# EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form **990** (Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning

Open to Public Inspection

10.000		and	ending										
B	Check if	C Name of organization		D Employer identifi	cation number								
Address		DI HE MOINING IN HUMANIE GOGLEST	BLUE MOUNTAIN HUMANE SOCIETY										
	Name												
	chan Initia		91-08284										
	Final Final return termi	7 EAST GEORGE ST.	E Telephone numbe 509-529-										
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,443,474.									
L	Amer	WALLA WALLA, WA 99362		H(a) Is this a group re									
	Appli tion pend	F Name and address of principal officer: SHANNON BLOCK	F Name and address of principal officer: SHANNON BLOCK										
	12	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in									
1	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)								
		te: WWW.BLUEMOUNTAINHUMANE.ORG		H(c) Group exemptio									
		forganization: X Corporation Trust Association Other	L Year	of formation: 1967	State of legal domicile: WA								
Pa		Summary											
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PIKINDNESS TO COMPANION ANIMALS IN THEIR CO	REVENT	CRUELTY ANI	PROMOTE								
na	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its not ass	ote								
)Ve	3	Niversham of the contract of t		3	14								
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14								
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	50								
vitie	6	Total number of volunteers (estimate if necessary)		6	289								
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.								
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.								
		,		Prior Year	Current Year								
O	8	Contributions and grants (Part VIII, line 1h) 761,629.											
nue	9	Program service revenue (Part VIII, line 2g)		374,323.	831,297. 392,011.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		140,936.	78,189.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,276,888.	1,301,497.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.								
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		729,459.	819,651.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	47.										
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		466,813.	530,882.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,196,272.	1,350,533.								
	19	Revenue less expenses. Subtract line 18 from line 12		80,616.	-49,036.								
ets or lances			Beg	ginning of Current Year	End of Year								
sset	20	Total assets (Part X, line 16)		4,847,343.	5,162,452.								
Net Asserting Bal	21	Total liabilities (Part X, line 26)		101,150.	65,715.								
		Net assets or fund balances. Subtract line 21 from line 20		4,746,193.	5,096,737.								
	ırt II	Signature Block											
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is								
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	"   -								
0.		Signature of officer			00000								
Sigr				Date /									
Here	е	SHANNON BLOCK, TREASURER  Type or print name and title											
			In	ate Check	I DTIN								
Paid		Print/Type preparer's name  ALISON C. GEBERS  Preparer's signature	if	PTIN									
Prep		Firm's name NORTHWEST CPA GROUP PLLC		self-employe									
Use			٥	Firm's EIN ▶	56-2382653								
-00	Jilly	Firm's address 1333 COLUMBIA PARK TRAIL, STE 21 RICHLAND, WA 99352	. 0	Phone no (5)	09) 735-1300								
Мау	the II	RS discuss this return with the preparer shown above? (see instructions)		1 Holle Ho. \ 3	X Yes No								
	01 01-2		ns.		Form <b>990</b> (2019)								

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO PREVENT CRUELTY AND PROMOTE KINDNESS TO COMPANION ANIMALS IN THEIR
	COMMUNITY.
1 2 3 4 4a	COMMONITI:
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 160, 523. including grants of \$) (Revenue \$392, 011.)
	IN 2019, BLUE MOUNTAIN HUMANE SOCIETY FINALIZED 1,798 PET ADOPTIONS,
	AND CARED FOR 3,093 ANIMALS ACHIEVING A 97.1% LIVE RELEASE RATE, MAINTAINING OUR NO-KILL SHELTER STATUS. FOSTER FAMILIES OPENED THEIR
	HOMES TO 414 PETS. MORE THAN 285 VOLUNTEERS INVESTED A RECORD NUMBER OF
	HOURS - MORE THAN 18,750 HOURS SPENT WORKING IN PARTNERSHIP WITH STAFF
	TO DELIVER ON OUR MISSION TO PREVENT CRUELTY, PROMOTE KINDNESS, AND TO
	FOSTER THE HUMAN-ANIMAL BOND. WE RETURNED 450 LOST PETS, REUNITING THEM
	WITH OVERJOYED OWNERS, AND RE-HOMED MORE THAN 650 PETS THAT WERE
	SURRENDERED TO OUR CARE. WE WELCOMED 331 PETS FROM OTHER SHELTERS AND
	RESCUES INTO OUR CARE, EACH ONE FINDING A FOREVER HOME IN OUR
	COMMUNITY.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
10	(code) (Expenses #
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program convice expanses \ 1 160 523.

Form 990 (2019) BLUE MOUNTAIN HUMANE SOCIETY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	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			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	х	
h	Part VI	11a	21	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			<sub>V</sub>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	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	١	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<sub>v</sub>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ <del>v</del>
4-	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			<sub>v</sub>
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2019) BLUE MOUNTAIN HUMANE SOCIETY

Part IV Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23		х					
24 a	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								
h	Schedule K. If "No," go to line 25a	24a 24b		X					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240							
C		04-							
	any tax-exempt bonds?	24c							
	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			$ _{\mathbf{x}}$					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,,					
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	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		Х					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х					
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		Х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		x					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>								
	Schedule N, Part II	32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
00	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								
<b>5</b> 7		34		x					
35 2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa							
b		35b							
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x					
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		122					
37		37		x					
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v						
Par	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>					
ı aı									
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>					
_			Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77						
	(gambling) winnings to prize winners?	1c	Х						

Form 990 (2019)

BLUE MOUNTAIN HUMANE SOCIETY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
<b>2</b> a	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 50							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	, in the termine an explanation of confedence in infilation of confedence in infilatio								
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)?								
Ь	If "Yes," enter the name of the foreign country	Documento (EBAB)							
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	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 contribution								
	were not tax deductible?	ŭ	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution	vices provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		x				
е	3 7 7 7 7 1 71								
f	3 , 3 , 1 , 1								
g									
h 8	, , , , , , , , , , , , , , , , , , , ,								
Ü	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the grant of the second in the second of		9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a						
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.		ısa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?		15		Х				
	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.								

BLUE MOUNTAIN HUMANE SOCIETY 91-0828499 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	►WA
----	--	-----

exempt status with respect to such arrangements?

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) available 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
---	-------------	-------------------	----------------	----------------------------

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>_</b>
	CARA ARCHER - 509-529-5188	

7	EAST	GEORGE,	WALLA	WALLA,	WA	99362	

16h

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<b>າ</b> than ເ	one	Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any	_				Π	,	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or director	In stit utio nal tru stee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) JAYNE MCCARTHY	2.00	J								
TRUSTEE		Х				_		0.	0.	0.
(2) JACK SHARP	2.00	l								
TRUSTEE		Х				_		0.	0.	0.
(3) AMY FIGGINS	3.00	l								
PRESIDENT		Х		Х				0.	0.	0.
(4) RENEE MARQUARDT	2.00	l								•
TRUSTEE		Х				┝		0.	0.	0.
(5) LYNN MALLORY	2.00								•	•
TRUSTEE	1 2 20	Х				<u> </u>		0.	0.	0.
(6) DR. ALZADA TIPTON	2.00	٠,,							0	0
TRUSTEE	2 00	Х			_	┢		0.	0.	0.
(7) GARY ASMUS	3.00	.,		37					0	0
VICE PRESIDENT	2 00	Х		Х		$\vdash$		0.	0.	0.
(8) TAMMIE BUCHANAN-HERRON TRUSTEE	2.00	х						0.	0.	0.
(9) SHANNON BLOCK	3.00	Α				$\vdash$		1	0.	0.
TREASURER	3.00	Х		Х				0.	0.	0.
(10) ALYCIA SILVER	3.00					$\vdash$		0.	0.	0.
SECRETARY	3.00	х		Х				0.	0.	0.
(11) MICHELLE LIBERTY	2.00					$\vdash$			•	•
TRUSTEE		x						0.	0.	0.
(12) TAMI STAPLETON	2.00	1				$\vdash$			•	
TRUSTEE		Х						0.	0.	0.
(13) AMY WATKINS	2.00								-	-
TRUSTEE		Х						0.	0.	0.
(14) TISH WATTS	2.00									
TRUSTEE		Х						0.	0.	0.
(15) SARA ARCHER	40.00									
EXECUTIVE DIRECTOR		<u> </u>		Х				79,152.	0.	0.
		]								
						_				
		1								

Form **990** (2019)

Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimat	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount	of
	week	offic	cer ar	id a di	irecto	or/trus	tee)	from	from related	other	,
	(list any	ector						the	organizations	compens	ation
	hours for	or dir	au			ted		organization	(W-2/1099-MISC)	from th	
	related	ste e	ruste			bensa		(W-2/1099-MISC)		organiza	
	organizations below	altru	onal t		loyee	lo e				and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizat	ions
		드	드	JO.	₹ e	를 들	요				
		-									
		<u> </u>									
		-									
		├									
		-									
		<u> </u>									
		-									
		<u> </u>									
		-									
		1									
1b Subtotal							<b></b>	79,152.	0.		0.
c Total from continuation sheets to Part VII	, Section A							0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	79,152.	0.		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		^
compensation from the organization										Yes	0 No
3 Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on	103	110
line 1a? If "Yes," complete Schedule J for si	,		•	•	•		_		•	3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	Х
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i> c	or su	ıch r	oers	on				5	X
Section B. Independent Contractors					_				100,000 (		
1 Complete this table for your five highest conthe organization. Report compensation for the organization.	•	-							· · · · · · · · · · · · · · · · · · ·	ation from	
(A)		<u> </u>		. <u>g</u>		<u> </u>	Ī	(B)		(C)	
Name and business	address	NC	ONE	C				Description of s	ervices	Compensatio	nc
O Total number of independent control of	and redimentary		nit -	J # - 1	th	II	- a <del>-</del>	abovo) who we selve start	are then		
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		JL IIN	ıntec	ı (O 1	tnos (		rea	above) who received mo	ore man		
, ,										- 000	(0010)

91-0828499

			Check if Schedule O	conta	ins a respons	e or note to any lir	ne in this Part VIII			
							(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
								, and an interest and a		sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
ra M		b	Membership dues		1b	3,480.				
۵ٌ ق		С	Fundraising events			210,080.				
ifts Ir A						•				
n ii G			Government grants (contri							
Sir			All other contributions, gifts,		' <del>                                    </del>		1			
e E		•	similar amounts not included		1 1	617,737.				
걸		g	Noncash contributions included in			111,405.	-			
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		•		831,297.			
O 10		<u>''</u>	Total: Add lines 1a 11			Business Code	002/23/1			
Program Service Revenue	2	а	ANIMAL OPERATIONS			900099	228,509.	228,509.		
	2		ANIMAL CONTRO		.10	900099	163,502.	163,502.		
er ne							103,302.	103,302.		
π Ven		C				-				
gra Be		d				-				
Š		e	All			-				
-			All other program service	rever	nue		392,011.			
	_		Total. Add lines 2a-2f			······	392,011.			
	3		Investment income (includ				75,895.			75,895.
			other similar amounts)				15,695.			15,635.
	4		Income from investment o		=	proceeds				
	5		Royalties		(i) Real	(i) Davaged				
	_		_		(i) Real	(ii) Personal	-			
	6		Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6с						
			Net rental income or (loss)	<del>' · · · i</del>	(') 0 : 1:	(") OH				
	7	а	Gross amount from sales of		(i) Securities		-			
			assets other than inventory	7a	87,564	•				
		b	Less: cost or other basis							
ther Revenue			and sales expenses	7b	85,270	•	-			
Ş.			Gain or (loss)	7с		•	0.004			2 224
8			Net gain or (loss)			<b>.</b>	2,294.			2,294.
her	8		Gross income from fundraisin							
δ			including \$210	, 0	80 • of					
			contributions reported on		· 1					
			Part IV, line 18		I .	$\frac{56,707}{}$	_			
			Less: direct expenses			56,707.				
			Net income or (loss) from		·	<b>_</b>	0.			
	9	а	Gross income from gamin							
			Part IV, line 19		I .	)a				
		b	Less: direct expenses			9b				
		С	Net income or (loss) from	gami	ng activities_	<u></u>				
	10	а	Gross sales of inventory, I	ess r	eturns					
			and allowances			0a				
		b	Less: cost of goods sold		<u>1</u>	0b				
		С	Net income or (loss) from	sales	of inventory	<b>&gt;</b>				
G						Business Code				
o d	11	а				_				
ane		b				_				
Miscellaneous Revenue		С				_				
Aisc B		d	All other revenue							
_			Total. Add lines 11a-11d			<b>)</b>				
	12		Total revenue. See instruction	ns		<b></b>	1,301,497.	392,011.	0.	78,189.

#### 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).

6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  42,291. 36,676. 4,354. 1,26:  10 Payroll taxes  61,420. 49,976. 6,619. 4,82!  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  7 Professional fundraising services. See Part IV, line 17 Investment management fees  9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion  13 Office expenses  9,937. 8,943. 994.  14 Information technology  3,702. 2,914. 788.  15 Royalties  16 Occupancy  42,742. 40,761. 1,981.  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  11 Payments to affiliates	3601	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
1   Grants and other assistance to demestic organizations and domestic governments. See Part IV, line 21	Do	·		(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and domestic povernments. See Part IV, line 22 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 25 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 79, 152. 43,534. 11,873. 23,74! Compensation of current officers, directors, trustees, and key employees Part IV, line 17 Grants and key employees and key employees of the stail of the stai		' '	Total expenses	Program service expenses		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 individuals. See Part IV, line 25 individuals. See Part IV, line 15 and 16 individuals. See Part IV, line 16 individuals data to current officers, directors, trustess, and key employees individuals data to designatified persons (as defined under section 4958(t)(1)) and persons described in section 4958(t)(1) and 4958(t)	1	Grants and other assistance to domestic organizations		•		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22 (and the content of						
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 6 Compensation in included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other sataries and wages 8 Pension plan accrusis and contributions (include section 4968(c)(3)(B) 9 Other employee benefits 9 Pension plan accrusis and contributions (include section 4968(c) (3)(B) 11 Fees for services (nonemployeese): 12 Advantagement 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 Investment management fees 19 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 19 Advantage and promotion 19 Other expenses 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 11 Interest 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 11 Interest 11 Interest 11 Interest 11 Interest 11 Interest 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 11 Interest 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 15 Interest 16 Other expenses in line 24e. If line 24e expenses on Schedule 0.) 16 Interest 17 Interest 18 Interest 19 Interes	2					
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 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan acrusis and contributions (include section 4910) and persons described in section 4958(c)(3)(B) 9 Other employee benefits 9 Pension plan acrusis and contributions (include section 4910) employee contributions (include section 4910) employe		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(11)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employee contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Conspancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, liemize expenses on Schedule 0.) 24 ANIMAL CARE 25 163, 609. 163, 609.	3					
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 42,291. 36,676. 4,354. 1,265 10 Payroll taxes 61,420. 49,976. 6,619. 4,825 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 17g expenses on Sch O.) 12 Advertising and promotion 5,645. 5,645. 13 Office expenses 19 Coupancy 17 Travel 18 Payments to drawled or entertainment expenses for any federal, state, or local public officials 19 Correrences, conventions, and meetings line response to many federal, state, or local public officials 20 Depreciation, depletion, and amortization line survance of the expenses in line 24e. If line 24e expenses on Scholuc (1 list misurance under expenses on Scholuc (1		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees of Compensation not included above to disqualified persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)B)  7 Other salaries and wages		individuals. See Part IV, lines 15 and 16				
trustees, and key employees  Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension pina accrusia and contributions (include section 4968(c) (2)(B)  9 Other employee benefits  42,291. 36,676. 4,354. 1,26:  10 Payroll taxes  61,420. 49,976. 6,619. 4,82:  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  f Investment management fees  g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Avertising and promotion  15 Royalties  Conferences, conventions, and meetings  Interest  10 Depreciation, depletion, and amortization  Insurance  11 A 3,534. 11,873. 23,744  23,745  24,742. 43,534. 11,873. 23,744  24,742. 43,534. 11,873. 23,744  25,745. 354. 354. 354. 354. 354. 354. 354. 3	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 1	5	Compensation of current officers, directors,				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 42,291. 36,676. 4,354. 1,265. 10 Payroll taxes 61,420. 49,976. 6,619. 4,825. 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 114,471. 104,300. 9,158. 1,013. 115 Insurance 116,3609. 163,609.		trustees, and key employees	79,152.	43,534.	11,873.	23,745.
Depresons described in section 4958(c)(3)(B)   Cher salaries and wages   636,788.   539,022.   65,279.   32,48°	6	Compensation not included above to disqualified				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 42,291. 36,676. 4,354. 1,267. 10 Payroll taxes 61,420. 49,976. 6,619. 4,829. 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Cocupancy 15 Royalties 16 Occupancy 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 Other expenses Itemize expenses on Schedule 0.) a ANITABL CARE  16 13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits		persons described in section 4958(c)(3)(B)				
Section 401(k) and 403(b) employer contributions)   Other employee benefits	7	Other salaries and wages	636,788.	539,022.	65,279.	32,487.
9 Other employee benefits	8	· · · · · · · · · · · · · · · · · · ·				
10   Payroll taxes   61,420.   49,976.   6,619.   4,825     11   Fees for services (nonemployees): a   Management   b   Legal   c   Accounting   5,890.   5,890.     12   Accounting   5,890.   5,890.   6,619.   4,825     13   Office expenses   9,903.   7,903.   1,100.     14   Information technology   3,702.   2,914.   788.     15   Royalties   7						
11   Fees for services (nonemployees):   a   Management   b   Legal   c   Accounting   c	9		42,291.	36,676.	4,354.	1,261.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ANTMAL CARE 15 Royalties 15 Royalties 16 Occupancy 16 Accounting 5, 890. 5, 890. 5, 890. 5, 890. 5, 890. 6 S, 89	10	Payroll taxes	61,420.	49,976.	6,619.	4,825.
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ANIMAL CARE  15 , 890.  5 , 890.  5 , 890.  5 , 890.  5 , 890.  5 , 890.  5 , 890.  5 , 890.  5 , 890.  6 , 90.  6 , 890.  7 , 903.  8 , 943.  9 , 944.  1 , 100.  1 ,		` ' ' '				
c Accounting       5,890.       5,890.         d Lobbying       9 Professional fundraising services. See Part IV, line 17         f Investment management fees       9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       9,003.       7,903.       1,100.         12 Advertising and promotion       5,645.       5,645.       994.         13 Office expenses       9,937.       8,943.       994.         14 Information technology       3,702.       2,914.       788.         15 Royalties       42,742.       40,761.       1,981.         17 Travel       18 Payments of travel or entertainment expenses for any federal, state, or local public officials       7,903.       1,100.         19 Conferences, conventions, and meetings       10 Interest       1,981.       1,981.         20 Interest       21 Payments to affiliates       22 Depreciation, depletion, and amortization       114,471.       104,300.       9,158.       1,013.         23 Insurance       11,634.       9,161.       2,473.         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)       163,609.       163,609.         a NIMAL CARE       163,609.       163,609.       163,609.       163,609.	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 15 F, 645. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.) 24 ANIMAL CARE 25 Information texture (A) Information (A)			5 000		5 000	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 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 affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ANIMAL CARE  19 Other expenses on Schedule 0.)  10 163,609  11,100  1,100			5,890.		5,890.	
Investment management fees   Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   9,003.   7,903.   1,100.						
Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   Advertising and promotion						
column (A) amount, list line 11g expenses on Sch 0.)         9,003.         7,903.         1,100.           12 Advertising and promotion         5,645.         5,645.           13 Office expenses         9,937.         8,943.         994.           14 Information technology         3,702.         2,914.         788.           15 Royalties         42,742.         40,761.         1,981.           17 Travel         Payments of travel or entertainment expenses for any federal, state, or local public officials         7,903.         1,100.           10 Corupancy         42,742.         40,761.         1,981.           11 Payments of travel or entertainment expenses for any federal, state, or local public officials         7,903.         1,100.           10 Insurance         114,471.         104,300.         9,158.         1,013.           20 Interest         114,471.         104,300.         9,158.         1,013.           21 Payments to affiliates         11,634.         9,161.         2,473.           24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.)         163,609.         163,609.           3 ANIMAL CARE         163,609.         163,609.         163,609.						
12 Advertising and promotion	g	·	0 002	7 002	1 100	
13 Office expenses 9,937. 8,943. 994.  14 Information technology 3,702. 2,914. 788.  15 Royalties 42 a mount exceeds 10% of line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE 9,937. 8,943. 994.  9,937. 8,943. 994.  3,702. 2,914. 788.  42,742. 40,761. 1,981.  1,			5,003.	7,903.	1,100.	
14 Information technology 3,702. 2,914. 788.  15 Royalties 42,742. 40,761. 1,981.  17 Travel 59 Payments of travel or entertainment expenses for any federal, state, or local public officials 50 Interest 50 Interest 50 Insurance 50 Insurance 51 Payments to affiliates 52 Depreciation, depletion, and amortization 51 Insurance 52 Other expenses. Itemize expenses on toovered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE 51 A0,761. 1,981.  42,742. 40,761. 1,981.  11,981.  11,981.  11,981.  11,981.  11,981.  11,981.  11,981.			0 027		994	
15 Royalties 16 Occupancy 17 Travel 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 affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 2a ANIMAL CARE 25 ANIMAL CARE 26 40, 761.  1 1,981.  1 1,981.  1 1,981.  1 1,981.  1 1,981.  1 1,981.  1 1,981.						
16 Occupancy 42,742. 40,761. 1,981.  17 Travel 42			3,702.	2,914.	700•	
Travel  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 affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE  163,609.  163,609.			42 742	40 761	1 981	
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  ANIMAL CARE  Payments of travel or entertainment expenses on line 24e. If line 24e expenses on Schedule 0.)  114,471. 104,300. 9,158. 1,013			42,742.	40,701.	1,501.	
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE  10 Animal State, or local public officials  114,471. 104,300. 9,158. 1,013  114,471. 104,300. 9,161. 2,473.						
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE  104,300.  9,158.  1,013  114,471.  104,300.  9,158.  1,013  11,634.  9,161.  2,473.	10					
Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  ANIMAL CARE  Insurance  114,471. 104,300. 9,158. 1,013  2,473.	10					
Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  ANIMAL CARE  114,471. 104,300. 9,158. 1,013  2,473.		·				
Depreciation, depletion, and amortization  114,471. 104,300. 9,158. 1,013  Insurance 111,634. 9,161. 2,473.  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  ANIMAL CARE 163,609. 163,609.						
Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE  11,634. 9,161. 2,473.			114,471.	104,300.	9,158.	1,013.
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE  163,609.  163,609.		Γ	11,634.	9,161.	2,473.	,
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 ANIMAL CARE  163,609.  163,609.			•			
amount, list line 24e expenses on Schedule 0.)  a ANIMAL CARE 163,609. 163,609.	-	above (List miscellaneous expenses on line 24e. If				
a ANIMAL CARE 163,609. 163,609.						
	а					
	b	VETERINARY SERVICES	77,796.	77,796.		
c STAFF DEVELOPMENT 18,430. 18,430.	С					
	d	BANK CHARGES		13,287.		3,322.
e All other expenses 51,414. 38,566. 3,654. 9,194	е	All other expenses		38,566.	3,654.	9,194.
25 Total functional expenses. Add lines 1 through 24e 1,350,533. 1,160,523. 114,163. 75,847	25	Total functional expenses. Add lines 1 through 24e	1,350,533.	1,160,523.	114,163.	75,847.
26 Joint costs. Complete this line only if the organization	26	Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined		1 7 7 1				
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2019)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			165,217.	1	148,617.
	2	Savings and temporary cash investments			50,148.	2	50,050.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4	10,002.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				39,076.	9	31,707.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,248,539.			
	b			912,841.	2,362,604.	10c	2,335,698.
	11	Investments - publicly traded securities			2,228,593.	11	2,586,378.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,705.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	4,847,343.	16	5,162,452.
	17	Accounts payable and accrued expenses	81,081.	17	47,614.		
	18	Grants payable	00.000	18	10 101		
	19	Deferred revenue			20,069.	19	18,101.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
≝		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X		25	
	00	of Schedule D		·····	101,150.		65,715.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che	alı bar	<b>▼</b>	101,130.	26	05,715.
S		and complete lines 27, 28, 32, and 33.	ck ner	e P A			
ű	27				3,970,578.	27	4,186,187.
ala	28	Net assets with donor restrictions	·····	775,615.	28	910,550.	
P	20	Organizations that do not follow FASB ASC 9			77370231	20	310/3301
臣		and complete lines 29 through 33.	oo, ciic	eck fiele			
<u>p</u>	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,746,193.	32	5,096,737.
Z	33	Total liabilities and net assets/fund balances			4,847,343.	33	5,162,452.
	1 00	Total habilities and not assets/fully balafices			-,0-,,010.	-00	0,202,102.

Form **990** (2019)

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3			
3	Revenue less expenses. Subtract line 2 from line 1	3		-49	,03	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,7	746	,19	93.
5	Net unrealized gains (losses) on investments	5	3	399	, 58	30.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5,0	96	,73	37.
Pai	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
	•				'es	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	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	audit.				
Ĭ	review, or compilation of its financial statements and selection of an independent accountant?		,	2c	хl	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho		······			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
Ju	Act and OMB Circular A-133?	g.0 , laait		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	·····		$\dashv$	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		,	3b		

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

BLUE MOUNTAIN HUMANE SOCIETY 91-0828499 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

ranotionally integrated, or	Type III Hell Idiletie	nany intogrator capporti	9 0.94	ation.		
<b>f</b> Enter the number of supported of	organizations					
<b>g</b> Provide the following information	about the supporte	ed organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						_			
	ction B. Total Support			•	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
	Amounts from line 4									
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
	Gross receipts from related activities, e	etc. (see instruction	ons)		•	12				
	First five years. If the Form 990 is for	•				n 501(c)(3)				
	organization, check this box and <b>stop</b>	here								
Sec	ction C. Computation of Public	Support Per	centage							
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	%			
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2019. If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and			
	stop here. The organization qualifies a		-							
b	33 1/3% support test - 2018. If the or	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box			
	and <b>stop here.</b> The organization qualif									
17a	10% -facts-and-circumstances test -	- 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,			
	and if the organization meets the "fact		•	•	•	•				
	meets the "facts-and-circumstances" to	est. The organiza	tion qualifies as a	publicly supported	organization		▶□			
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the				
	organization meets the "facts-and-circu	umstances" test.	The organization o	qualifies as a public	cly supported orga	nization	▶□			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

#### 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	siow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	471,740.	656,967.	731,705.	761,629.	831,297.	3453338.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	236,178.	246,555.	300,103.	374,323.	392,011.	1549170.
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513  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	707,918.	903,522.	1031808.	1135952.	1223308.	5002508.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	11,455.	29,110.	45,906.	30,865.	32,511.	149,847.
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	11,455.	29,110.	45,906.	30,865.	32,511.	149,847.
	Public support. (Subtract line 7c from line 6.)		•				4852661.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	707,918.	903,522.	1031808.	1135952.	1223308.	5002508.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102,127.	79,388.	91,765.	87,520.	75,895.	436,695.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	102,127.	79,388.	91,765.	87,520.	75,895.	436,695.
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.)	810,045.	982,910.	1123573.	1223472.	1299203.	5439203.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ition,
_	check this box and stop here	<u></u>					<b>&gt;</b>
	ction C. Computation of Publi						00 00
	Public support percentage for 2019 (li		•			15	89.22 %
	Public support percentage from 2018 ction D. Computation of Inves					16	87.92 <u>%</u>
	·			20 12 column (f)		47	8.03 %
	Investment income percentage for 20 Investment income percentage from 2					17	9.40 %
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2018. If the	=	-	•	•		
	line 18 is not more than 33 1/3%, che	•				•	
20	Private foundation. If the organizatio						

#### 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
0		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
401		
10b n 990 or 99	0-EZ)	2019

Par	Part IV   Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the follow	owing persons?		
а	a A person who directly or indirectly controls, either alone or together with	n persons described in (b) and (c)		
	below, the governing body of a supported organization?	<u>11a</u>		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Ye	s" to a, b, or c, provide detail in Part VI. 11c		
Sect	Section B. Type I Supporting Organizations		1	Ι
	4 6:11		Yes	No
	regularly appoint or elect at least a majority of the organization's director	9		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	controlled the organization's activities. If the organization had more than			
	describe how the powers to appoint and/or remove directors or trustees			
	organizations and what conditions or restrictions, if any, applied to such  Did the organization operate for the benefit of any supported organization	pewere daring the tax year.		
	organization(s) that operated, supervised, or controlled the supporting of			
	Part VI how providing such benefit carried out the purposes of the supp	· ·		
	supervised, or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations	·		
			Yes	No
1	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 p	ersons that controlled or managed		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations		_	
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by t	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amou			
	year, (ii) a copy of the Form 990 that was most recently filed as of the da			
	organization's governing documents in effect on the date of notification			
	organization(s) or (ii) serving on the governing body of a supported orga	· ·		
	the organization maintained a close and continuous working relationship			
	3 By reason of the relationship described in (2), did the organization's sup significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in F			
	supported organizations played in this regard.	are vi the role the organization's		
Sect	Section E. Type III Functionally Integrated Supporting Orga	ınizations		
а				
b				
С	c The organization supported a governmental entity. Describe in Pa	art <b>VI</b> how you supported a government entity (see instruction	ns) <u>.                                    </u>	
2			Yes	No
а	a Did substantially all of the organization's activities during the tax year di	rectly 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 direc	tly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, a	and how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	,			
	of the organization's supported organization(s) would have been engage	· '		
	reasons for the organization's position that its supported organization(s)			
	activities but for the organization's involvement.	<u>2b</u>		
		vity of the officers divestors or		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part</b>			
	b Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes." describe in Part VI the role pla			
	5 Supported organizations. II Tes. Describe III I die 1 III I III I III I III	Ved by the Ordanization in this redaid.		

Par	rt V Type III Non-Functionally Integra	ted 509(a)(3) Supporting Org	anizations	
1	Check here if the organization satisfied the l	ntegral Part Test as a qualifying trust o	on Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated sup	pporting organizations must complete	Sections A through E.	
Secti	tion 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, cor	nservation, or		
	maintenance of property held for production of inc	· · · · · · · · · · · · · · · · · · ·		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 fi	rom line 4) 8		
	tion 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 pa	art of year):		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exemp	ot-use assets 2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of	of line 3 (for greater amount,		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line	4 from line 3) 5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A	, line 8, Column A) 1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section	n B, line 8, Column A)		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4	, unless subject to		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization	ation's first as a non-functionally integr	rated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		· ·	Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
_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 t	he 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			
Secti	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			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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 <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019	BLUE MOUNTAI	N HUMANE	SOCIETY	91-0828499 (	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	<b>nation.</b> Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, 9 ines 2 and 3; Part IV, Sec	planations require 9a, 9b, 9c, 11a, 1 stion E, lines 1c, 2	ed by Part II, line 10; Pa 1b, and 11c; Part IV, Se 2a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C V, line 1; Part V, Section B, line 1e; Part for any additional information.	Ο,

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BLUE MOUNTAIN HUMANE SOCIETY

**Employer identification number** 91-0828499

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	• •	1		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ac	dvised funds		
_	are the organization's property, subject to the organization's e	_			
6	Did the organization inform all grantees, donors, and donor ac				
•	for charitable purposes and not for the benefit of the donor or				
	• •		ı — —		
Pa					
1	Purpose(s) of conservation easements held by the organization		,,		
	Preservation of land for public use (for example, recreat		n of a historically important land area		
	Protection of natural habitat	· —	n of a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a conservation easement on the last		
_	day of the tax year.		Held at the End of the Tax Yea		
а			_		
b					
С	Number of conservation easements on a certified historic stru				
	Number of conservation easements included in (c) acquired at				
_	listed in the National Register	· ·			
3	Number of conservation easements modified, transferred, rele				
_	year >	, acca, e, aga.eca, e. 10acca e,	and organization dailing the talk		
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the peri	•	of		
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
	<b>&gt;</b>	-			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year		
	<b>▶</b> \$	, ,	Ç ,		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	•	Yes No		
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ements that describes the		
	organization's accounting for conservation easements.	•			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemer	nt and balance sheet works		
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in	n furtherance of public		
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these it	tems.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement ar	nd balance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fo	urtherance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS				
		_	Α		
а	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X				

Pai	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Ot	ther Simi	lar Assets	(contin	nued)			
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mal	ke significar	nt use of its					
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	е									
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt pur	nose in Part	XIII				
5						pooc iii i ait	7.III.				
Ŭ	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		oto ii tiio organizatio	Transworda 100	0111 01111 0	.00, 1 41111,					
1a	Is the organization an agent, trustee, custodia		iary for contributions	s or other assets	not included						
	on Form 990, Part X?						Yes	No			
h	If "Yes," explain the arrangement in Part XIII a						00				
-	ii roo, explain the arrangement ii r arrann	and complete the for	owing table.				Amount	<del></del>			
С	Beginning balance				10	,	7 tillouit				
	Additions during the year										
e											
_	Distributions during the year										
t 2a	Ending balance						Yes	No			
	If "Yes," explain the arrangement in Part XIII.				•		_				
Par											
	SSM,DISIS .	(a) Current year	(b) Prior year	(c) Two years ba		e years back	(e) Four	years back			
1a	Beginning of year balance	746,656.	833,731.	771,38		711,156.	(C) i oui	767,325.			
b	Contributions	710,050. 055,751. 771,551. 711,150.						, , , , , , , , , , , , , , , , , , ,			
C	Net investment earnings, gains, and losses	182,49048,675. 107,650. 88,425.						-24,969.			
d	Grants or scholarships		20,000			,					
-	Other expenditures for facilities	40,320.	38,400.	45,30	00	28,200.	31,200.				
	and programs	10,320.	30,100.	13,30	,,,,	20,200.		31,200.			
†	Administrative expenses	888,826.	746,656.	833,73	1 1	771,381.		711,156.			
g	End of year balance				<u>/ - •                                      </u>	771,301.		711,130.			
2	Provide the estimated percentage of the curr	erit year erid balance		) Held as.							
a	Board designated or quasi-endowment ► Permanent endowment ► 69.13	%	_%								
b	,	% %									
С	• ———										
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec										
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are neid ar	ia administerea to	or the organ	lization	ſ	V N.			
	by:						0-(1)	Yes No X			
	(i) Unrelated organizations						3a(i)	X			
	(ii) Related organizations						3a(ii)	^_			
	If "Yes" on line 3a(ii), are the related organizar						3b				
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.								
Fai			. D. I. N. II. 44 0	5 000 B							
	Complete if the organization answered	I	<u> </u>	- í		1					
	Description of property	(a) Cost or o	` ,	, ,		(c) Accumulated depreciation		k value			
		basis (investn	<u> </u>	` '				145 156			
	Land			145,156.		005 652		5,156.			
	Buildings				053.	2,079,628.					
	Leasehold improvements		24	0 100	100	100	444	0 01 4			
	Equipment		21	8,102.	107,	T88.	ТТ(	0,914.			
	Other						0 22.				
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	Oc.)		🕨 📗	<u>⊿,33</u> !	5,698.			

Schedule D (Form 990) 2019 BLUE MOUNTA	IN HUMANE SOC	IETY	91-0828499 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	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 o	r 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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r 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" of		11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<i>15.</i> )		. ▶
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part Y lin	۵.25
(a) Description of liability	on rollinggo, Faltiv, IIIIE	TIC OF THE OCCUPANT ABO, FAIL A, IIII	(b) Book value
(1) Federal income taxes			(S) Dook value
(2)			
(2)			

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Sche	edule D (Form 990) 2019 BLUE MOUNTAIN HUMANE SO	CIETY		91-0	0828499	Page
Par	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,737,	<u> 222</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	399,580.			
b	Donated services and use of facilities	2b	11,601.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	24,544.			
е				2e	435,	
3	Subtract line 2e from line 1			3	1,301,	497
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
С				4c	1 201	407
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.	)		5	1,301,	497
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	eturi	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				1 200	<u> </u>
1	Total expenses and losses per audited financial statements			1	1,390,	390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	15,519.			
a			13,319.			
b	, , ,					
C			24,544.			
	Other (Describe in Part XIII.)	-		0-	40,	იგვ
_				2e 3	1,350,	
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,330,	<del>555</del>
4		40				
				40		0
5				4c 5	1,350,	<del>533</del>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.	8.)		3	1,330,	333
Provi	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and			; Part >	(, line 2; Part XI,	'
PAF	RT V, LINE 4:					
ENI	DOWMENT FUNDS ARE USED TO SUPPORT THE M	ISSION OF	THE ORGANI	ZAT:	ION.	
PAF	RT X, LINE 2:					
UNI	DER THE PROVISIONS OF SECTION 501(C)(3)	OF THE IN	TERNAL REV	ENUI	E CODE,	
THE	E ORGANIZATION IS EXEMPT FROM FEDERAL II	NCOME TAXE	S, EXCEPT	FOR	NET	

INCOME FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEAR ENDED DECEMBER 31, 2019, THE ORGANIZATION HAD NO UNRELATED BUSINESS ACTIVITIES SUBJECT TO FEDERAL INCOME TAX. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BLUE MOUNTAIN HUMANE SOCIETY

Employer identification number

91-0828499 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 BLUE MOUNTAIN HUMANE SOCIETY 91-0828499 Page 2 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 (d) Total events FALL FURR (add col. (a) through DOG JOG BALL col. (c)) (event type) (event type) (total number) 253,145. 13,642. 266,787. Gross receipts 199,594. 10,486. 210,080. 2 Less: Contributions 56,707. 53,551. 3,156. 3 Gross income (line 1 minus line 2) .... 500. 500. 4 Cash prizes 5 Noncash prizes 1,378. 1,378. Direct Expenses 8,057. 55. 8,112. 6 Rent/facility costs 27,352. 27,352. 7 Food and beverages 11,792. 11,792. 8 Entertainment 7,573. 1,621. 3,101. 2,851. 9 Other direct expenses ..... 56,707. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "No," explain: \_

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 BLUE MOUNTAIN HUMANE SOCIETY 91-0	040	499	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	s If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
<u> </u>	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
U	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	+ III lir	0000	0h 10h
ı u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III	ies 9, :	3D, 10D,

Schedule G	G (Form 990 or 990-EZ)	BLUE MOUNTAIN	HUMANE	SOCIETY	91-0828499	Page 4
Part IV	Supplemental Infor	BLUE MOUNTAIN mation (continued)				

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization BLUE MOUNTAIN HUMANE SOCIETY Employer identification number 91-0828499

Pai	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) Method of de noncash contribu		ıts
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						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	2	11.356.	FAIR MARKET	VALUE	:
10	Securities - Closely held stock		_				-
11	Securities - Partnership, LLC, or						
• •	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (ANIMAL CARE)	Х	1,286	90,485.	FAIR MARKET	VALUE	1
26	Other (OFFICE SUPPLI)	Х	10	9,564.			
27	Other ( )			,			
28	Other ( )						
29	Number of Forms 8283 received by the organization	zation durino	the tax year for c	ontributions			
	for which the organization completed Form 82	-	•				
		, ,	•			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
						30a	Х
b	exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.						
31							Х
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?		•			32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.			· ·	· 		

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### 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.

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

BLUE MOUNTAIN HUMANE SOCIETY

**Employer identification number** 91-0828499

FORM 990, PART VI, SECTION A, LINE 6: ANY PERSON IN SYMPATHY WITH THE OBJECTIVES OF THE ORGANIZATION SHALL BECOME A MEMBER BY PAYING THE APPROPRIATE LEVEL OF DUES. MEMBERSHIP CLASSES INCLUDE INDIVIDUAL, ORGANIZATION/BUSINESS, PATRON, BENEFACTOR, AND HONORARY MEMBERS. HONORARY MEMBERSHIPS ARE AWARDED BY EITHER MAJORITY VOTE OF THE MEMBERS PRESENT AT THE ANNUAL MEETING OR BY MAJORITY VOTE OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS FALLING WITHIN THE MEMBERSHIP CLASSES OF INDIVIDUAL, ORGANIZATION/BUSINESS, PATRON, AND BENEFACTOR HAVE THE RIGHT TO VOTE IN THE ELECTION OF TRUSTEES. HONORARY MEMBERS DO NOT HAVE THE RIGHT TO VOTE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICT OF INTEREST THAT ARISES AND EXCUSE THEMSELVES FROM ANY BOARD ACTION THAT INVOLVES THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS PERFORMS AN ANNUAL PERFORMANCE AND COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate 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

OMB No. 1545-0047

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 91-0828499 BLUE MOUNTAIN HUMANE SOCIETY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 7 EAST GEORGE ST. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WALLA WALLA, WA 99362 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 SARA ARCHER The books are in the care of ► 7 EAST GEORGE - WALLA WALLA, WA 99362 Telephone No. ► 509-529-5188 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

За

3b

0.