### 990

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

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

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For	the 2	2020 calendar y	ear, or tax	year beginn	ning		, 2020, a	and endi	ing		, 20		
В	Chec	ck if ap	plicable:	C Name of	organization <b>F1</b>	oyd County H	umane Society	Inc			D Empl	oyer identification number		
П	Addr	ress cha	ange		ısiness as							52-1266614		
Ħ		ne chan	· ·			O. box if mail is not delive	red to etreet address)		Room/sui	ito	F Tolon	hone number		
Ħ				PO Box	,	J. DOX II IIIAII IS HOL GEIIVEI	red to street address)		100m/sui	ite	- Telep			
H		al return				(540)745-7207								
H	Final	l return	/terminated	1	•	vince, country, and ZIP or	foreign postal code				<b>G</b> Gros	Gross receipts		
님	Ame	nded re	eturn	Floyd,	VA 2409	1					\$	425,592		
Ш	Appli	ication	pending	F Name ar	nd address of pri	ncipal officer:				H(a) Is this a	group return	for subordinates? Yes X No		
										H(b) Are all	subordinat	es included?		
ı	Тах-е	exempt	status: X 501	(c)(3)	501(c) (	) <b>(</b> insert no.)	4947(a)(1) or 5	527		If "No,"	attach a lis	st. See instructions		
	Web	site:			anesocie	tv.org				H(c) Group	exemption	number		
<u></u>	Form	n of ora	anization: X Cor			ociation Other	l <sub>1</sub>	Year of formation	on: 200			gal domicile: <b>VA</b>		
P	art		Summary	poracion _	,aa ,aa		-	- roar or ronnau	<u> </u>	,	01410 01 105	y 22		
	T			he organiz	ation's missic	on or most significan	nt activities: To b	oln indi	wi dua	16 1000	to 10	st pets and to		
			•	•		-	10 1	erb indi	vidua	15 10Ca	.ce 10	st pets and to		
ဥ						pay,neuter,		<u> </u>						
Governance		3	and adopt o	cats an	a aogs a	na to provia	e pet food for	financia	атту г	needy po	et own	ners.		
en.														
9				_	J	•	erations or disposed of				1 1			
				,	J	ning body (Part VI, I	,				_	12		
es		4 1	Number of indep	endent vot	ing members	of the governing bo	ody (Part VI, line 1b)				- 4	0		
Ξ		5	Total number of i	individuals	employed in	calendar year 2020	(Part V, line 2a)				- 5	0		
Activities &		6	Total number of v	volunteers	(estimate if n	ecessary)					. 6	30		
⋖		7a -	Total unrelated b	usiness re	venue from F	art VIII, column (C)	, line 12				. 7a	0		
		d d	Net unrelated bu	siness taxa	able income f	rom Form 990-T, Pa	art I. line 11				. 7b	0		
						,	,			Prior Year	<u> </u>	Current Year		
		8 (	Contributions and	d arants (P	art VIII line 1	1h)			_		3,639	395,698		
<u>o</u>				•		*								
Revenue			Program service	•		07				16	5,109	29,336		
Š							)				423	318		
ď	1						e, and 11e)			53	3,914	240		
	1	12	Total revenue - a	idd lines 8	through 11 (n	nust equal Part VIII,	column (A), line 12)		•	109	085	425,592		
	1					K, column (A), lines	•		-			0		
	1	14 E	Benefits paid to d	or for mem	bers (Part IX	, column (A), line 4)			-			0		
"	.   1	15	Salaries, other co	ompensatio	on, employee	benefits (Part IX, c	olumn (A), lines 5-10)					0		
Expenses	1	16a	Professional fund	draising fee	es (Part IX, co	olumn (A), line 11e)						0		
en		b <sup>-</sup>	Total fundraising	expenses	(Part IX, colu	ımn (D), line 25)	<b>&gt;</b>	49						
X	٠   ،		Ū	•	•	es 11a-11d, 11f-24e	)			60	334	87,766		
_				•	` ,	equal Part IX, colum	,				334	87,766		
			Revenue less ex		•	•					3,751	,		
_	_	10 1	TOVOITUO 1033 CX	perioco. O	ubtract line 1	O HOHI IIIIC 12			Domin			337,826		
os	<u>ا</u> ي	<u> </u>	T-4-1 4- /D-	4 V 1: 40					Begii	nning of Curr		End of Year		
set	Bala		Total assets (Par	-	′				•		3,693	482,010		
Ą	<b>E</b>		Total liabilities (P	,	,				•		6,631	0		
		_			s. Subtract li	ne 21 from line 20			•	128	3,062	482,010		
	art		Signature											
							g schedules and statements, nation of which preparer has a		t my knowl	edge and belie	et, it is			
_	·	Ť.		<u> </u>	`	21,01		, ,						
0:			Melissa			wow.	<u> </u>							
Sig	<b>J</b> n		Signature of o	officer							Da	te		
He	re		Melissa	a Shaw,	Secreta	ry								
			Type or print											
			Print/Type prepare	r's name		Preparer's signature		Date		Check	<b>X</b> if	PTIN		
Pa	id		Susan M M	cCrea		Susan M McCr	ea	02-07-20	22	self-em	_	P00334402		
		rer	Firm's name		Sugan M	•		<u> </u>		irm's EIN	, ,	1 100004404		
	•	nly	Timionano			McCrea Accou	ca.iic							
-3		- · · · y	Firm's address		PO Box 6					Phone no.	E 40	745 4046		
N 4	, +l	JDC	dioquae this set		Floyd VA	. 24091 wn above? (see ins	tructions\				540-	745-4046 		
11/17/1	, ,,,,,,	こいてつし	macuss mis telli	will Hie	OFFICIAL SHOP	over accover usee ins	management of the second							

0) Floyd County Humane Society Inc Checklist of Required Schedules Part IV

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		.,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۰		Х
٠	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		^
-	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,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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 as applicable.			
á				
	complete Schedule D, Part VI	11a	Х	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
(				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
(	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		.,
,	BOLD TO THE PROPERTY OF THE PR	11e		X
f		He		Х
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			^
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	.,	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
13	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		ų,
20 a		20a		X
zu c		20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<b></b> _		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020) Floyd County Humane Society Inc

| Part IV | Checklist of Required Schedules (continued)

	The second secon		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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%			
<b></b>	controlled entity or family member or 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	27		
28	persons? If "Yes," complete Schedule L, Part III	21		X
20	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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
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? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
Par	19? Note: All Form 990 filers are required to complete Schedule O.  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
rar	Check if Schedule O contains a response or note to any line in this Part V			
	One of it of the date of contains a response of note to any line in this part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		

52-1266614

20) Floyd County Humane Society Inc
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	the organization is licensed to issue qualified health plans			
C 1/1a	<u> </u>	1/12		7.
14a	3 7 7	14a		X
b 15		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	16		.,
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		X
	ii 100, complete i diffi +120, comedule O.			

Page 6

Part VI

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

Sec	tion A. Governing Body and Management			
4.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
b	, , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			_ X
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		Λ
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			- 41
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		X
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	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			
	Melissa Shaw (540)745-7207, PO Box 862, Floyd, VA 24091			

-orn	200	(2020)
-0111	1 990	(ZUZU

Floyd County Humane Society Inc

52-1266614

Page 7

# 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 organization compensated any current officer, director, or trustee.

				(	(C)					
(A)	(B)	ge (do not check more than one box, unless person is both an						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or a	lns	Officer	Ke.	Hi <sub>C</sub>	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	icer	Key employee	jhesi ploy	Former	,		related organizations
	organizations	ial tru	onal		ploy	t con ee				
	below	uste	trust		ee	ηpen				
	dotted line)	Ψ	ee			Highest compensated employee				
						ď				
(1) Carol Moates	25.00									
Director		х						0	0	0
(2) Judy MacPhail	2.00									
Director		х						0	0	0
(3) Ann First	2.00									
Director		x						0	0	0
(4) Leona Turner	2.00									
Director		x						0	0	0
(5) Anna Simms	25.00									
Director		x						0	0	0
(6) Mary Beth Pulsifer	10.00									
Director		х						0	0	0
(7) Eric Branscom	2.00									
Director		х						0	0	0
(8) Lynn Carden	2.00									
Director		х						0	0	0
(9) Sarah Sowers	25.00									
Vice President				х				0	0	0
(10)Patrice Irish	15.00									
President				х				0	0	0
(11)Melissa Shaw	25.00									
Secretary				х				0	0	0
(12)Lynn Gregory	15.00									
Treasurer				х				0	0	0
(13)	L									
(14)										

	990 (2020) Floyd County Huma										2-1266	614	Pa	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd F	ligh	est (	Comp	ensa	ated Employees (c	ontinued)				
	(A)  Name and title  Average hours per week (list any hours for related							able ation ated tions	con fr orgar	(F)  ated amo of other apensatio om the aization a	on and			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	1er				related	organize	10013
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)_														
(23)_														
(24)														
(25)_														
1b c	Subtotal							-						
d	Total (add lines 1b and 1c)							-	0		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	d to those list	ted abo	ove)	who	rece	eived r	nore	than \$100,000 of					0
					:				-4-4				Yes	No
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>	for such indi	vidual									3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	•						•						
_	individual											4		х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of the organization	•		•			•		tion or individual			5		х
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report compensation.										vear			
	(A)	<u> </u>			. , ,		<u>g .</u>		(B)		<i>y</i> • • • • • • • • • • • • • • • • • • •	(C)		
	Name and business addres	s							Description of service	es		Compensa	ation	
-														
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose		d ab	ove) v	vho						

Form 990 (2020)
Part VIII

		Check if Schedule O contains a response o	r no	te to any line in this	Part VIII			
				·	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b		1b	1,585				
Contributions, Gifts, Grants and Other Similar Amounts	c	'	1c					
Gra Dou	l -		1d	271,228				
fs, An	d							
ᇐ	e		1e					
Sin's	f	All other contributions, gifts, grants,						
er S		<u> </u>	1f	122,885				
휼	g	Noncash contributions included in						
E B		lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			395,698			
				Business Code				
Φ	2a	Dog Adoption		900099	12,837	12,837		
Program Service Revenue	l _	Cat Adoption	_	900099	9,350	9,350		
er ne		Spay Neuter Program	_	900099	4,927	4,927		
n S			_	900099				
Şe Şe		Other Pet Programs		2,122	2,122			
<u>6</u>		Community Grants	_	900099	100	100		
₫.		All other program service revenue						
	g	Total. Add lines 2a-2f			29,336			
	3	Investment income (including dividends, interest	st, a	nd				
		other similar amounts)	▶	318	318			
	4	Income from investment of tax-exempt bond pr	eds ••• ►					
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		<u> </u>				
		` ′	•					
	7a	Gross amount from (i) Securities	(ii) Other					
		sales of assets						
		other than inventory 7a						
ø.	b	Less: cost or other basis						
ň		and sales expenses 7b						
Ne Ne	С	Gain or (loss)						
å	d	Net gain or (loss)	<u></u>					
Other Revenue	8a	Gross income from fundraising						
₹		events (not including \$ 271,228						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising events	٠.					
		Gross income from gaming						
	"	activities, See Part IV, line 19	9a					
	h	Less: direct expenses	9b					
		•						
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less	l <u>.                                    </u>					
			10a					
	b	Less: cost of goods sold	10b	)				
	С	Net income or (loss) from sales of inventory						
				Business Code				
Sn .	11a	Miscellaneous		900099	240	240		
ne	b		_					
ella	c							
Miscellanous Revenue		All other revenue						
Ξ		Total. Add lines 11a-11d		<u> </u>	040			
		Total revenue See instructions		<u> </u>	425 592	20 904	0	_

## Form 990 (2020) Part IX | State

га	Titix Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colun				
	Check if Schedule O contains a response or note to a				
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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):				
а	Management				
b	Legal				
С	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				
3	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	206		206	
13	Office expenses	1,406		1,406	
14	Information technology	340		340	
15	Royalties	340		340	
16	Occupancy	675		675	
17	Travel	075		075	
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	1,537		1,537	
23	Insurance	5,043		5,043	
24	Other expenses. Itemize expenses not covered	5,043		5,043	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	· · · · · · · · · · · · · · · · · · ·	752		752	
a	Bank Charges	753		753	
b	Contract labor	955		955	4.5
C C	Fundraising	49			49
d	Licenses	25	=	25	
e 25	All other expenses	76,777	71,636	5,141	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	87,766	71,636	16,081	49
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here     if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	132,501	1	233,799
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 262,961			
	b	Less: accumulated depreciation		10c	238,075
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,192	15	10,136
	16	Total assets. Add lines 1 through 15 (must equal line 33)	133,693	16	482,010
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
.iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	5,631	25	
	26	Total liabilities. Add lines 17 through 25	5,631	26	0
G		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	128,062	27	482,010
Bê	28	Net assets with donor restrictions		28	
nuc		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	128,062	32	482,010
•	33	Total liabilities and net assets/fund balances	133,693	33	482,010

Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Prior period adjustments  Net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  2 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	[ 25,592 67,766 67,826 8,062
1 Total revenue (must equal Part VIII, column (A), line 12)       1 42         2 Total expenses (must equal Part IX, column (A), line 25)       2 8         3 Revenue less expenses. Subtract line 2 from line 1       3 33         4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4 12         5 Net unrealized gains (losses) on investments       5         6 Donated services and use of facilities       6         7 Investment expenses       7         8 Prior period adjustments       8 1         9 Other changes in net assets or fund balances (explain on Schedule O)       9         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10 48         Part XII Financial Statements and Reporting       10 48         Check if Schedule O contains a response or note to any line in this Part XII       Ye         1 Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Ye         2a Were the organization's financial statements compiled or reviewed by an independent accountant?       2a	7,766
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Prior period adjustments  Net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  2 8 8 8 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	7,766
3 3 33 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 1 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 48  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	7,826
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a	
Selection of the companization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Net unrealized gains (losses) on investments	8,062
6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Yeart XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 a	
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 48  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	
8 Prior period adjustments	
9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2 Were the organization's financial statements compiled or reviewed by an independent accountant?  2 9  9 0  9 0  10 48	
9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2 Were the organization's financial statements compiled or reviewed by an independent accountant?  2 a Vere the organization's financial statements compiled or reviewed by an independent accountant?  2 a Vere the organization of the service of the combine o	6,122
32, column (B))	0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	2,010
1 Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2 Were the organization's financial statements compiled or reviewed by an independent accountant?	
1 Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	🗌
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	s No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	
	х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
reviewed on a separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	х
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	
the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on	
Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Single Audit Act and OMB Circular A-133?	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number Floyd County Humane Society Inc 52-1266614 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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. 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. 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. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 Floyd County Humane Society Inc 52-1266614 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sei	CHOITA. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions	s)			12	
13	First five years. If the Form 990 is for the org	janization's firs	st, second, third	l, fourth, or fifth	tax year as a	section 501(c)(	3)
	organization, check this box and <b>stop here</b>	<u></u>					▶ 🗌
	ction C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ded by line 11,	column (f)) .		14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organizat	ion did not che	ck the box on I	ine 13, and line	e 14 is 33 1/3%	or more, check	this
	box and <b>stop here</b> . The organization qualifie	s as a publicly	supported orga	anization			▶ 🔲
k	33 1/3% support test - 2019. If the organizat						
	this box and <b>stop here.</b> The organization qua	ılifies as a pub	licly supported	organization			▶ 🔲
17a	10%-facts-and-circumstances test - 2020.	-					is
	10% or more, and if the organization meets the	ne facts-and-ci	ircumstances te	est, check this l	box and <b>stop h</b>	<b>iere.</b> Explain in	
	Part VI how the organization meets the facts	-and-circumsta	ances test. The	e organization o	qualifies as a p	ublicly supporte	ed
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2019.	•					
	15 is 10% or more, and if the organization me	ets the facts-a	and-circumstan	ces test, check	this box and <b>s</b>	top here. Expla	ain
	in Part VI how the organization meets the fac	cts-and-circum	istances test. T	he organizatio	n qualifies as a	a publicly suppo	orted
	organization						▶ 📋
18	Private foundation. If the organization did no	ot check a box	on line 13, 16a	ı, 16b, 17a, or 1	17b, check this	box and see	
	instructions						▶ □

## 990 or 990-EZ) 2020 Floyd County Humane Society Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	20,799	22,626	38,540	40,049	124,470	246,484
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total</b> . Add lines 1 through 5	20,799	22,626	38,540	40,049	124,470	246,484
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						246,484
	ction B. Total Support endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(=) 2019	(4) 2010	(e) 2020	(f) Total
	Amounts from line 6	` <i>'</i>	<b>(b)</b> 2017	(c) 2018	(d) 2019		
	Gross income from interest, dividends,	20,799	22,626	38,540	40,049	124,470	246,484
· ou	payments received on securities loans, rents,						
	royalties, and income from similar sources	393	229	240	423	318	1,603
b	Unrelated business taxable income (less	333	223	240	423	310	1,005
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	393	229	240	423	318	1,603
11	Net income from unrelated business						· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				40 450	104 700	0.40 0.00
14	<b>First 5 years.</b> If the Form 990 is for the organ	21,192	22,855	38,780	40,472	124,788 tion 501(c)(3)	248,087
•	organization, check this box and <b>stop here</b>						▶ □
Sec	ction C. Computation of Public Suppo	rt Percentage	)				
	Public support percentage for 2020 (line 8, c			column (f))		15	99.35 %
	Public support percentage from 2019 Sched					16	98.82 %
Sec	ction D. Computation of Investment In	come Percen	itage				
17	Investment income percentage for 2020 (line		-	•		17	1.00 %
	Investment income percentage from 2019 Sc					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiza						
	17 is not more than 33 1/3%, check this box a	-	-	-		-	_
b	33 1/3% support tests - 2019. If the organization and the second state of the second s						
20	line 18 is not more than 33 1/3%, check this b	•	-	•			nization ▶ ∐
<b>4</b> U	Private foundation. If the organization did no	or or icor a box (	лтініс 14, 198,	UI IBD, CHECK	u iio bux aliu Se	<i>เ</i> ราเป็น แก้แก้แก้	· · · · 🟲 📋

52-1266614

Part IV Supporti

#### Supporting Organizations

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

Section	A. All	guS	portina	Orga	nizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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).
- Bid 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		
	2		
	,		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	Ea		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	100		
	10a		
	10b		
(Fo	rm 990 d	or 990.F	7) 2020

	ule A (Form 990 or 990-EZ) 2020 Floyd County Humane Society Inc 52-12666	14	Р	age <b>5</b>
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
500	supported organizations played in this regard.	<u> </u>		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structio	ns).	
_	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	— ··· - · · · · · · · · · · · · · · · ·	(see inst	ruction	ns).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2.5		
9	i diont of oupported Organizations. Answer lines of and ob below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

3a

	ule A (Form 990 or 990-EZ) 2020 Floyd County Humane Society Inc		52-1266	614	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sections A	A through E.	
900	ction A - Adjusted Net Income		(A) Prior Year	(B) Current	Year
	Cion A - Adjusted Net Income	(A) Filol Teal	(optiona	al)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
900	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current	Year
360	CION B - Minimum Asset Amount		(A) Phoi feai	(optiona	al)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part 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 <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

EEA Schedule A (Form 990 or 990-EZ) 2020

6

Schedule A (Form 990 or 990-Ez) 2020 Floyd County Humane Society Inc 52-1266614 Fa						
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organiz	zations (continued	<u>()                                    </u>		
Sec	ction D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes	ons	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required) - pro		5			
6	6 Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	organization is respons	ive			
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount			10		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020	

10	Line 8 amount divided by line 9 amount		10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

EEA Schedule A (Form 990 or 990-EZ) 2020

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

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

Department of the Treasury

## **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.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Employer identification number

2020

Open to Public Inspection

Flo	yd County Humane Society Inc		52-1266614
Pa		nds or Other Similar Funds or Accou	ınts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· ,
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 wri	ting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor adv	<b>o</b>	
	only for charitable purposes and not for the benefit of the donor	-	
	•		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or education)		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	i reservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a con-	servation
-	easement on the last day of the tax year.	conscivation contribution in the form of a con-	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
c	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		20
u			2d
3	Number of conservation easements modified, transferred, relea		
3	tax year	sed, extinguished, or terminated by the organ	ization during the
4	Number of states where property subject to conservation easen	cont is located	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it has		
6	Staff and volunteer hours devoted to monitoring, inspecting, har		
U	Starr and volunteer riodi's devoted to monitoring, inspecting, har	iding of violations, and emorcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation ea	sements during the year
'	S	g of violations, and emorcing conservation ea-	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h)///	RVi)
Ü			
9	In Part XIII, describe how the organization reports conservation		
,	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.	to the organizations infancial statements tha	it describes the
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" of		Allor Gillian Aloostoi
	If the organization elected, as permitted under FASB ASC 958,		ance sheet works
ıa	of art, historical treasures, or other similar assets held for public	•	
	service, provide, in Part XIII the text of the footnote to its financi		noc of public
b	If the organization elected, as permitted under FASB ASC 958,		sheet works of
D	art, historical treasures, or other similar assets held for public ex	·	
	provide the following amounts relating to these items:	and the second of the section of the	or public service,
			<b>•</b> •
			· ————————————————————————————————————
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasu		·
4	•	•	provide trie
•	following amounts required to be reported under FASB ASC 958	s relating to these items:	<b>▶</b> ¢
a h	•		· ————
b	Assets included in Form 990, Part X		<del>/</del> Þ

Part III

Part IV

1a

d

f

e D (Form 990) 2020 Floyd County Humane Society Inc		52-1266614	Page 2
Organizations Maintaining Collections of Art, Historical Treasures, or	Other Si	milar Assets (co	ntinued)
Using the organization's acquisition, accession, and other records, check any of the following that make si	ignificant use	e of its	
collection items (check all that apply):			
Public exhibition d Loan or exchange proc	grams		
Scholarly research e Other			
Preservation for future generations			<u> </u>
Provide a description of the organization's collections and explain how they further the organization's exen	npt purpose	in Part	
XIII.			
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	r		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Ye	s 🗌 No
IV Escrow and Custodial Arrangements.		_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9,	or reporte	d an amount on	Form
990, Part X, line 21.	·		
ls the organization an agent, trustee, custodian or other intermediary for contributions or other assets not			
included on Form 990, Part X?		∏ Ye	s No
If "Yes," explain the arrangement in Part XIII and complete the following table:		_	_
		Amount	
Beginning balance	1c		
Additions during the year	1d		
Distributions during the year	1e		
Ending balance	1f		

#### If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII **Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curren	nt vear end halance (li	ine 1g. column (a)) he	ald as:		

Board designated or quasi-endowment

Permanent endowment -

Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) 3a(ii)

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

#### Land, Buildings, and Equipment. Part VI

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

3b

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land		79,863		79,863		
b	Buildings		159,749	1,537	158,212		
С	Leasehold improvements						
d	Equipment						
<u>e</u>	OtherSTMD1E .		23,349	23,349			
Tota	238,075						

EEA Schedule D (Form 990) 2020

52-1266614

rail vii   liivesiilellis - Olliel Secullie	Part VII	Investments - Other	Securities
---	----------	---------------------	------------

	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	ne 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: r end-of-year market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	. ▶		
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	1	c) Method of valuation:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	On (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" or		ne 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)Miscell	Laneous Assets			10,136
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			10,136
Part X	Other Liabilities.  Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability (b)	Book value		
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)	b) must equal Form 990, Part X, col. (B) line 25.)			
(8) (9) <b>Total.</b> (Column (	b) must equal Form 990, Part X, col. (B) line 25.) • ▶ uncertain tax positions. In Part XIII, provide the text of the footno	te to the organization's financ	cial statements that re	ports the

Schedule D (Form 990) 2020

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Par	t X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

EEA Schedule D (Form 990) 2020

## **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Floyd County Humane Society	Inc				52-12	66614
Part I Fundraising Activities	-	_		wered "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.  a Mail solicitations  e Solicitation of non-government grants						
b Internet and email solicitations  f Solicitation of government grants  c Phone solicitations  g Special fundraising events						
d						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
5						
6						
7						
8						
9						
0						
Total						

Schedule G (Form 990 or 990-EZ) 2020 Floyd County Humane Society Inc 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. **(b)** Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through New Shelter Other None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 264,879 6,349 271,228 Less: Contributions Gross income (line 1 minus 264,879 6,349 271,228 Cash prizes Noncash prizes Rent/facility costs Expenses Food and beverages Direct Entertainment Other direct expenses 49 49 Direct expense summary. Add lines 4 through 9 in column (d) 49 Net income summary. Subtract line 10 from line 3, column (d) ,179 Part III 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

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

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

#### **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.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization Floyd County Humane Society Inc 52-1266614 01. Form 990 governing body review (Part VI, line 11) The tax return and financial statements are available to all members of the Floyd County Humane Society. The officers and directors are able to review the tax returns. 02. Form 990 availability to public (Part VI, line 18) The tax returns are available to the public through the IRS and other websites and upon request. Members of the FCHS have access to the financial statements at monthly meetings. 03. Governing documents, etc, available to public (Part VI, line 19) The Floyd County Humane Society tax returns are available to the public and to the officers, directors, and members of the FCHS. And the tax returns are available to be viewed on the IRS website. 04. Significant program services not listed on prior year return (Part III, line 2) The Floyd County Humane Society has been been fundraising for years with the goal of <u>opening</u> a shelter to house dogs and cats until they are placed for adoption. In 2020 the FCHS was able to purchase land with a building on it. The FCHS are now planning on building the shelter. 05. List of other expenses (Part IX, line 24e) Program Service expenses are 71,636 General Expenses are: Postage 312, Utilities 737, Miscellaneous 375, Memberships 127,

Repairs 2347,

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number 52-1266614 Floyd County Humane Society Inc Printing 96, Van 1148. 06. General explanation attachment Part III Number 2. The Floyd County Humane Society has been planning to build or buy land and a building for an animal shelter. In 2020, the FCHS acquired land with a building on it. In future years, the FCHS will conduct fundraising events to raise income to build and maintain the shelter.