Department of the

**Return of Organization Exempt From Income Tax** 

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

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

▶ Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2019

DLN: 93493281010020 OMB No. 1545-0047

Open to Public Inspection

		enue Service		L		40 5	2012				
			alendar year, or tax year  C Name of organization	peginning 01-01-2019	, and endir	ng 12-31	L-2019	D Employ	or identi	fication number	
	dress	ipplicable: change iange	FRANKLIN COUNTY HUMANE : OF MISSOURI	SOCIETY				43-124		псацон питрег	
□ Ini	tial re	-						E Talank	no number		
		d return on pending	Number and street (or P.O. bo P O BOX 963	ox if mail is not delivered to s	street address)	Room/sui	te		E Telephone number (636) 583-4300		
			City or town, state or provinc UNION, MO 63084	e, country, and ZIP or foreigi	n postal code			<b>G</b> Gross re	eceipts \$ 4	30,048	
			<b>F</b> Name and address of pr	incipal officer:			H(a) I	s this a group re		,	
			SUSIE BLATT PO BOX 400					ubordinates?		□Yes ☑No	
			UNION, MO 63084					re all subordina ncluded?	tes	☐ Yes ☐No	
<b>I</b> Ta	x-exei	mpt status:	<b>☑</b> 501(c)(3) □ 501(c)(	) <b>◄</b> (insert no.)	47(a)(1) or 🗀	527		f "No," attach a	list. (see	instructions)	
J W	ebsit	t <b>e:►</b> WV	VW.FCHSMO.ORG				H(c) G	Group exemption	number	• ▶	
<b>K</b> Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🗀	Association Other ►			<b>L</b> Year of	formation: 1981	M State MO	of legal domicile:	
Pa	art I		mary			'					
)ce		PROVIDE	scribe the organization's miss ADOPTION SERVICES FOR H ITY IN PROPER PET CARE AN	OMELESS PETS, PROVID		SPAY ANI	D NEUTER	R SURGERIES FO	OR PETS,	EDUCATE THE	
naf	:										
Activities & Governance											
3			is box ▶ □ if the organizati of voting members of the go					25% of its net a	assets.	8	
<b>ಸ್</b> ഗ	l		of independent voting memb		-				4	8	
ıtıe	l		mber of individuals employed			-			5	24	
Ę	6	Total nur	6	25							
⋖	7a	Total uni	elated business revenue fror	n Part VIII, column (C), li	ne 12				7a	0	
	Ь	Net unre	lated business taxable incom	e from Form 990-T, line	39				7b		
								Prior Year		Current Year	
<u>ā</u>	8	Contribu	tions and grants (Part VIII, lir	ne 1h)		•		638,	776	186,598	
Rəvenue	l	-	service revenue (Part VIII, line 2g)					132,	864	142,435	
Ş	l	1.0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       30,339         1.1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       49,180         1.2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)       851,159								29,180	
	l									59,820	
	-		enue—add lines 8 through 1			e 12)	_	851,	159	418,033	
	l		nd similar amounts paid (Par	* **	•		-			0	
"	l		Benefits paid to or for members (Part IX, column (A), line 4)								
Expenses	l		onal fundraising fees (Part IX,	` '	` //	3–10)		255,	770	260,583	
8	l		raising expenses (Part IX, columi			•					
ঐ	1		penses (Part IX, column (A),					205,	990	235,708	
	l		penses. Add lines 13–17 (mu					461,	738	496,291	
	19	Revenue	less expenses. Subtract line	18 from line 12		•		389,	421	-78,258	
Net Assets or Fund Balances							Begin	ning of Current \	/ear	End of Year	
Asse Bak	l							1,021,		946,477	
<u> </u>	l		, ,						971	10,015	
			ts or fund balances. Subtract	: line 21 from line 20 .		•		1,013,	290	936,462	
	rt II r pen		ature Block erjury, I declare that I have	examined this return, in	cluding accom	panving	schedules	and statement	s. and to	the best of my	
know	ledge	and belie	ef, it is true, correct, and com								
any k	HOWI	eage.									
		*****	* ure of officer					2020-10-07 Date			
Sign		Jagilat	ure or officer					Date			
Here	•		MATT TREASURER or print name and title								
		17	Print/Type preparer's name	Preparer's signature	e	I Di	ate		PTIN		
Paid	4	l'	Third, type proparer e traine	Troparor o orginatari	-		20-10-07		P0008330	1	
Pre		er	Firm's name <b>LANGENBERG</b> S	TRUBBERG ARAND & KING LI	LC			Firm's EIN ► 43	-1906896		
Use		H	Firm's address ▶ 157 E SPRINGFII	FLD				Phone no. (573)	468-802 <i>6</i>		
		•						Filone 110. (5/3)	700-0UZD		
			SULLIVAN, MO					<u> </u>			
			this return with the prepare duction Act Notice, see th	•		• •		No 11202V	. 🗹	Yes No Form <b>990</b> (2019)	
	apei	TOIR NE		- separate matruction			cat. I	No. 11282Y		FOLIH <b>330</b> (2019)	

Form	990 (2019)					Page <b>2</b>								
Pa	till Statement	of Program Service	Accomplis	hments										
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗆								
1	Briefly describe the o	organization's mission:		•										
	/IDE ADOPTION SERVI PER PET CARE AND RE		TS, PROVIDE L	OW COST SPAY AND N	EUTER SURGERIES FOR PETS, EDU	CATE THE COMMUNITY IN								
FROM	PER PET CARE AND RE	SPONSIBILITY.												
2	Did the organization	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?												
	the prior Form 990 o	r 990-EZ?				∐ Yes 🗹 No								
	•	ese new services on Sch												
3	Did the organization	cease conducting, or ma	ke significant	changes in how it cond	ucts, any program									
	services?	🗌 Yes 🗹 No												
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.													
4	Section 501(c)(3) an		ns are required	to report the amount of	largest program services, as meas of grants and allocations to others,									
4a	(Code:	) (Expenses \$	442,076	including grants of \$	) (Revenue \$	368,048 )								
	See Additional Data													
4b	(Code:	) (Expenses \$	25,976	including grants of \$	) (Revenue \$	24,568 )								
	See Additional Data													
4c	(Code:	) (Expenses \$	8,742	including grants of \$	) (Revenue \$	22,970 )								
	See Additional Data													
4d	Other program servi	ces (Describe in Schedu	e O.)											
	(Expenses \$	inclu	ding grants of	\$	) (Revenue \$	)								
4e	Total program ser	vice expenses 🟲	476,7	94										

Form	990 (2019)	•		Page <b>3</b>
Par	t IV Checklist of Required Schedules			
l _		!	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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 2	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	!	No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	421		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
	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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
		, ,	1 '	1

Form	990 (2019)		m 990 (2019) Page <b>4</b>										
Par	Checklist of Required Schedules (continued)												
			Yes	No									
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No									
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? <i>If "Yes," complete Schedule J</i>	23		No									
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		No									
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b											
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c											
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		No									
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		No									
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No									
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No									
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):												
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No									
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No									
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No									
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No									
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No									
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No									
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		No									
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		No									
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		No									
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No									
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No									
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No									
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes										
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance												

Check if Schedule O contains a response or note to any line in this  $\mathsf{Part}\,\mathsf{V}\,$  .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

No

Yes

Yes

0

0

**1**c

1a

1b

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	21	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38	ı	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	31	,	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?		1	No
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 (FBAF	₹).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	1	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51	,	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	;	<del>                                     </del>
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?	on <b>6</b> a	1	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts v not tax deductible?	vere 61	,	
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 se provided to the payor?	ervices 7	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	,	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7	;	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7:	:	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	,	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	orm 71	n	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	98	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	<u> </u>
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	. 13	а	
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ex parachute payment(s) during the year?	cess . 1!	<b>i</b>	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	. 10	s	No

				9 -
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National Research Banks, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines 🔽
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	-	16b		
<u>Se</u> 17	ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
10	only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in 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:  TERRY MATT PO BOX 400 UNION, MO 63084 (636) 583-4300			
			orm 99	<b>n</b> (2019

(F)

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 .

(C)

(D)

(E)

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 • 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)

(B)

- 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, or 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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) SUSIE BLATT PRESIDENT	4.00	X		x				0	0	0	
(2) JOHN STOLTZ VICE PRESIDE	2.00	Х		х				0	0	0	
(3) ELEANOR MAYNARD DIRECTOR	1.00	х						0	0	0	
(4) MARY LOVERN SECRETARY	25.00	x		x				0	0	0	
(5) TERRY MATT TREASURER	4.00	х		х				0	0	0	
(6) RON FOAN DIRECTOR	1.00	х						0	0	0	
(7) CHRISTY SCHULTE DIRECTOR	1.00	х						0	0	0	
(8) CARI WEHMEYER DIRECTOR	1.00	х						0	0	0	
-											
								•		Form <b>990</b> (2019)	

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and title	Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more Reported to the property of the position (do not check more than 100 person (do not check more tha							ortable ensation m the nization 2/1099-	Reportable compensatio from related organization (W-2/1099-	n a d s	Estimated amount of othe compensation from the organization ar	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		isc)	MISC)		relate organiza	ed
												+		
												$\perp$		
c	Total from continuation sheets to	· · · · · · · · · · · · · · · · · · ·		 	•		<b>&gt;</b>							
2	Total number of individuals (includin of reportable compensation from the	g but not limited				bov-	e) who	rece	eived mo	ore than \$1	100,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	еу е •	mpl •	oyee,	or hi	ghest co	mpensated	l employee on	3		No
4	For any individual listed on line 1a, i organization and related organizatio individual										n the			
5	Did any person listed on line 1a recesservices rendered to the organizatio											5		No No
S	ection B. Independent Contrac													NO
1	Complete this table for your five hig from the organization. Report compe	hest compensate										mpens	ation	
	Name	(A) and business addre	ess							Des	(B) cription of services		(C) Compen	
										-				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part		<del></del>	of Revenue						Page <b>9</b>
		Check if Sche	dule O contains	a respo	onse or note to any	/ line in this Part VIII (A) Total revenue	( <b>B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1a	Federated campa	aigns	1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership due	s.	<b>1</b> b					
, Gr	•	c Fundraising ever	nts	1c					
ifts ar A		d Related organiza		1d					
is, G		Government grants		1e	<u> </u> 				
tion er S	1	<ul> <li>All other contribution</li> <li>and similar amount</li> <li>above</li> </ul>		1f	186,598				
agi A	9	Noncash contribution	ons included in						
onti nd (	١.		1 - 15	<b>1</b> g					
<u>ة</u> ر		<b>h Total.</b> Add lines	1a-1f	•	Pusiness Code	186,598			
	2a	PROGRAM SERVICE F	FEES		Business Code	89,656	89,656		
a H					900099	24,568	24,568		
even	b	SPAY NEUTER COUPO	ONS		900099	24,306	24,308		
Program Service Revenue	c	GOVERNMENT CONTI	RACTS		900099	22,970	22,970		
ervić	d	MISCELLANEOUS			000000	5,241	5,241		
S LL	<u> </u>				900099				
ogra	е								
4	f	All other program	service revenue	<u> </u>					
		Total. Add lines 2			142,435				
	3 ]	Investment income	(including divid	lends,	interest, and other		0		29,180
		imilar amounts). Income from invest				> 29,10			29,100
				•		•			
			(i) Re	al	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income							
	d	or (loss) Net rental income	6c cr (loss)			_			
		. Net rental income	(i) Secui	rities	(ii) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory	'						
	b	Less: cost or	7b						
		other basis and sales expenses	70						
	С	Gain or (loss)	7c						
	d	Net gain or (loss)	)						
<u>a</u>	8a	Gross income from fu (not including \$	undraising events of						
en		contributions reporte See Part IV, line 18	ed on line 1c).		71,101				
Re	b	Less: direct exper		8a 8b	12,015				
Other Revenue		Net income or (los		sing ev	rents		6		59,086
	9a	Gross income from	gaming activities						
		See Part IV, line 19		9a					
		Less: direct exper		9b					
	C	Net income or (los	ss) from gaming	activit	les •		+		
	10a	Gross sales of inverse returns and allowa			72.	4			
	b	Less: cost of good		10a 10b		+			
		Net income or (los				<b></b> 73	4		734
		Miscellaneo	ous Revenue		Business Code				
	11	a							
	b	,							
	c	-							
		All other revenue							
		• <b>Total.</b> Add lines 1			· · · •				
	12	Total revenue. S	See instructions	• •	• • • •	418,03	3 142,43	5	89,000
									Form <b>990</b> (2019)

-orr	m 990 (2019)				Page <b>10</b>
P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must be		-	ns must complete colu	umn (A).
	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		'		· ·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
	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	241,623	241,623		
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	,	,		
9	Other employee benefits				
	Payroll taxes	18,960	18,960		
	Fees for services (non-employees):	·	•		_
	a Management				
	o Legal				
	Accounting				
				+	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17			-	
	Investment management fees	47.506	17.261	245	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,506	47,261	245	
12	Advertising and promotion	999	999		
13	Office expenses	38,275	32,566	5,709	
14	Information technology	8,742	8,742		
15	Royalties				
16	Occupancy	24,463	20,449	4,014	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	802		802	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	320	320		
23	Insurance	10,733	3,477	7,256	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a VET & MEDICAL SUPPLIES	44,228	44,228		
	b SPAY NEUTER FEES	29,866	29,866		
	c SHELTER SUPPLIES	13,179	13,179		
	d BUILDING-DEPREC	4,103	3,077	1,026	
	e All other expenses	12,492	12,047	445	
	Total functional expenses. Add lines 1 through 24e	496,291	476,794	19,497	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
					Form 000 (2010)

Assets

Fund Balances

5 29

Assets 30

31

32

33

25.390

64,258

856.829

946,477

10,015

10.015

936.462

936,462

946.477

Form 990 (2019)

End of vear

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20 21

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32

33

7.971

1.013.290

1,013,290

1,021,261

70,953

897.749

1,021,261

7.971

Beginning of year

Check if Schedule O contains a respons	e or note to any line in this Part IX $ . $

		ů ů ,		,
1	Cash-non-interest-bearing	52,559	1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		ε	
л	Accounts receivable not		1	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

Notes and loans receivable, net . . . Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b **b** Less: accumulated depreciation

285,450 221,192

11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets . . .

Other assets. See Part IV, line 11 . . .

15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) .

17 Accounts payable and accrued expenses . 18 Grants payable .

19 Deferred revenue . . 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

22 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties

Liabilities 25

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

Other liabilities (including federal income tax, payables to related third parties, 26

complete lines 27, 28, 32, and 33.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Total net assets or fund balances

27 Net assets without donor restrictions 28 Net assets with donor restrictions

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2019)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			418,033
2	Total expenses (must equal Part IX, column (A), line 25)	2			496,291
3	Revenue less expenses. Subtract line 2 from line 1	3			-78,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,013,290
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			1,430
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			936,462
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990:	on a	2a	Yes	No
	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?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:   Separate basis  Consolidated basis  Both consolidated and separate basis	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	·		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	-	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

### **Additional Data**



PROVIDE ADOPTION SERVICES TO MATCH HOMELESS PETS WITH A GOOD HOME AND FAMILY.

Software ID:

Name: FRANKLIN COUNTY HUMANE SOCIETY OF MISSOURI

Form 990, Part III, Line 4a:

Form 990 (2019)

Form 990, Part III, Line 4b: PROVIDE LOW COST SPAY AND NEUTER SURGERIES FOR PETS Form 990, Part III, Line 4c: PROVIDE LIMITED ANIMAL CONTROL SERVICES TO THE COMMUNITY

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT F	ROCESS	As Filed Data -			DLN: 9	3493281010020
SCI	HED	ULE A		Public C	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Comple	ete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 0-EZ	· a section	2019
		f the Treasury	► Go	to <u>www.irs.</u>	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza DUNTY HUMANE						Employer identific	ation number
OF MI	SSOURI	I						43-1244655	
	rt I				I <b>s</b> (All organization it is: (For lines 1 thro			See instructions.	
1	nganiz		•		sociation of churches	-		(Δ)(i).	
2		·		,	l)(A)(ii). (Attach Sch				
3					ice organization desc	,	, ,		
4		·	•	·	-			,. 170(b)(1)(A)(iii). E	nter the hospital's
•	Ц	name, city,		ation operate	a in conjunction with	a nospital descri	bed iii section .	170(b)(1)(A)(III). L	nter the hospitars
5		-	ation operated fo ( <b>iv).</b> (Complete		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6				•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7			ation that norma 'O(b)(1)(A)(vi)			s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a
10	✓	from activit investment	ies related to its	exempt fund elated busine	ctions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	•
11		An organiza	ation organized a	nd operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported org	janizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g.	
а		organizatio		o regularly a				zation(s), typically by of the supporting orga	
b		manageme		ing organiza	tion vested in the sar			organization(s), by havinge the supported orga	
С								nd functionally integra	ted with, its
d		Type III n	on-functionally integrated. The	<b>/ integrated</b> organization		zation operated fy a distribution	in connection wi	nd E. th its supported orgar l an attentiveness req	
е		Check this	box if the organi	zation receiv		ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported or			-		<u> </u>	
g	Provi	de the follow	ing information	about the su	oported organization(				
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			1						
Tota		want D	tion Act Notice		akan akir f	Cat. No. 11285		 Schedule A (Form 9	000 57) 5545

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	T	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on 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. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

business under section 513 Tax revenues levied for the

Total. Add lines 1 through 5

1975.

11

14

15

16

17

20

c Add lines 10a and 10b.

organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge

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.)									
- 5	Section A. Public Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	221,403	517,775	225,807	638,776	186,598	1,790,359			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	192,633	177,367	180,226	132,864	142,435	825,525			
3	Gross receipts from activities that are not an unrelated trade or				52,346	46,623	98,969			

695,142

Support Schedule for Organizations Described in Section 509(a)(2)

414,036

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. . Public support. (Subtract line 7c from line 6.)

Se	Section B. Total Support					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015				
9	Amounts from line 6	414,036				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,					

Net income from unrelated business

activities not included in line :

	activities not included in line 10b, whether or not the business is regularly carried on.						22,925	
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.).	414,036	695,142	406,033	839,665	4	27,761	
14	First five years. If the Form 990 is for	r the organization	n's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(d	c)(3) or	gan
	check this box and <b>stop here</b>							
Se	ection C. Computation of Public	Support Perce	ntage					
15	Public support percentage for 2019 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15		

Public support percentage from 2018 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . .

**(b)** 2016 695,142

(d) 2018

823,986

15,679

15,679

(e) 2019

375,656

29,180

29,180

16

17

18

375,656

(f) Total

2,714,853

2,714,853 2,714,853 44,859

44,859
22,925
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99.430 %
2 000 %

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Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) . . . . . . Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is no

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . 🕨 🗹 h 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and I not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . 🕨 🗌

(c) 2017

406,033

406,033

823,986

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . 🕨 🗌 Schedule A (Form 990 or 990-EZ) 2019 Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Page 4

6

7

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Section A. All Supporting Organizations							
			Yes	No			
L	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described						
	in section 509(a)(1) or (2).						
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.						

	describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	in section $509(a)(1)$ or $(2)$ .	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	
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 <b>Part VI</b> when and how the organization made the		
	determination.	3b	

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		
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 <b>Part VI</b> when and how the organization made the			
	determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

	determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.			
501(c)(3) an	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 <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			

	2. The separation of the enganization passing passing bases.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

	supervised by or in connection with its supported organizations.	4b		
С	e organization support any foreign supported organization that does not have an IRS determination under sections (3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
Ба	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			

•	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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		

```
8
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.
```

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

7

8

10a

answer line 10b below.

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Pa	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 (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			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 <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a 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 <b>Part VI identify those supported organizations and explain</b> 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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

-	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
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 $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

Page 6

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019	2. Hadardistributions if any for years prior to 2010				

	***				
7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2019:					
a From 2014					
<b>b</b> From 2015					
c From 2016					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019. . . . .

## **Additional Data**

# Software ID: Software Version:

**EIN:** 43-1244655

Name: FRANKLIN COUNTY HUMANE SOCIETY OF MISSOURI

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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).

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).
Facts And Circumstances Test

SCHEDULE D

# **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. OMB No. 1545-0047 2019

DLN: 93493281010020

(Form 990)

	rtment of the Treasury	► Go to www.irs.gov/Form	Attach to Form 990.	nd the letest info	umatia			to Public
	nal Revenue Service ame of the organ		1990 IOI IIISTI UCTIONS A	nd the latest info		loyer identi		spection
FR	ANKLIN COUNTY HUM				-	-	iicatioii	number
	MISSOURI			Cimila - Francis -		244655		
	art I Organi Comple	izations Maintaining Donor Advisete if the organization answered "Yes	sed Funds of Other s" on Form 990. Part	IV. line 6.	ог АСС	ounts.		
			(a) Donor advi			(b) Funds an	d 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		ation inform all donors and donor advisor property, subject to the organization's ex				unds are the		Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or for	any other purpose			_	Yes 🗌 No
Pa		rvation Easements. ete if the organization answered "Ye:	s" on Form 990, Part	IV, line 7.				
1		onservation easements held by the orgar		•				
	☐ Preservati	on of land for public use (e.g., recreation	or education)	Preservation of an	histor	ically importa	nt land a	area
	☐ Protection	of natural habitat		Preservation of a o				
	☐ Preservati	on of open space						
2		2a through 2d if the organization held a	qualified conservation co	ontribution in the for	rm of a	conservation		
_		e last day of the tax year.						of the Year
а		conservation easements			2a			
b	Total acreage re	estricted by conservation easements			2b			
C	Number of cons	ervation easements on a certified historic	c structure included in (a	a)	2c			
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and n	ot on a historic	2d			
3		servation easements modified, transferre	d, released, extinguished	d, or terminated by	the or	ganization dur	ring the	
4	Number of state	es where property subject to conservatio	n easement is located <b>&gt;</b>					
5		ization have a written policy regarding th nt of the conservation easements it holds			of viola	– ations,	Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violatio	ns, and enforcing co	onserv	ation easemer	nts durin	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation	easements du	uring the	e year
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?			70(h)(	·· · · · · · · · · · · · · · · · · · ·	Yes	□ No
9	balance sheet, a	scribe how the organization reports conso and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organiza				es	
Pa		izations Maintaining Collections ete if the organization answered "Ye:			er Si	milar Asset	is.	
1a	art, historical tr	ion elected, as permitted under SFAS 11: easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, educat	ion, or research in f				
b	historical treasu	ion elected, as permitted under SFAS 11- ires, or other similar assets held for publ nts relating to these items:						
	-	ded on Form 990, Part VIII, line 1				<b>▶</b> \$		
		l in Form 990, Part X						
2	If the organizat	ion received or held works of art, historic nts required to be reported under SFAS 1	cal treasures, or other si	milar assets for fina				
а	-	ed on Form 990, Part VIII, line 1 .  .  .	, , ,			. ▶\$		
b	Assets included	in Form 990, Part X				. ▶\$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

 $\boldsymbol{d}$  Equipment .

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, Hi	istori	cal Tr	easure	s, or Other	Similar As	sets (c	ontinued)
3		g the organization's acq is (check all that apply):		, and other	records, o	check a	ny of	the follow	ving that are a	a significant ι	ise of its	collection
а		Public exhibition				d		Loan or	exchange pro	grams		
b		Scholarly research				е		Other				
С		Preservation for future	generations									
4		ride a description of the o	organization's coll	ections and	explain h	ow the	y furth	er the or	ganization's e	xempt purpo	se in	
5		ng the year, did the orga ets to be sold to raise fur									☐ Yes	s 🗆 No
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			on Form	า 990,	Part	IV, line	9, or reporte	ed an amou	ınt on F	orm 990, Part
1a		ne organization an agent ) uded on Form 990, Part )									☐ Yes	s 🗌 No
b	If "Y	es," explain the arrange	ment in Part XIII	and comple	te the foll	owing	table:			А	mount	
С	Begi	nning balance							1c			
d	_	itions during the year .							1d			
е		ributions during the year							1e			
f		ng balance							1f			
2-		the organization include							السا	- bilitu 2		
2a		-		•	•	•				,	_	s ∐ No
		es," explain the arrange		Check here	if the exp	olanatio	on has	been pro	ovided in Part	XIII		
Pe	rt V	Endowment Fund Complete if the org		ered "Yes"	on Form	1 990	Part	IV line	10			
		Complete in the or,		(a) Curren			ior yea			(d) Three yea	ars back (	(e) Four years back
<b>1</b> a	Begin	ning of year balance .	[									
b	Contri	ibutions										
c	Net in	vestment earnings, gair	ns, and losses									_
d	Grant	s or scholarships	. [									
e		expenditures for facilitie	es									
f	Admir	nistrative expenses .	[									
g	End or	f year balance	[									_
2	Prov	ride the estimated percei	ntage of the curre	nt year end	balance (	line 1g	, colu	mn (a)) h	eld as:			_
а	Boar	rd designated or quasi-e	ndowment 🟲									
b	Perm	nanent endowment ►										
c	Tem	porarily restricted endov	vment ▶									
•		percentages on lines 2a,		d equal 100	%.							
3а		there endowment funds inization by:	not in the possess	sion of the o	rganizatio	on that	are h	eld and a	dministered fo	or the		Yes No
	(i) u	ınrelated organizations					•				3a	(i)
		related organizations .										(ii)
b		es" on 3a(ii), are the rel						?			3	b
4		cribe in Part XIII the inte			ı's endowi	ment f	unds.					
Pa	rt VI	Land, Buildings, Complete if the ord			on Form	2000	Dart	TV/ line	11a Coo Fo	rm 000 Da	rt V lin	0.10
	Desci	ription of property	(a) Cost or other		(b) Cost o				11a. See FO  C) Accumulated			d) Book value
	_ 2201	,,	(investmer					, ,	-	·		-
1 =	Land							<del>-  </del>				
		ngs		160,000				-		106,496		53,504
		hold improvements		60,336						50,080		10,256
_	_~~~			.,						-,		/

61,148

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

3,966

498

64,258

64,616

	orm 990) 2019						Page 3
	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV li	ne 11h	See Form 990 I	Dart Y	lina 1	2
	(a) Description of security or category	(b)		(c) Metho	d of va	luation:	:
	(including name of security)	Book value		Cost or end-of	-year r	narket \	value
(1) Financial o							
<ul><li>(2) Closely-he</li><li>(3)Other</li></ul>	eld equity interests						
(A)							
(B)							
(C)							
(D)							
(E)							_
(F)							
(G)							
(H)							
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 12.)	•					
Part VIII	Investments—Program Related.	D= -+ T) / 1:		C F 000	D \	. Ii.a.a. 1	13
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, II	ne IIC	(b) Book value	(c)	Method or end-	d of valuation: -of-year market
(1)						v	/alue
(2)							
(3)							_
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(h)						
	(b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		•				
	Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir	ne 11d.	See Form 990, Par	t X, lir		) Book value
(1)	(a) Description					(D,	) DOOK Value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.				•		
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liabilit		ne 11e	or 11f.See Form	990,	Part X,	line 25. (b) Book value
<ol> <li>(1) Federal inc</li> </ol>		у					(b) Book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col.(B) line 25.)			•	Ι		
<b>2.</b> Liability for	uncertain tax positions. In Part XIII, provide the text of the footno		_	on's financial state			_
organization's	liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en pro	vided ir	n Part XIII 🔲

а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	

Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4b b Add lines **4a** and **4b** . . . . . . . . . . . . . 4c

5

Add lines 2a through 2d . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

2e

3

Page 4

3

Schedule D (Form 990) 2019

Part XIII **Supplemental Information** 

Provide 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; Part X, line 2; Part

Return Reference Explanation Schedule D (Form 990) 2019

Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493281010020 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization FRANKLIN COUNTY HUMANE SOCIETY OF MISSOURI 43-1244655 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

than \$15,000 of fundraising of gross receipts greater than \$  oss receipts	5,000.  (a)Event #1  WINE WHISKERS & (event type)  45,889	gross income on Form  (b) Event #2  SPECIAL EVENTS  (event type)	(c)Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))
oss receipts	(a)Event #1  WINE WHISKERS & (event type)  45,889	SPECIAL EVENTS (event type)	1	(add col. (a) through
ss: Contributions	(event type) 45,889	(event type)		col. (c))
ss: Contributions	45,889		(cotal number)	
ss: Contributions		25,212		
oss income (line 1 minus e 2)	45.000			71,101
oss income (line 1 minus e 2)	45.000			
•	45,889	25,212		71,101
ncach prizes				
measir prizes				
ent/facility costs				
od and beverages				
tertainment				
her direct expenses	10,728	1,287		12,015
rect expense summary. Add lines 4	through 9 in column (d)			12,015
et income summary. Subtract line 10			•	59,086
<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	v, line 19, or reported	1 more than \$15,000
	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
oss revenue				
sh prizes				
oncash prizes				
ent/facility costs				
her direct evnences				
ner unect expenses	☐ Yes %	☐ Yes %	☐ Yes %	
olunteer labor	□ No	□ No	□ No	
rect expense summary. Add lines 2	through 5 in column (d)			
et gaming income summary. Subtrac	ct line 7 from line 1, colum	n (d)	•	
e organization licensed to conduct g	aming activities in each of	these states?		☐ Yes ☐ No
<i>'</i> '				☐ Yes ☐ No
	ncash prizes	sh prizes	bingo/progressive bingo  oss revenue	bingo/progressive bingo  coss revenue

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPH	efile GRAPHIC print - DO NOT PROCESS							
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  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.qov/Form990 for the latest information.								
Name Sthe of granklin count of Missouri  990 Schedul		•	loyer identification number 244655					
Return Reference		Explanation						
FORM 990, PAGE 6, PART VI, LINE 11B	PROVIDE ELECTRONIC COPY TO ALL BOARD MEM	BERS						

990 Schedule O, Supplemental Information Return Explanation Reference REVIEWED AT REGULAR BOARD MEETINGS

FORM 990. PAGE 6, PART VI,

LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ALL DOCUMENTS AVAILABLE UPON REQUEST

PAGE 6, PART VI.

LINE 19