SOCIETY OF						43-06	52638	3 ра	age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	^r Asset	s _{(contir}	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	t make sig	gnificant u	use of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how tł	ney further th	ne organizatio	on's exem	npt purpos	se in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabili	ty?	C	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment 🕨	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administer	red for the	e organiza	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								. 3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ad	cumulate	d	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	dep	preciation				
1a	Land			8,13	7,449.				8,13	7,4	49.
b	Buildings				6,367.	11,2	272,79	93. 2	23,55	3,5	74.
с	Leasehold improvements										
	Equipment			7,50	8,102.	4,4	125,00	06.	3,08	3,0	96.
	Other			-	3,680.	-	-			3,6	
	Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B), line 1	-				34,77		
								Schedul	e D (Forn	n 990)	2019

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Schedule D (Form 990) 2019 HUMANE SOCIETY OF MISSOUR
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PERPETUAL TRUSTS	31,925,151.
(2) BENEFICIAL INTEREST IN CRUT	2,484,086.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 34,409,237.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See For	orm 990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	1,717,043.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(8) (9)	1,717,043.

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

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 HUMANE SOCIETY OF MISSOURI			43-	0652638 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	20,271,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-554,430.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-669,910.		
е	Add lines 2a through 2d			2e	-1,224,340.
3	Subtract line 2e from line 1			3	21,495,735.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,553.		
b	Other (Describe in Part XIII.)		-49,338.		
с	Add lines 4a and 4b			4c	43,215.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	21,538,950.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	18,905,927.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		49,338.		
е	Add lines 2a through 2d			2e	49,338.
3	Subtract line 2e from line 1			3	18,856,589.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	92,553.		
b	Other (Describe in Part XIII.)	4b	429,754.		
с	Add lines 4a and 4b			4c	522,307.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,378,896.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line 4	; Part	X, line 2; Part XI,

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF PERPETUAL TRUSTS	-219,783.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE	
REMAINDER UNITRUST	-20,373.
DISCOUNTS NETTED WITH REVENUE	-429,754.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-669,910.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-49,338.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

PART	XII,	LINE	2D -	OTHER	ADJUSTMENTS:	
932054 10-0)2-19					33

COST OF GOODS SOLD

HUMANE SOCIETY OF MISSOURI Part XIII Supplemental Information (continued)

49,<u>338.</u>

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISCOUNTS NETTED WITH REVENUE

429,754.

SCHEDULE D PART V

THE ENDOWMENT SECTION IS NOT APPLICABLE AS THE ONLY PERMANENTLY RESTRICTED

ASSETS ON THE BALANCE SHEET ARE PERPETUAL TRUSTS. THE ORGANIZATION DOES

NOT CONTROL OR HAVE POSSESSION OF TRUST ASSETS.

Schedule D (Form 990) 2019

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization								entification number
		SOCIETY OF MISSOUR					43-0652	
	complete this part	 Complete if the organization answers t. 	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
 a X Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
ONE & ALL - PO BOX	936517,		Yes	No				
ATLANTA, GA 31193		DIRECT MAIL		X	1,205,949.		343,861.	862,088.
Total				►	1,205,949.		343,861.	862,088.
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration

AL, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY OH, OK, OR, PA, RI, SC, TN, VA, WA, WI

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

Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 HUMANE SOCIETY OF MISSOURI

43-0652638 Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(.)) T - + - 1
			PURSES FOR		.,	(d) Total events
			POOCHES	TELETHON	7	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
			(event type)	(event type)	(total humber)	
	1	Gross receipts	127,298.	109,889.	156,492.	393,679
	2	Less: Contributions	127,298.	109,889.	156,492.	393,679
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,723.		27,334.	29,057
	7	Food and beverages	3,409.			3,409
	8	Entertainment			500.	500
	9	Other direct expenses		118,572.	118,856.	259,743
	-	Direct expense summary. Add lines 4 throug			,	292,709
	11	Net income summary. Subtract line 10 from	.,			-292,709
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-	1	Gross revenue				
2020	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
\downarrow	5	Other direct expenses				
	6	Volunteer labor	│	└── Yes %	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	_					
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (d)		····· •	1
	Ent	er the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes N
		No," explain:				
a	lf "I					
a b		re any of the organization's gaming licenses r	evoked, suspended. or te	rminated during the tax v	ear?	Yes N
a b a	We	re any of the organization's gaming licenses r Yes," explain:			ear?	Yes N
al bl	We				ear?	Yes N

Schedule G (Form 990 or 990 EZ) 2019 HUMANE SOCIETY OF MISSOURI	43-0652638 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or ot	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a %</u>
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special ever	ts books and records:
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives ga	aming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶\$	and the amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatany distributions:	
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming pro-	accords to
b Enter the amount of distributions required under state law to be distributed to other exempt org	
organization's own exempt activities during the tax year \triangleright \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instru	
FORM 990, SCHEDULE G, PART II	
ALL IN PERSON EVENTS WERE CANCELLED OR CHANGED TO V	/IRTUAL EVENTS DUE TO
COVID-19.	
932083 09-11-19	Schedule G (Form 990 or 990-EZ) 2019

37 2019.05092 HUMANE SOCIETY OF MISSOUR 02285.01

raitiv	Supplemental information (c	continued)	
			Schedule G (Form 990 or 990-EZ)

SC	HEDULE J Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	40	
•	Compensated Employees		20	IJ	J
Deres	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization E	mployer ic			nber
	HUMANE SOCIETY OF MISSOURI	43-0	652638	3	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal resid	dence			
	Tax indemnification and gross-up payments				
	Discretionary spending account	chef)			
_					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indicate which if any of the following the experimetion used to establish the compensation of the experimetion's				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	10			
	Compensation committee Written employment contract				
	Independent compensation consultant Independent compensation survey or study				
	Image independent compensation consultant Image independent compensation survey of study Image independent compensation consultant Image independent compensation survey of study Image independent compensation consultant Image independent compensation survey of study Image independent compensation consultant Image independent compensation survey of study Image independent compensation consultant Image independent compensation survey of study Image independent compensation compens	nmittoo			
		IIIIIIIIEE			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х	
с	Participate in, or receive payment from, an equity-based compensation arrangement?				X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		. 5a		X
	Any related organization?				X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?				X
b	Any related organization?		. 6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?				0040
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	1 990)	2019

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Schedule J (Form 990) 2019

43-0652638

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KATHRYN WRIGHT WARNICK	(i)	253,394.	0.	13,372.	15,000.	8,008.	289,774.	9,800.
PRESIDENT (SEE SCH O)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE GOECKNER	(i)	148,454.	0.	0.	0.	9,104.	157,558.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B AND SCHEDULE, PART II:

THE OFFICER'S W-2 COMPENSATION IN COLUMN (B)(III) INCLUDES \$9,800 OF

DEFERRED COMPENSATION THAT HAS BEEN REPORTED AS DEFERRED COMPENSATION

IN A PRIOR YEAR AS INDICATED BY THE REPORTING IN COLUMN (F). THE

\$15,000 IN COLUMN (C) REFLECTS THE CURRENT YEAR ACCRUAL FOR FUTURE

RETIREMENT BENEFITS.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

/ **Open to Public**

Interna	I Revenue Service Figure 6 Go to www.irs.gov	Form990 fo	r instructions and	the latest information.		Inspection
Nam	e of the organization				Employer	r identification number
	HUMANE SOCIE	3-0652638				
Pa	rt I 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) d of determining ontribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles	X	27	11,761.	RETAIL V	ALUE
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	20	576,734.	STOCK QU	OTE
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 \ldots					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X	1	161,734.	50% OF R	ETAIL VALUE
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					
28	Other 🕨 ()					
29	Number of Forms 8283 received by the organized					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	ement 29		
						Yes No
30a	During the year, did the organization receive by must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for	
	exempt purposes for the entire holding period?	<i>د</i>				<u>30a X</u>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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932141 09-27-19

Schedule M (Form 990) 2019 HUMANE SOCIETY OF MISSOURI

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

BASED UPON THE RECORD KEEPING OF THE ORGANIZATION, THE NUMBER OF

CONTRIBUTORS IS PRESENTED ON SCHEDULE M.

Schedule M (Form 990) 2019

932142 09-27-19

17580427 132842 02285.0000

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



43-0652638

HUMANE SOCIETY OF MISSOURI

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

1. LONGMEADOW RESCUE RANCH - LONGMEADOW RESCUE RANCH IS ONE OF THE

LARGEST FACILITIES IN THE COUNTRY FOR THE REHABILITATION OF STARVING,

NEGLECTED AND ABUSED HORSES AND FARM ANIMALS. THIS FACILITY IS

UTILIZED TO TEMPORARILY FOSTER THE ANIMALS IMPOUNDED AS EVIDENCE BY THE

SOCIETY'S ANIMAL CRUELTY TASKFORCE AND LAW ENFORCEMENT AGENCIES. THIS

PROGRAM ALLOWS THE MISTREATED ANIMALS TO BE REHABILITATED WHILE

AWAITING ADOPTION PLACEMENT. CLIENTS SERVED: APPROXIMATELY 1,800.

2. EDUCATION - THE EDUCATION OFFICE IS RESPONSIBLE FOR PROVIDING

TRAINING FOR PEOPLE ON PET-RELATED TOPICS FOCUSED ON DEVELOPING

ATTITUDES OF RESPECT AND RESPONSIBILITY. THE HUMANE EDUCATION HELPS

THE SOCIETY IMPACT THE COMMUNITY. CLIENTS SERVED: APPROXIMATELY

12,900.

3. VOLUNTEER PROGRAMS - THE VOLUNTEER OFFICE IS RESPONSIBLE FOR THE PLACEMENT OF VOLUNTEERS INTO SUCH PROGRAMS AS DAILY DOG WALKERS AND GIFT SHOP VOLUNTEERS AND TO FOSTER ANIMALS IN THEIR HOMES. THE OFFICE ALSO PLACES VOLUNTEERS IN THE ADOPTION CENTERS, MEDICAL CENTERS AND LONGMEADOW RESCUE RANCH. 1,500 VOLUNTEERS IN DATABASE. 267 VOLUNTEERS ACTIVE DURING COVID.

4. COMMUNITY PROGRAMS - COMMUNITY PROGRAMS INCLUDE SPRAY/NEUTER SERVICES, CARE OF ABUSED, SICK OR INJURED ANIMALS, FOSTER PROGRAMS, AND OTHER SERVICES PROVIDED FOR PETS' OWNERS AT VARIOUS FACILITIES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

HUMANE SOCIETY OF MISSOURI	43-0652638
5. GIFT SHOP - THE GIFT SHOPS, IN THE SOCIETY'S ADOPTION	CENTERS, SELL
PET SUPPLIES, SOCIETY LOGO MERCHANDISE AND OTHER PET RELAT	ED ITEMS.
6. MEMORIAL DOG PARKS - THE PARKS PROVIDE A SAFE AREA FOR	DOG WALKING
AND OFF LEASH PLAY. THE CAROL GATES THROOP PARK ALSO HAS	A COLUMBARIUM
FOR PET BURIALS AND THE CELEBRATION OF THE LIVES OF PETS A	ND PEOPLE.
TOTAL EXPENSES AND REVENUES FOR LINE 4D:	
EXPENSES \$ 2,237,607. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 167,699.
FORM 990, PART VI, SECTION A, LINE 2:	
DAVID MEYER AND BEVERLY LUCAS PROPST WORK AT THE SAME COMP	ANY.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE B	OARD OF DIRECTORS
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
NEW BOARD MEMBERS HAVE AN ORIENTATION MEETING WITH HSMO PR	ESIDENT. THEY ARE
PROVIDED WITH THE HSMO CONFLICT OF INTEREST POLICY AND SIG	N OFF THAT THEY
HAVE REVIEWED AND WILL COMPLY WITH THE POLICY. THE SIGNED	POLICY
STATEMENTS ARE MAINTAINED BY THE HSMO ADMINISTRATIVE ASSIS	TANT.
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS OF REVIEW AND APPROVAL FOR COMPENSATION FOR OF	FICERS AND KEY
EMPLOYEES IS DISCUSSED AND APPROVED BY THE EXECUTIVE COMMI	TTEE OF THE BOARD
OF DIRECTORS. THE COMPENSATION FOR THE PRESIDENT, WHO IS	A MEMBER OF THE
EXECUTIVE COMMITTEE, IS APPROVED BY THE CHAIRMAN OF THE BO	ARD OF DIRECTORS.

45

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Employer identification number

17580427 132842 02285.0000

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

2019.05092 HUMANE SOCIETY OF MISSOUR 02285.01

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING C	COPY OF FORM 990:
AL,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,	NY,OH,OK,OR,PA,RI,SO
TN,VA,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF IN	TEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART VII, LINE 1A(3), KATHRYN WRIGHT WARNICK	X, PRESIDENT:
COLUMN D "REPORTABLE COMPENSATION" INCLUDES \$9,800 OF	DEFERRED
COMPENSATION THAT HAS BEEN REPORTED IN OTHER COMPENSAT	TION/EMPLOYEE
BENEFITS IN PRIOR YEARS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF PERPETUAL TRUSTS	-219,783
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE	
REMAINDER UNITRUST	-4,159
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	-16,214
TOTAL TO FORM 990, PART XI, LINE 9	-240,150

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

HUMANE SOCIETY OF MISSOURI

Employer identification number 43-0652638

THE EVALUATION BY THE EXECUTIVE COMMITTEE ALSO INCLUDES REVIEW OF A

COMPENSATION STUDY

932161 09-10-19 LHA

47

Ralatad	Organizations	and Unrolat	ad Dartnarchir	ne
neialeu	Organizations	and Unrelat	eu Partnersnip	55

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection Employer identification number

Schedule R (Form 990) 2019

43-0652638

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

HUMANE SOCIETY OF MISSOURI

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	rolled ity?
						Yes	No

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

OMB No. 1545-0047

2019

Schedule R (Form 990) 2019 HUMANE SOCIETY OF MISSOURI

43-0652638 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

									r	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General managii partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	-										
	-										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) o)(13) olled ity?
		country)				235613			No
PERPETUAL TRUSTS (6)	CHARITABLE REMAINDER	мо	N/A						х

Schedule R (Form 990) 2019 HUMANE SOCIETY OF MISSOURI

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		+
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)			
3 Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1 m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PERPETUAL TRUSTS (6)	С	1,662,266.	AMOUNTS RECEIVED
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 HUMANE SOCIETY OF MISSOURI

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	i) ral or iging her?	(k) Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2019

Form 990-T (2019) HUMANE SOCIETY OF MISSOURI

►

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readersh costs	nip costs (column 6 minus column 5, but not more than column 4).
(1) TAILS						
(2)						
(3)						
(4)						
Totals from Part I	0.	0	•	•		0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0				0.
Schedule K - Compensation	n of Officers, I	Directors, and	d Trustees (see ir	nstructions)		
1. Name			2. Title	3. Percer time devot busines	ed to	Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

0.

923732 01-27-20

Form 990)-т	E		nization Bus				ax Return		OMB	No. 1545-0047	
			•	nd proxy tax unde						0	040	
		For cale	endar year 2019 or other tax ye	ar beginning NOV 1,	20	19, and en	ding OC	<u>r 31, 202</u>	0.	Z	019	
Department of t Internal Revenu		►		v.irs.gov/Form990T for in: ers on this form as it may						Open to F 501(c)(3)	Public Inspection for Organizations Only	
	ck box if ress changed		Name of organization (Check box if name cl	hanged	and see instru	ctions.)		(Emp	oyer ident loyees' tru uctions.)	ification number ust, see	
B Exempt u	inder section	Print	HUMANE SOCI	ETY OF MISS	JUR	C			4	3-06	52638	
X 501(C	z)(3)	or		n or suite no. If a P.O. box					E Unrel	ated busi	ness activity code	
408(e		Туре	1201 MACKLI		,				(See I	nstructior	IS.)	
408A	530(a)		City or town, state or pro	ovince, country, and ZIP or	r foreia	n postal code			1			
			ST. LOUIS,		5				453220			
C Book value of year	of all assets		F Group exemption num	ber (See instructions.)	►							
26	5, 451,3 5	58.	G Check organization typ	oe 🕨 🚺 501(c) corp	oration	ı <u>5</u> 01	I(c) trust	401(a)) trust		Other trust	
H Enter the r	number of the o	rganizat	tion's unrelated trades or	businesses. 🕨 🔤	1		Describe t	the only (or first) ur	nrelated			
trade or bu	usiness here 🕨	ADV	VERTISING			i	f only one,	complete Parts I-V.	If more	e than or	10,	
describe th	ne first in the bla	ank spa	ce at the end of the previo	us sentence, complete Pa	rts I an							
business, t	then complete P	arts III-	V.									
				affiliated group or a paren	nt-subsi	diary controlle	d group?	► [Ye	es 🖸	K No	
lf "Yes," er	nter the name an	nd identi	ifying number of the pare	nt corporation. 🕨								
			NNE GOECKNE				Telepho	one number 🕨 3	814-	<u>951-</u>	-1509	
Part I	Unrelated	Trad	le or Business Inc	come		(A) Inco	ome	(B) Expense	S		(C) Net	
1a Gross i	receipts or sales	;		-								
	eturns and allow			🛛 c Balance 🕨	1c							
			A, line 7)		2							
			om line 1c		3							
			h Schedule D)		4a							
			art II, line 17) (attach Forr		4b					ļ		
			ts		4c							
			hip or an S corporation (a		5							
	come (Schedule				6							
			ne (Schedule E)		7							
	· · ·		nd rents from a controlled	-	8							
			n 501(c)(7), (9), or (17) c	• • • •	9							
			me (Schedule I)		10							
			J)		11 12							
			s; attach schedule)		12		0.					
Part II	Deduction	s No	gh 12 t Taken Fisewhe i	re (See instructions fo		ations on ded						
				ith the unrelated busin			0010113.)					
14 Comp				edule K)					14			
									15			
									16			
									17			
18 Intere	st (attach sched	lule) (se	e instructions)						18			
									19			
				re on return					21b			
22 Deplet	tion								22			
23 Contri	ibutions to defer	rred cor	npensation plans						23			
									24			
									25			
									26			
27 Other	deductions (atta	ach sch	edule)						27			
28 Total	deductions. Ad	d lines	14 through 27						28		0.	
29 Unrela	ated business ta	xable in	icome before net operatin	g loss deduction. Subtract	t line 28	3 from line 13			29		0.	
	-	-		ginning on or after Januar	-				1		-	
									30	ļ	0.	
				om line 29					31		<u>0.</u>	
923701 01-27-	20 LHA For	Paperv	work Reduction Act Notic	e, see instructions.						Forn	1 990-T (2019)	

⁵² 2019.05092 HUMANE SOCIETY OF MISSOUR 02285.01

Form 990-T (2019) HUMANE SOCIETY OF MISSOURI Part III Total Unrelated Business Taxable Income

32	Total o	f unrelated business taxable income computed	tions)	32			0.		
33	Amour	nts paid for disallowed fringes				33	I		
34	Charita	able contributions (see instructions for limitation					r		0.
35		Inrelated business taxable income before pre-20				35			
36		tion for net operating loss arising in tax years be			~ 4	36			0.
37		of unrelated business taxable income before spe		,		37			
38		ic deduction (Generally \$1,000, but see line 38 i						1,00	00.
39		ted business taxable income. Subtract line 38							
		he emeller of zero or line 07				39			Ο.
Par	t IV	Tax Computation							
40		izations Taxable as Corporations. Multiply line	: 39 by 21% (0.21)			40			0.
41		Taxable at Trust Rates. See instructions for ta							
			1041)			41			
42		tax. See instructions				42			
43		ative minimum tax (trusts only)							
44	Tay on	Noncompliant Facility Income. See instructio		44					
45		Add lines 42, 43, and 44 to line 40 or 41, which		45			0.		
Par		Tax and Payments	ever applies			1 40			
		n tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	46a					
c		al business credit. Attach Form 3800							
-		for prior year minimum tax (attach Form 8801 c							
		credits. Add lines 46a through 46d				46			
47		ct line 46e from line 45				0.			
48	Other t	taxes. Check if from: Form 4255	48						
49		ax. Add lines 47 and 48 (see instructions)							0.
49 50		net 965 tax liability paid from Form 965-A or For				0.			
		ents: A 2018 overpayment credited to 2019							
		estimated tax payments				_			
						_			
		posited with Form 8868 n organizations: Tax paid or withheld at source (_						
						_			
		for small employer health insurance premiums	(attach Form 80/1)			_			
		credits, adjustments, and payments:		511		_			
y			her Total	► 51a					
52		payments. Add lines 51a through 51g				52	,		
53		ited tax penalty (see instructions). Check if Forn	a 2220 is attached			50			
53 54		ie. If line 52 is less than the total of lines 49, 50				54			
55		ayment. If line 52 is larger than the total of lines				55			
56		he amount of line 55 you want: Credited to 202			Refunded	56			
Parl		Statements Regarding Certain		tion (s		1 30			
57		time during the 2019 calendar year, did the org			,			Yes	No
57	-	financial account (bank, securities, or other) in	-		-			103	
		V Form 114, Report of Foreign Bank and Financi							
	here			o toroigit o	oundy				x
58		the tax year, did the organization receive a dist	ribution from or was it the grantor of or t	transferor	to a foreign trust?				x
00	-	," see instructions for other forms the organizati		ansierer					
59		he amount of tax-exempt interest received or ac	-						
	ι	Inder penalties of perjury, I declare that I have examined	this return, including accompanying schedules and			ledge an	d belief, it is true	لــــــــــــــــــــــــــــــــــــ	
Sign	c	correct, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which prep	parer has an	y knowledge.				
Here			PRESI	DENT			IRS discuss this arer shown below		vith
		Signature of officer	Date Title	<u></u>			ons)? X Ye	· ·	No
	I	Print/Type preparer's name	Preparer's signature	Date	Check	-	PTIN	-	
. .				Date	self- employe		1.111		
Paic		KIMBERLY A RYAN			Sell- ellipioye		P00829	977	
	parer		L IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	l	Firm's EIN		$\frac{100025}{43-076}$		6
Use	Only	ONE NORTH				-	10 070	<u></u>	<u> </u>
		Firm's address SAINT LOUI			Phone no.	(31	4) 290	- 331	00
923711	01-27-20	•	S, HO 03103			171	Form 9		
520711	5, 27-20		53						(2019)
			55						

2019.05092 HUMANE SOCIETY OF MISSOUR 02285.01

Form 990-T (2019) HUMANE SOCIETY OF MISSOURI

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation 🕨 N/A					
1 Inventory at beginning of year			6 Inventory at end of yea			6		
2 Purchases			7 Cost of goods sold. Su					
3 Cost of labor	3		from line 5. Enter here	and in Part	l,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (with	respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired for	resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	From Real I	Property and	l Personal Property L	eased V	Vith Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected v nd 2(b) (attac	rith the income in schedule)	1
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A)	►		Èn) Total deductions. ter here and on page 1, rt I, line 6, column (B)			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)					
			2. Gross income from	3.	Deductions directly con to debt-financ		r allocable	
1. Description of debt-fin	anced property		or allocable to debt- financed property		light line depreciation attach schedule)		Other deductior attach schedule)	
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis Illocable to nced property n schedule)	6. Column 4 divided by column 5	re	, Gross income portable (column 2 x column 6)	(colu	Allocable deduct nn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					here and on page 1, I, line 7, column (A).		here and on pag I, line 7, column	
Totals			►		0	•		0.
Total dividends-received deductions in					►	•		0.
					· · ·	·	Form 990-T	(2019)

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	, Annunde	es, Royalties					Lation		struction	S)
			Exemp	t Controlled C	rganizati	ons				
1. Name of controlled organ	ization	2. Employe identification number		nrelated income ee instructions)		tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
(1) (2)										
3)										
(4)										
onexempt Controlled Orga	anizations		I		1					
7. Taxable Income		unrelated income (lo: (see instructions)	ss) 9 . Tot	al of specified pay made	ments	10. Part of contract in the contract gr	olumn 9 tha olling orga oss income	nization's		ductions directly connected i income in column 10
1)										
(2)										
(3)										
(4)										
						Enter here a	lumns 5 an and on page 8, column (e 1, Part I,		ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
otals								0.	0	
Schedule G - Investn	nent Inco	me of a Sec	tion 501(c)	(7), (9), or (17) Ord	anizatio	n			0
	structions)									
1 . D	escription of inc	ome		2. Amount o	income	3. Deduc directly cor (attach sc	nnected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2) (3)										
(3)										
(4)										
				Enter here and Part I, line 9, c						Enter here and on page Part I, line 9, column (B
otals				•	0.					0
Schedule I - Exploite	-	t Activity Inc	come, Othe	r Than Ad	vertisir	ng Incom	e			
1. Description of exploited activity	unrelate incor	d business ne from	3. Expenses irectly connected with production of unrelated	4. Net inco from unrelate business (c minus colum	d trade or olumn 2 in 3). If a	5. Gross i from activi is not unr	ty that elated	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than
	trade of	r business	ousiness income	gain, compu throug	e cois. 5 1 7.	business i	COLLE			column 4).
(1)										
(2)										
(1) (2) (3)										
(4)										
	page	1, Part I,), col. (A).	nter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 25.
otals Schedule J - Adverti	► sing Inco	0.	0	•						0
Part I Income From				nsolidated	Basis					
		2. Gross	3. Direct	4. Adver	tising gain	5. Circ	de Ken	6. Read	orobin	7. Excess readership costs (column 6 minus

1. Name of periodical	advertising income	advertising costs	col. 3). If a gain, compute cols. 5 through 7.	income	costs	column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Form 990-T (2019)

923731 01-27-20

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

rate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instru	Taxpaye	axpayer identification number (TIN)						
print	nt HUMANE SOCIETY OF MISSOURI					43-0652638			
File by the due date for filing your return. See instructions.	ille by the due date for illing your eturn. See instructions. 1201 MACKLIND AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Enter the	ST. LOUIS, MO 63110 Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1			
Applicatio		Return	Application	<u></u>		Return			
Is For		Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individual)			09			
Form 990	·PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
 If this i box ▶ [1 I rea the ▶ [organization named above. The extension is for the orga calendar year or X tax year beginning <u>NOV 1, 2019</u>	Group Exe and atta SEPTEI anization's	mption Number (GEN), I ch a list with the names and TINs of <u>IBER 15, 2021</u> , to file return for: d ending <u>OCT 31, 2020</u>	f this is fo all memb	r the whole ers the extension opt organization 	e group, check this ension is for.			
 the organization named above. The extension is for the organization's return for: Calendar year or X tax year beginning <u>NOV 1, 2019</u>, and ending <u>OCT 31, 2020</u> 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final retu Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 		20	\$	0.					
		enter an	refundable credits and	3d	Ψ	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.				
 estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 									
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.			
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	453-EO an		79-EO for payment			

HUMANE SOCIETY OF MISSOURI

43-0652638

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/04	87,864.	0.	87,864.	87,864.
10/31/05	273,216.	0.	273,216.	273,216.
10/31/06	116,018.	0.	116,018.	116,018.
10/31/07	119,135.	0.	119,135.	119,135.
10/31/08	110,659.	0.	110,659.	110,659.
10/31/09	129,171.	0.	129,171.	129,171.
10/31/10	3,539.	0.	3,539.	3,539.
10/31/11	8,000.	0.	8,000.	8,000.
10/31/14	4,658.	0.	4,658.	4,658.
10/31/18	1,142.	0.	1,142.	1,142.
NOL CARRYOV	YER AVAILABLE THIS	YEAR	853,402.	853,402.