

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

23-7449686

TRI COUNTY HUMANE SOCIETY

Net Asset / Fund Balance at Beginning of Year 4,628,067

Revenue

Contributions	<u>843,027</u>	
Program service revenue	<u>600,678</u>	
Investment income	<u>30,921</u>	
Capital gain / loss	<u>-128,600</u>	
Fundraising / Gaming:		
Gross revenue	<u>203,912</u>	
Direct expenses		
Net income	<u>203,912</u>	
Other income	<u>498,093</u>	
Total revenue		<u>2,048,031</u>

Expenses

Program services	<u>882,588</u>	
Management and general	<u>170,262</u>	
Fundraising	<u>78,701</u>	
Total expenses		<u>1,131,551</u>
Excess / (deficit)		<u>916,480</u>

Changes -15,001

Net Asset / Fund Balance at End of Year 5,529,546

Reconciliation of Revenue

Total revenue per financial statements	<u>2,048,031</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>2,048,031</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,131,552</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>1,131,551</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,649,592</u>	<u>5,693,671</u>	
Liabilities	<u>21,525</u>	<u>164,125</u>	
Net assets	<u>4,628,067</u>	<u>5,529,546</u>	<u>901,479</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

23-7449686

TRI COUNTY HUMANE SOCIETY

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities			_____
Losses from all activities		-575	_____
Unrelated business taxable income from all trades			_____
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			_____
Charitable contributions			_____
Net operating loss (prior to 2018)			_____
Specific deduction			_____
Section 199A Deduction (Trusts Only)			_____
Total adjustments			_____
Unrelated business taxable income			=====
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			_____
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			_____
Tax Due			_____
Foreign tax credit and other credits			_____
General business credits			_____
Prior year minimum tax credit			_____
Total nonrefundable credits			_____
Other taxes			_____
Total tax			=====
Payments & Penalties			
Estimated tax payments and Tax withheld			_____
Paid with extension			_____
Refundable credits and other payments			_____
Payments			_____
Net tax due			=====
Estimated tax penalty			_____
Interest on late payments			_____
Failure to file penalty			_____
Failure to pay penalty			_____
Penalties			_____
Balance due			=====
Total overpayment			_____
Overpayment applied to next year's tax			_____
Refund			=====

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	=====

Miscellaneous Information

Amended return _____
 Return / extended due date 05/17/21

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning _____, and ending _____

2020

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

TRI COUNTY HUMANE SOCIETY

23-7449686

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>		b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>		b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>		b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>		b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>		b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>		b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration of Officer or Person Subject to Tax

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to _____, (EIN) _____,

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-right: 1px solid black; width: 45%; padding-right: 5px;"> </div> <div style="width: 45%; padding-left: 5px;"> <p style="text-align: center;">11/11/21</p> <p style="text-align: center;">Date</p> </div> <div style="border-left: 1px solid black; width: 45%; padding-left: 5px;"> <p style="text-align: center;">PRESIDENT</p> <p style="text-align: center;">Title, if applicable</p> </div> </div>
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date 11/11/21	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN *****
	Firm's name (or yours if self-employed), address, and ZIP code HAGA KOMMER, LTD 216 PARK AVENUE S, SAINT CL MN 56301	EIN 20-4028013	Phone no. 320-251-7444		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name } Firm's address }	Firm's EIN }		Phone no.	

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

TRI COUNTY HUMANE SOCIETY

Taxpayer identification number

23-7449686

Name and title of officer or person subject to tax

**KOURTNEY PIEPENBURG
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,048,031</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HAGA KOMMER, LTD to enter my PIN 49686 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 11/11/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } RYAN HOLTER, CPA Date } 11/11/21

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">TRI COUNTY HUMANE SOCIETY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>PO BOX 701</p> City or town, state or province, country, and ZIP or foreign postal code <p>ST CLOUD MN 56302-0701</p>	D Employer identification number <p>23-7449686</p> E Telephone number <p>320-252-5717</p> G Gross receipts \$ 2,216,413
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F Name and address of principal officer: <p>KOURTNEY PIEPENBURG 1705 26TH ST S ST CLOUD MN 56301</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **WWW.TRICOUNTYHUMANESOCIETY.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1974** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">WE BELIEVE IN THE HUMAN-ANIMAL BOND AND EXIST TO SUPPORT CENTRAL MN BY PRACTICING AND PROMOTING QUALITY ADOPTION SERVICES AND HUMANE EDUCATION PROGRAMS</p>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	38
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	30,609
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,157,538	843,027
	9 Program service revenue (Part VIII, line 2g)	535,153	600,678
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,305	-97,679
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,544	702,005
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,148,540	2,048,031

		Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	730,881	740,399
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	78,701	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	413,663	391,152
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,144,544	1,131,551	
19 Revenue less expenses. Subtract line 18 from line 12	2,003,996	916,480	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,649,592	5,693,671
	21 Total liabilities (Part X, line 26)	21,525	164,125
	22 Net assets or fund balances. Subtract line 21 from line 20	4,628,067	5,529,546

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">KOURTNEY PIEPENBURG</p> Type or print name and title <p align="center">PRESIDENT</p>	Date
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Paid Preparer Use Only	Print/Type preparer's name RYAN HOLTER, CPA	Preparer's signature RYAN HOLTER, CPA	Date 11/11/21	Check <input type="checkbox"/> if self-employed	PTIN P01953672
	Firm's name } HAGA KOMMER, LTD				Firm's EIN } 20-4028013
	Firm's address } 216 PARK AVENUE S, #101 SAINT CLOUD, MN 56301				Phone no. 320-251-7444

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE BELIEVE IN THE HUMAN-ANIMAL BOND AND EXIST TO SUPPORT CENTRAL MN BY PRACTICING AND PROMOTING QUALITY ADOPTION SERVICES AND HUMANE EDUCATION PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **550,790** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **331,798** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 882,588**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	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		X
c	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	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38		
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)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
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.	16			X

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and a grid for 15. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and a grid for 15. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

LISA PEDERSON 735 8TH ST NE MN 56304 320-252-5717 ST CLOUD

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON BRANDENBURG	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) RYAN COYE	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) MONIQUE HALET	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) JASON HALLONQUIST	2.00									
1ST VICE PRESIDENT	0.00	X		X			0	0	0	
(5) MATT LARSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) BILL NELSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) KOURTNEY PIEPENBURG	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(8) HEATHER ROBBINS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) KELLY SAYRE	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) BLAIR SCHRADER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) LACEY SOLHEID	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MERRILEE STANG	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KRIS STEWART	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) EMILY SWANSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) JODY TERHAAR	1.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
(16) SHARON WELKE	2.00									
TREASURER	0.00	X		X			0	0	0	
(17) KELLY WERNER	2.00									
SECRETARY	0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	843,027				
	g Noncash contributions included in lines 1a-1f	1g	\$ 25,731				
	h Total. Add lines 1a-1f	u	843,027				
Program Service Revenue	2a ANIMAL ADOPTIONS/ADMISSIONS	Business Code	900099	413,041	413,041		
	b STRAYS		900099	187,637	187,637		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	600,678				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	30,921	30,921			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	128,600				
	c Gain or (loss)	7c	-128,600				
d Net gain or (loss)	u	-128,600	-128,600				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		203,912				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u	203,912					
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a		70,391				
b Less: cost of goods sold	10b	39,782					
c Net income or (loss) from sales of inventory	u	30,609		30,609			
Miscellaneous Revenue	11a BEQUESTS	Business Code	900099	324,535	324,535		
	b PPP LOAN FORGIVENESS		900099	94,000	94,000		
	c MEMORIALS		900099	24,969	24,969		
	d All other revenue		900099	23,980	23,980		
	e Total. Add lines 11a-11d	u	467,484				
12 Total revenue. See instructions	u	2,048,031	970,483	30,609	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	662,608	486,222	130,799	45,587
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	35,215	25,841	6,951	2,423
10 Payroll taxes	42,576	31,242	8,405	2,929
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,080	1,526	411	143
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,479			5,479
12 Advertising and promotion	11,312			11,312
13 Office expenses	16,371	12,013	3,232	1,126
14 Information technology				
15 Royalties				
16 Occupancy	55,396	40,650	10,935	3,811
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,056	100,056		
23 Insurance	16,994	12,470	3,355	1,169
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VETERINARY/MEDICAL	59,130	59,130		
b PHARMACEUTICALS	40,362	40,362		
c DONATED VETERINARY	25,731	25,731		
d SHELTER SUPPLIES	22,678	22,678		
e All other expenses	35,563	24,667	6,174	4,722
25 Total functional expenses. Add lines 1 through 24e	1,131,551	882,588	170,262	78,701
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	289,363	1	19,196
	2 Savings and temporary cash investments	3,429,023	2	1,904,396
	3 Pledges and grants receivable, net	106,610	3	68,008
	4 Accounts receivable, net	14,000	4	28,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,631	8	6,611
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,605,829		
	b Less: accumulated depreciation	10b 260,032	401,156	10c 3,345,797
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	217,187	13	316,256
	14 Intangible assets	5,540	14	5,325
	15 Other assets. See Part IV, line 11	179,082	15	82
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,649,592	16	5,693,671	
Liabilities	17 Accounts payable and accrued expenses	21,525	17	164,125
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	21,525	26	164,125
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,017,142	27	5,510,350
	28 Net assets with donor restrictions	610,925	28	19,196
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,628,067	32	5,529,546	
33 Total liabilities and net assets/fund balances	4,649,592	33	5,693,671	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,048,031
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,131,551
3	Revenue less expenses. Subtract line 2 from line 1	3	916,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,628,067
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	-15,000
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,529,546

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	380,294	370,478	695,198	2,157,538	843,027	4,446,535
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	675,199	686,381	755,374	977,711	1,302,995	4,397,660
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,055,493	1,056,859	1,450,572	3,135,249	2,146,022	8,844,195
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						8,844,195

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1,055,493	1,056,859	1,450,572	3,135,249	2,146,022	8,844,195
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-25,418	45,314	40,873			60,769
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	-25,418	45,314	40,873			60,769
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	18,005	18,466	16,382			52,853
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.)	1,048,080	1,120,639	1,507,827	3,135,249	2,146,022	8,957,817
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.73 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	97.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 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— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

Area with horizontal dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		117,603		117,603
b Buildings		3,315,238	142,894	3,172,344
c Leasehold improvements				
d Equipment		172,988	117,138	55,850
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 3,345,797

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	316,256	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	316,256	u

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,048,031.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,131,551.

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

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 1

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ALL EVENTS</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	203,912			203,912
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	203,912			203,912
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				203,912	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		_____	_____	_____	_____
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name u

Address u

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$

c If "Yes," enter name and address of the third party:

Name u

Address u

16 Gaming manager information:

Name u

Gaming manager compensation u \$

Description of services provided u

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Lined area for supplemental information with dotted lines for text entry.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	25,731	
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

SHELTER PROGRAM SERVICE ACCOMPLISHMENTS - OUR GOAL IS TO CONTINUALLY IMPROVE OPERATIONS AT THE SHELTER AND PROVIDE EFFECTIVE SERVICES TO THE PEOPLE AND ANIMALS WE SERVE. WE HAVE DONE A GREAT DEAL TO MOVE FORWARD WITH THIS. IN ADDITION TO OUR SHELTER VETERINARIANS, 7 VETERINARIANS VOLUNTEERED THEIR SERVICES, DOING SURGERIES AND CONSULTING ON QUESTIONABLE ANIMALS. SURGERIES/DENTALS ARE ALSO DONE AT THE UNIVERSITY OF MINNESOTA, A FEW LOCAL VET CLINICS AND THE MINNESOTA SCHOOL OF BUSINESS. SURGERY RECAP FOR 2020: 2,378 SPAY AND NEUTER SURGERIES, 11 HERNIA REPAIRS, 39 DENTALS, 1 TUMOR REMOVAL, 5 TAIL AMPUTATIONS, 4 EYE REMOVALS, 4 WOUND CLOSURES, 4 SUTURE REPAIRS, 4 ENTROPIAN EYELID REPAIRS, 2 BLADDER STONE REMOVAL. TOTAL INTAKES FOR 2020 WAS 2,413. TOTAL ADOPTIONS FOR 2020 WAS 3,123, A PLACEMENT RATE OF 94.0%.

WE HAVE A GOAL OF NO EUTHANASIA OF TREATABLE REHABILITABLE ANIMALS AND CONTINUE WITH OUR EFFORT TO REDUCE OUR EUTHANASIA RATE. OUR FOSTER CARE PROGRAM IS CRITICAL TO OUR LIFE

SAVING EFFORTS. FOSTER HOMES FILLED THE GAP BETWEEN THE TIME AN ANIMAL IS BROUGHT TO THE SOCIETY AND THE TIME THEY ARE ADOPTED. 1,018 ANIMALS WENT THROUGH OUR FOSTER CARE PROGRAM IN 2020.

IN IT'S FIRST FULL YEAR, BOOK BUDDIES SPENT 218 HOURS VOLUNTEERING THEIR TIME TO REST TO SHELTER ANIMALS. NOT ONLY DOES THE PROGRAM HELP KIDS IMPROVE THEIR READING SKILLS AND CONFIDENCE WITH READING OUT LOUD, IT DOES WONDERS TO SOOTHE THE SHELTER PETS. A WIN-WIN!

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

Name of the organization

Employer identification number

TRI COUNTY HUMANE SOCIETY

23-7449686

EDUCATION - IN AN EFFORT TO INCREASE THE COMMUNITY'S AWARENESS OF ANIMALS

WELFARE AND HUMANE EDUCATION TCHS HAS REACHED OUT IN A VARIETY OF WAYS:

VISIT SENIOR CARE CENTER/ASSISTED LIVING FACILITIES.

KEEP THE COMMUNITY UP-TO-DATE ON ANIMAL WELFARE RELATED NEWS AND

LEGISLATION VIA NEWSLETTERS, FACEBOOK AND EMAILS.

VISIT AREA SCHOOLS, INSTRUCTING CHILDREN HOW TO BE KIND TO ANIMALS AS WELL

AS SAFE AROUND THEM.

TCHS IS A RESOURCE IN OUR COMMUNITY FOR PEOPLE HAVING QUESTIONS ABOUT

ANYTHING ANIMAL RELATED. WE ANSWER NUMEROUS PHONE CALLS DAILY, HELPING

PEOPLE RESOLVE WHATEVER PROBLEMS THEY ARE HAVING WITH AN ANIMAL.

MEMBERS OF NEWCOMERES, A WELCOME WAGON TYPE BUSINESS. THROUGH THEM WE

DISTRIBUTE FLYTERS TO PEOPLE MOVING IN THE AREA OR PURCHASING A NEW HOME.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

RETURN REVIEWED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS ANNUALLY REVIEW/APPROVES THE COMPENSATION FOR THE

EXECUTIVE DIRECTOR BASED UPON A RECOMMENDATION OF THE EXECUTIVE COMMITTEE

OF THE BOARD. IN ADDITION TO OTHER FACTORS THE EXECUTIVE COMMITTEE

CONSIDERS THE RESULTS OF THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS

COMPENSATION AND BENEFIT SURVEY WHEN MAKING ITS RECOMMENDATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization

Employer identification number

TRI COUNTY HUMANE SOCIETY

23-7449686

BOOK / TAX DEPRECIATION DIFFERENCE

\$

-1

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TRI COUNTY HUMANE SOCIETY	D Employer identification number 23-7449686
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 701	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code ST CLOUD MN 56302-0701	
		C Book value of all assets at end of year u 5,693,671	

G Check organization type **u** 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to **u** Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation **u**

J Enter the number of attached Schedules A (Form 990-T) **u** **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation

u

L The books are in care of **u LISA PEDERSON** Telephone number **u 320-252-5717**

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-575
2 Reserved	2	
3 Add lines 1 and 2	3	-575
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-575
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-575
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d		1e		
2 Subtract line 1e from Part II, line 7		2		
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	u	4		0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		
6a Payments: A 2019 overpayment credited to 2020	6a			
b 2020 estimated tax payments. Check if section 643(g) election applies	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439				
<input type="checkbox"/> Form 4136				
<input type="checkbox"/> Other				
Total u	6g			
7 Total payments. Add lines 6a through 6g		7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	u	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	u	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	u	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax u		11		
				Refunded u

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here u		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
If "Yes," see instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	u	u PRESIDENT			
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RYAN HOLTER, CPA	RYAN HOLTER, CPA	11/11/21	<input type="checkbox"/>	P01953672
	Firm's name	Firm's EIN			
	HAGA KOMMER, LTD	20-4028013			
	Firm's address	Phone no.			
	216 PARK AVENUE S, #101	320-251-7444			
	SAINT CLOUD, MN 56301				

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization
TRI COUNTY HUMANE SOCIETY

B Employer identification number
23-7449686

C Unrelated Business Activity Code (see instructions) **u 900099**

D Sequence: **1** of **1**

E Describe the unrelated trade or business **u UNRELATED BUSINESS ACTIVITY**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 54,883			
b	Less returns and allowances			
	c Balance u	1c 54,883		
2	Cost of goods sold (Part III, line 8)	2 44,385		
3	Gross profit. Subtract line 2 from line 1c	3 10,498		10,498
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13 10,498		10,498

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		5,698
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement) (see instructions)	5		
6	Taxes and licenses	6		366
7	Depreciation (attach Form 4562) (see instructions)	7	645	
8	Less depreciation claimed in Part III and elsewhere on return	8a		645
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		277
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement) SEE STATEMENT 1	14		4,087
15	Total deductions. Add lines 1 through 14	15		11,073
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-575
17	Deduction for net operating loss (see instructions)	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		-575

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation u COST METHOD

Table with 8 rows for Cost of Goods Sold. Line 5: Other costs (attach statement) SEE STMT 2, 39,782. Line 6: Total. Add lines 1 through 5, 39,782. Line 8: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2, 39,782. Line 9: Do the rules of section 263A... apply to the organization? Yes No [X]

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Line 1: Description of property. Line 2: Rent received or accrued. Line 3: Total rents received or accrued. Line 4: Deductions directly connected with the income. Line 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property. Line 2: Gross income from or allocable to debt-financed property. Line 3: Deductions directly connected with or allocable to debt-financed property. Line 4: Amount of average acquisition debt on or allocable to debt-financed property. Line 5: Average adjusted basis of or allocable to debt-financed property. Line 6: Divide line 4 by line 5. Line 7: Gross income reportable. Line 8: Total gross income. Line 9: Allocable deductions. Line 10: Total allocable deductions. Line 11: Total dividends-received deductions included in line 10.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.
Enter here and on Part I,
line 8, column (A)

Add columns 6 and 11.
Enter here and on Part I,
line 8, column (B)

Totals **u**

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2.
Enter here and on Part I,
line 9, column (A)

Add amounts in column 5.
Enter here and on Part I,
line 9, column (B)

Totals **u**

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A B C D checkboxes and lines for periodical names

Enter amounts for each periodical listed above in the corresponding column.

Table with columns A, B, C, D for advertising income and costs (lines 2-8) with summary row 'u'

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Part XI Supplemental Information (see instructions)

Series of dotted lines for supplemental information

Unrelated Business Activity**Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Description	Amount
AMORTIZATION	\$ 215
PAYROLL FEES	18
CREDIT CARD FEES	3,232
OCCUPANCY	476
INSURANCE	146
TOTAL	\$ <u>4,087</u>

Unrelated Business Activity**Statement 2 - Schedule A (990T) Part III, Line 5 - Other Costs**

Description	Amount
INVENTORY SALES	\$ 39,782
TOTAL	\$ <u>39,782</u>

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

TRI COUNTY HUMANE SOCIETY

Identifying number
23-7449686

Business or activity to which this form relates

INVENTORY SALES

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	99,841

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	99,841
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Asset Report

INVENTORY SALES

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	BUILDING	7/01/89	138,375				138,375	40	MO S/L	105,501	2,306
	Sold/Scrapped: 9/01/20										
2	BUILDING IMPROVEMENT	7/01/90	1,540				1,540	40	MO S/L	1,149	26
	Sold/Scrapped: 9/01/20										
3	BUILDING IMPROVEMENT	7/01/91	3,185				3,185	40	MO S/L	2,279	53
	Sold/Scrapped: 9/01/20										
4	BUILDING IMPROVEMENT	7/01/92	1,758				1,758	40	MO S/L	1,210	29
	Sold/Scrapped: 9/01/20										
5	AIR CONDITIONER	7/01/96	2,456				2,456	40	MO S/L	1,435	61
6	LIGHTING	1/01/96	3,052				3,052	40	MO S/L	1,787	50
	Sold/Scrapped: 9/01/20										
7	DOG RUNS	11/01/03	747				747	5	MO S/L	747	0
8	LAND	7/01/89	117,603				117,603	0	-- Land	0	0
9	BUILDING ADDITION	1/01/04	162,996				162,996	40	MO S/L	65,200	2,716
	Sold/Scrapped: 9/01/20										
10	DOG RUN	11/01/04	1,698				1,698	7	MO S/L	1,698	0
11	WASHROOM PLUMBING	7/01/05	1,210				1,210	40	MO S/L	436	30
12	FENCE	2/01/07	11,285				11,285	7	MO S/L	11,285	0
13	TRAINING BUILDING	11/01/07	3,305				3,305	39	MO S/L	976	85
14	PUPPY YARD CONCRETE SLAB	1/01/08	2,409				2,409	15	MO S/L	1,850	161
15	TRAINING BUILDING	8/01/08	108,336				108,336	40	MO S/L	31,143	2,708
16	DRIVEWAY PAVING	10/01/08	3,800				3,800	15	MO S/L	2,911	253
17	PAPARKING LOT - ADDITIONAL SPAC	11/01/09	4,210				4,210	15	MO S/L	2,949	281
18	SIDEWALK	11/01/09	1,390				1,390	15	MO S/L	975	93
19	SIGN	10/01/11	2,095				2,095	7	MO S/L	2,095	0
20	ROOF	8/01/16	6,510				6,510	39	MO S/L	584	167
21	COUNTER TOP/SINK	11/01/16	1,580				1,580	39	MO S/L	142	41
22	DISHWASH ROOM UPDATE	12/15/18	17,460				17,460	39	MO S/L	672	447
23	EQUIPMENT	7/01/89	9,746				9,746	10	MO S/L	9,746	0
24	EQUIPMENT & FURNITURE	7/01/90	1,190				1,190	10	MO S/L	1,190	0
25	EQUIPMENT & FURNITURE	7/01/91	3,162				3,162	10	MO S/L	3,162	0
26	EQUIPMENT & FURNITURE	7/01/92	723				723	10	MO S/L	723	0
27	EQUIPMENT & FURNITURE	7/01/93	259				259	10	MO S/L	259	0
28	DISHWASHER	3/01/95	220				220	10	MO S/L	220	0
29	AIR PURIFIER	3/01/97	136				136	5	MO S/L	136	0
30	CASH REGISTER	6/01/97	200				200	5	MO S/L	200	0
31	STORAGE SHED	7/01/97	1,017				1,017	7	MO S/L	1,017	0
32	APPLIANCE	2/01/98	511				511	5	MO S/L	511	0
33	EQUIPMENT	4/01/98	155				155	5	MO S/L	155	0
34	EQUIPMENT	7/01/98	999				999	5	MO S/L	999	0
35	PRINTER	1/01/99	560				560	5	MO S/L	560	0
36	FURNITURE/EQUIPMENT	4/01/99	170				170	5	MO S/L	170	0
37	MICROSCOPE	5/01/99	1,812				1,812	5	MO S/L	1,812	0
38	SCANNER	6/01/99	68				68	5	MO S/L	68	0
39	FURNITURE/EQUIPMENT	8/01/99	105				105	5	MO S/L	105	0
40	COMPUTERS/MONITORS	9/01/99	3,664				3,664	5	MO S/L	3,664	0
41	FURNITURE/EQUIPMENT	11/01/99	819				819	5	MO S/L	819	0
42	SOFTWARE	11/01/99	1,500				1,500	5	MO S/L	1,500	0
43	DIGITAL CAMERA	11/01/99	300				300	5	MO S/L	300	0
44	COMPUTER/MONITOR	12/01/99	2,005				2,005	5	MO S/L	2,005	0
45	SAFE	12/01/99	275				275	5	MO S/L	275	0
46	DESKTOP COMPUTER	5/01/00	1,085				1,085	5	MO S/L	1,085	0
47	COMPUTER	6/01/00	1,552				1,552	5	MO S/L	1,552	0
48	WASHING MACHINE	11/01/00	535				535	5	MO S/L	535	0
49	WASHER/DRYER	5/01/01	5,289				5,289	5	MO S/L	5,289	0
50	COPIER (DONATED)	5/01/01	1,300				1,300	5	MO S/L	1,300	0
51	COMPUTER	8/01/01	835				835	5	MO S/L	835	0
52	HEATER	2/01/02	1,330				1,330	7	MO S/L	1,330	0
53	COMPUTER (DELL)	11/01/02	970				970	5	MO S/L	970	0
54	CREDIT CARD MACHINE	2/01/03	125				125	5	MO S/L	125	0
55	DIGITAL CAMERA	11/01/03	250				250	5	MO S/L	250	0
56	SURGICAL ROOM EQUIPMENT	12/01/03	3,731				3,731	5	MO S/L	3,731	0
57	EXAM LIGHT	12/01/03	395				395	5	MO S/L	395	0
58	DOG KENNELS (DONATED)	2/01/03	2,144				2,144	5	MO S/L	2,144	0
59	COMPUTER	4/01/04	539				539	5	MO S/L	539	0
60	COMPUTERS (2)	11/01/04	1,268				1,268	5	MO S/L	1,268	0
61	AUTOCLAVE	5/01/05	959				959	7	MO S/L	959	0
62	TWO COPIERS (DONATED)	6/01/05	2,200				2,200	5	MO S/L	2,200	0
63	PROJECTOR/PRINTER	4/01/07	1,268				1,268	7	MO S/L	1,268	0
64	PULSE OXIMETER	11/01/07	785				785	7	MO S/L	785	0

Federal Asset Report

INVENTORY SALES

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
65	PET CAGE UNIT	3/01/08	3,500			3,500	7 MO S/L	3,500	0
66	CHAIRS (DONATED)	7/01/08	700			700	7 MO S/L	700	0
67	THREE COMPUTERS (DONATED)	7/01/09	1,500			1,500	5 MO S/L	1,500	0
68	COPY MACHINE	2/01/11	995			995	5 MO S/L	995	0
69	USED COMPUTERS - 10	4/01/11	950			950	5 MO S/L	950	0
70	OXYGEN EQUIPMENT	7/01/11	580			580	7 MO S/L	580	0
71	CAGE	10/01/11	1,150			1,150	5 MO S/L	1,150	0
72	REFRIGERATOR	7/01/13	569			569	10 MO S/L	370	57
73	TELEPHONE SYSTEM	8/01/13	1,980			1,980	7 MO S/L	1,839	141
74	KENNEL ROOM FURNACE	12/01/14	750			750	7 MO S/L	589	107
75	(8) CAGES-DONATED	6/01/15	1,600			1,600	7 MO S/L	1,029	229
76	WASHER/DRYER	11/01/15	9,757			9,757	7 MO S/L	6,273	1,394
77	(2) DRE LED MOBILE OPERATING SYS	12/01/15	4,302			4,302	7 MO S/L	2,766	615
78	PULSE OXIMETER	12/01/15	1,409			1,409	7 MO S/L	906	201
79	DRE V-TOP TABLE	12/01/15	2,708			2,708	7 MO S/L	1,741	387
80	MOBILE ANESTHESIA MACHINE	12/01/15	2,118			2,118	7 MO S/L	1,362	303
81	COMBO PIEZO DENTAL UNIT	12/01/15	1,052			1,052	7 MO S/L	676	150
82	AUTOCLAVES (DONATED)	6/01/16	12,000			12,000	7 MO S/L	6,000	1,714
83	(3) CAT TOWERS	6/01/17	6,346			6,346	7 MO S/L	2,266	907
84	VET BED WARM AIR UNIT	3/01/17	692			692	7 MO S/L	247	99
85	REPTILE CAGES	3/01/17	1,150			1,150	7 MO S/L	411	164
86	WEBSITE	5/01/17	2,499			2,499	3 MO S/L	2,083	416
87	DATABASE	7/01/17	7,662			7,662	3 MO S/L	6,385	1,277
88	KENNELS	12/01/17	10,181			10,181	7 MO S/L	3,636	1,454
89	CAGES FOR KITTY KORNER	5/14/19	14,346			14,346	7 MO S/L	1,366	2,050
91	CIP - NEW BUILDING PROJECT	12/31/19	3,146,747			3,146,747	40 MO S/L	0	78,669
92	SURGERY ROOM EQUIPMENT	12/31/20	21,735			21,735	7 MO S/L	0	0
93	AUTOCLAVE	12/31/20	4,601			4,601	7 MO S/L	0	0
Total Other Depreciation			<u>3,916,735</u>			<u>3,916,735</u>		<u>342,500</u>	<u>99,841</u>
Total ACRS and Other Depreciation			<u>3,916,735</u>			<u>3,916,735</u>		<u>342,500</u>	<u>99,841</u>
Amortization:									
90	LOAN ORIGINATION FEES	10/31/19	5,594			5,594	26 MO Amort	54	215
			<u>5,594</u>			<u>5,594</u>		<u>54</u>	<u>215</u>
Grand Totals			3,922,329			3,922,329		342,554	100,056
Less: Dispositions and Transfers			310,906			310,906		177,126	5,180
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,611,423</u>			<u>3,611,423</u>		<u>165,428</u>	<u>94,876</u>

23-7449686

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

INVENTORY SALES

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
5	AIR CONDITIONER	7/01/96	2,456	62	0
7	DOG RUNS	11/01/03	747	0	0
8	LAND	7/01/89	117,603	0	0
10	DOG RUN	11/01/04	1,698	0	0
11	WASHROOM PLUMBING	7/01/05	1,210	30	0
12	FENCE	2/01/07	11,285	0	0
13	TRAINING BUILDING	11/01/07	3,305	85	0
14	PUPPY YARD CONCRETE SLAB	1/01/08	2,409	160	0
15	TRAINING BUILDING	8/01/08	108,336	2,709	0
16	DRIVEWAY PAVING	10/01/08	3,800	253	0
17	PAPARKING LOT - ADDITIONAL SPACES	11/01/09	4,210	281	0
18	SIDEWALK	11/01/09	1,390	93	0
19	SIGN	10/01/11	2,095	0	0
20	ROOF	8/01/16	6,510	167	0
21	COUNTER TOP/SINK	11/01/16	1,580	40	0
22	DISHWASH ROOM UPDATE	12/15/18	17,460	448	0
23	EQUIPMENT	7/01/89	9,746	0	0
24	EQUIPMENT & FURNITURE	7/01/90	1,190	0	0
25	EQUIPMENT & FURNITURE	7/01/91	3,162	0	0
26	EQUIPMENT & FURNITURE	7/01/92	723	0	0
27	EQUIPMENT & FURNITURE	7/01/93	259	0	0
28	DISHWASHER	3/01/95	220	0	0
29	AIR PURIFIER	3/01/97	136	0	0
30	CASH REGISTER	6/01/97	200	0	0
31	STORAGE SHED	7/01/97	1,017	0	0
32	APPLIANCE	2/01/98	511	0	0
33	EQUIPMENT	4/01/98	155	0	0
34	EQUIPMENT	7/01/98	999	0	0
35	PRINTER	1/01/99	560	0	0
36	FURNITURE/EQUIPMENT	4/01/99	170	0	0
37	MICROSCOPE	5/01/99	1,812	0	0
38	SCANNER	6/01/99	68	0	0
39	FURNITURE/EQUIPMENT	8/01/99	105	0	0
40	COMPUTERS/MONITORS	9/01/99	3,664	0	0
41	FURNITURE/EQUIPMENT	11/01/99	819	0	0
42	SOFTWARE	11/01/99	1,500	0	0
43	DIGITAL CAMERA	11/01/99	300	0	0
44	COMPUTER/MONITOR	12/01/99	2,005	0	0
45	SAFE	12/01/99	275	0	0
46	DESKTOP COMPUTER	5/01/00	1,085	0	0
47	COMPUTER	6/01/00	1,552	0	0
48	WASHING MACHINE	11/01/00	535	0	0
49	WASHER/DRYER	5/01/01	5,289	0	0
50	COPIER (DONATED)	5/01/01	1,300	0	0
51	COMPUTER	8/01/01	835	0	0
52	HEATER	2/01/02	1,330	0	0
53	COMPUTER (DELL)	11/01/02	970	0	0
54	CREDIT CARD MACHINE	2/01/03	125	0	0
55	DIGITAL CAMERA	11/01/03	250	0	0
56	SURGICAL ROOM EQUIPMENT	12/01/03	3,731	0	0
57	EXAM LIGHT	12/01/03	395	0	0
58	DOG KENNELS (DONATED)	2/01/03	2,144	0	0
59	COMPUTER	4/01/04	539	0	0
60	COMPUTERS (2)	11/01/04	1,268	0	0
61	AUTOCLAVE	5/01/05	959	0	0
62	TWO COPIERS (DONATED)	6/01/05	2,200	0	0
63	PROJECTOR/PRINTER	4/01/07	1,268	0	0
64	PULSE OXIMETER	11/01/07	785	0	0
65	PET CAGE UNIT	3/01/08	3,500	0	0
66	CHAIRS (DONATED)	7/01/08	700	0	0
67	THREE COMPUTERS (DONATED)	7/01/09	1,500	0	0
68	COPY MACHINE	2/01/11	995	0	0
69	USED COMPUTERS - 10	4/01/11	950	0	0
70	OXYGEN EQUIPMENT	7/01/11	580	0	0
71	CAGE	10/01/11	1,150	0	0
72	REFRIGERATOR	7/01/13	569	57	0
73	TELEPHONE SYSTEM	8/01/13	1,980	0	0
74	KENNEL ROOM FURNACE	12/01/14	750	54	0

Future Depreciation Report FYE: 12/31/21

INVENTORY SALES

Asset	Description	Date In Service	Cost	Tax	AMT
75	(8) CAGES-DONATED	6/01/15	1,600	228	0
76	WASHER/DRYER	11/01/15	9,757	1,393	0
77	(2) DRE LED MOBILE OPERATING SYSTEM	12/01/15	4,302	614	0
78	PULSE OXIMETER	12/01/15	1,409	201	0
79	DRE V-TOP TABLE	12/01/15	2,708	386	0
80	MOBILE ANESTHESIA MACHINE	12/01/15	2,118	302	0
81	COMBO PIEZO DENTAL UNIT	12/01/15	1,052	150	0
82	AUTOCLAVES (DONATED)	6/01/16	12,000	1,714	0
83	(3) CAT TOWERS	6/01/17	6,346	906	0
84	VET BED WARM AIR UNIT	3/01/17	692	98	0
85	REPTILE CAGES	3/01/17	1,150	164	0
86	WEBSITE	5/01/17	2,499	0	0
87	DATABASE	7/01/17	7,662	0	0
88	KENNELS	12/01/17	10,181	1,455	0
89	CAGES FOR KITTY KORNER	5/14/19	14,346	2,049	0
91	CIP - NEW BUILDING PROJECT	12/31/19	3,146,747	78,668	0
92	SURGERY ROOM EQUIPMENT	12/31/20	21,735	3,105	0
93	AUTOCLAVE	12/31/20	4,601	657	0
Total Other Depreciation			3,605,829	96,529	0
Total ACRS and Other Depreciation			3,605,829	96,529	0
<u>Amortization:</u>					
90	LOAN ORIGATION FEES	10/31/19	5,594	215	0
			5,594	215	0
Grand Totals			3,611,423	96,744	0

Name
TRI COUNTY HUMANE SOCIETY

Taxpayer Identification Number
23-7449686

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A. _____
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C. _____
D. Pre-2018 Applied (Sum of B and C)		D. _____
E. Pre-2018 Remaining (Line A minus Line D)		E. _____
F. Pre-2018 Net Operating Losses Expiring this Year		F. _____
G. Pre-2018 Net Operating Losses Carried Forward		G. _____

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income _____		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. UNRELATED BUSINESS ACTIVITY	900099	1. -575
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities _____		5. _____
6. Totals _____		6. -575

Form **990-T****Schedule A Loss Carryover Calculation****2020**Description **UNRELATED BUSINESS ACTIVITY**

Name

TRI COUNTY HUMANE SOCIETY

Taxpayer Identification Number

23-7449686Unincorporated Business Income Tax Code: **900099** Activity: **OTHER UNRELATED BUSINESS ACTIVIT**

Each activity may carryforward losses after 2018

1	Activity income	1	10,498
2	Activity deductions	2	11,073
3	Activities income or loss, after deductions	3	-575
4	Losses carried over to this year (do not include amounts prior to 2018)	4	
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7	Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4)	7	
8	If line 3 is less than zero, enter that amount here as a positive number	8	575
9	Total loss carried forward to 2021 (Add lines 7 and 8)	9	575

Electronic Filing includes the report of additional amounts for this activity

E1	Activity loss amounts from 2019	E1	
E2	Prior year activity losses included on Schedule A, Line 17	E2	

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

Taxpayer Identification Number

TRI COUNTY HUMANE SOCIETY**23-7449686**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	2,157,538	843,027	-1,314,511
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	535,153	600,678	65,525
	5. Investment income	113,305	30,921	-82,384
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-128,600	-128,600
	8. Net income or (loss) from fundraising events	168,595	203,912	35,317
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	26,258	30,609	4,351
	11. Other revenue	147,691	467,484	319,793
	12. Total revenue. Add lines 1 through 11	3,148,540	2,048,031	-1,100,509
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	730,881	740,399	9,518
	17. Professional fundraising fees			
	18. Other professional fees	2,513	7,559	5,046
	19. Occupancy, rent, utilities, and maintenance	42,352	55,396	13,044
	20. Depreciation and Depletion	24,971	100,056	75,085
	21. Other expenses	343,827	228,141	-115,686
	22. Total expenses. Add lines 13 through 21	1,144,544	1,131,551	-12,993
	23. Excess or (Deficit). Subtract line 22 from line 12	2,003,996	916,480	-1,087,516
Other Information	24. Total exempt revenue	3,148,540	2,048,031	-1,100,509
	25. Total unrelated revenue	26,258	30,609	4,351
	26. Total excludable revenue	796,149	970,483	174,334
	27. Total assets	4,649,592	5,693,671	1,044,079
	28. Total liabilities	21,525	164,125	142,600
	29. Retained earnings	4,628,067	5,529,546	901,479
	30. Number of voting members of governing body	15	15	
31. Number of independent voting members of governing body	15	15		
32. Number of employees	33	38		
33. Number of volunteers				

Form **990T****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

Taxpayer Identification Number

TRI COUNTY HUMANE SOCIETY**23-7449686**

		2019	2020	Differences
Revenue	1. Gross profit/loss on business activities	1. 9,314	10,498	1,184
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9. 1,705		-1,705
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 11,019	10,498	-521
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 5,474	5,698	224
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17. 308	366	58
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19. 173	645	472
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21. 295	277	-18
	22. Other deductions	22. 3,913	4,087	174
	23. Total deductions. Add lines 12 through 22	23. 10,163	11,073	910
	24. Net income (990T/first activity); Subtract line 23 from 11	24. 856	-575	-1,431
	25. Number of unrelated business activities for this return	25. 1	1	
26. Unrelated business taxable income from all trades	26. 856	-575	-1,431	
27. Disallowed employee fringe benefits	27.			
28. Charitable contributions	28.			
29. Taxable income before NOL loss	29. 856		-856	
30. Net operating loss (pre-2018)	30.			
31. Specific deduction	31. 1,000		-1,000	
32. Unrelated business taxable income.	32.			
Tax & Credits	33. Income tax (corporate or trust)	33.		
	34. Proxy tax	34.		
	35. Other taxes	35.		
	36. Total taxes	36.		
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	40. Total credits	40.		
	41. Net tax after credits	41.		
	42. Recapture taxes and 965 tax	42.		
	43. Total Taxes	43.		
Due/Refund	44. Prior year overpayment and estimated tax payments	44.		
	45. Payment made with extension	45.		
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	48. Total payments	48.		
	49. Balance due/(Overpayment)	49.		
	50. Overpayment applied to next year	50.		
	51. Penalties	51.		
	52. Total due/(Refund)	52.		

Organization Name TRI COUNTY HUMANE SOCIETY	Taxpayer Identification Number 23-7449686
---	---

Unincorporated Business Income Tax Code: **900099** Activity: **UNRELATED BUSINESS ACTIVITY**

		2019	2020	Differences	
R e v e n u e	1. Gross profit/loss on business activities	1. -5,181	15,101	20,282	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	-5,181	15,101	20,282
E x p e n s e s	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13. 5,474	5,698	224	
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17. 308	366	58	
	18. Depreciation and Depletion	18. 173	645	472	
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20. 295	277	-18	
	21. Other deductions	21. 2,208	4,087	1,879	
	22. Total deductions. Add lines 12 through 22	22.	8,458	11,073	2,615
	23. Taxable income before deductions. Subtract line 23 from 11	23.	-13,639	4,028	17,667
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	-13,639	4,028	17,667

Form **990****Tax Return History****2020**

Name

TRI COUNTY HUMANE SOCIETY

Employer Identification Number

23-7449686

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants			695,198	2,157,538	843,027	
Membership dues						
Program service revenue			381,265	535,153	600,678	
Capital gain or loss			28,619		-128,600	
Investment income			40,873	113,305	30,921	
Fundraising revenue (income/loss)			135,000	168,595	203,912	
Gaming revenue (income/loss)						
Other revenue			208,611	173,949	498,093	
Total revenue			1,489,566	3,148,540	2,048,031	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			73,597			
Other compensation			557,468	730,881	740,399	
Professional fees			2,153	2,513	7,559	
Occupancy costs			34,134	42,352	55,396	
Depreciation and depletion			23,520	24,971	100,056	
Other expenses			449,524	343,827	228,141	
Total expenses			1,140,396	1,144,544	1,131,551	
Excess or (Deficit)			349,170	2,003,996	916,480	
Total exempt revenue			1,489,566	3,148,540	2,048,031	
Total unrelated revenue			24,052	26,258	30,609	
Total excludable revenue			635,316	796,149	970,483	
Total Assets			2,648,494	4,649,592	5,693,671	
Total Liabilities			24,424	21,525	164,125	
Net Fund Balances			2,624,070	4,628,067	5,529,546	

Form **990T**

Tax Return History

2020

Name

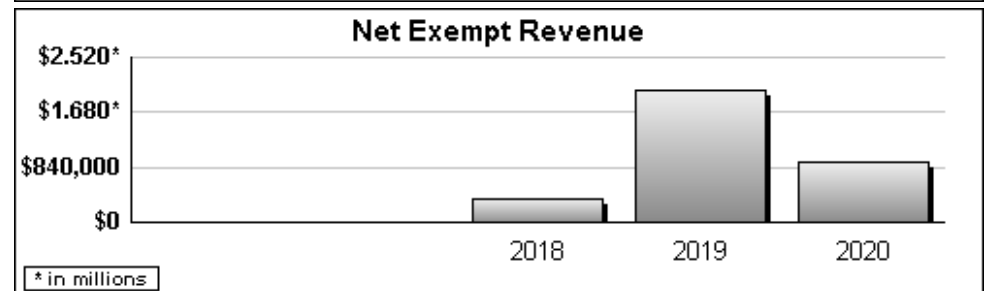
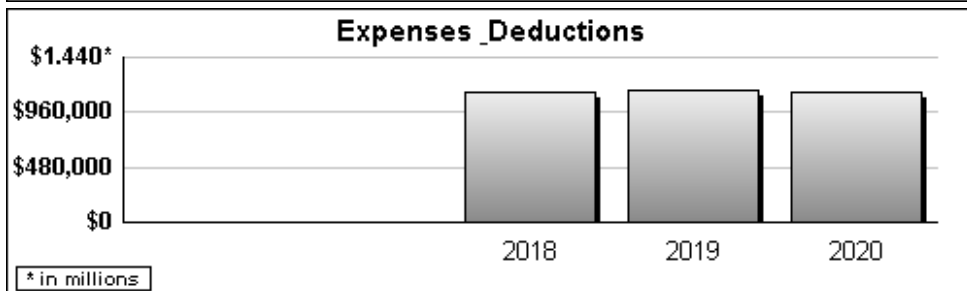
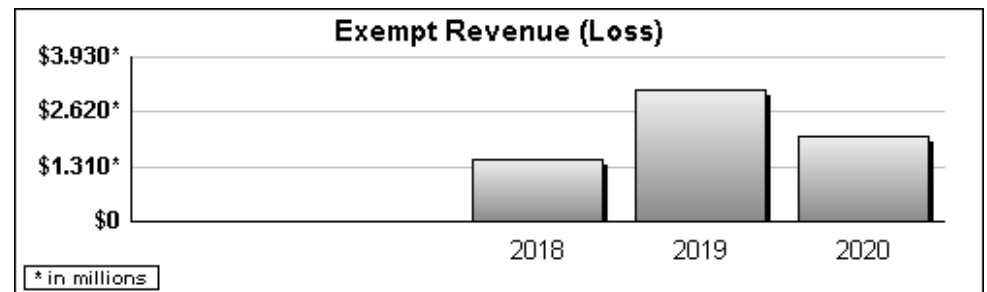
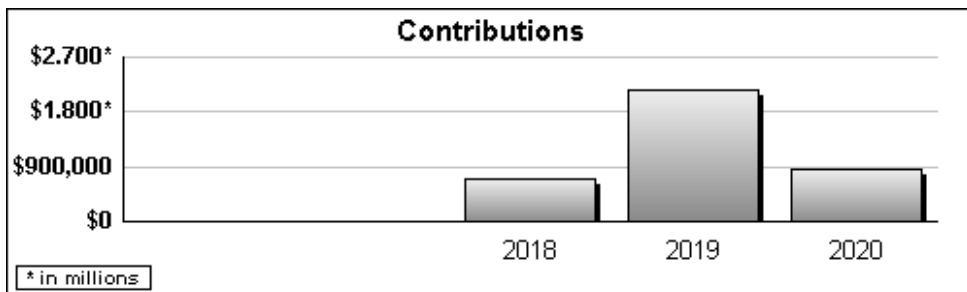
TRI COUNTY HUMANE SOCIETY

Employer Identification Number

23-7449686

* Income shown net of expenses

	2016	2017	2018	2019	2020	2021
Business activity profit/loss			10,753	9,314	10,498	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income			1,705	1,705		
Total trade or business income.			12,458	11,019	10,498	
Compensation of officers, ect.						
Other salaries and wages			4,024		5,698	
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses			308	308	366	
Charitable contributions						
Depreciation and Depletion			173	173	645	
Deferred compensation plans						
Employee benefit programs			295	295	277	



Form **990T**

Tax Return History

2020

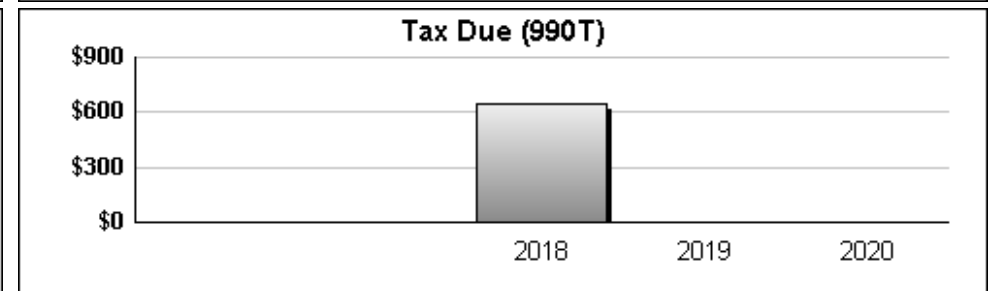
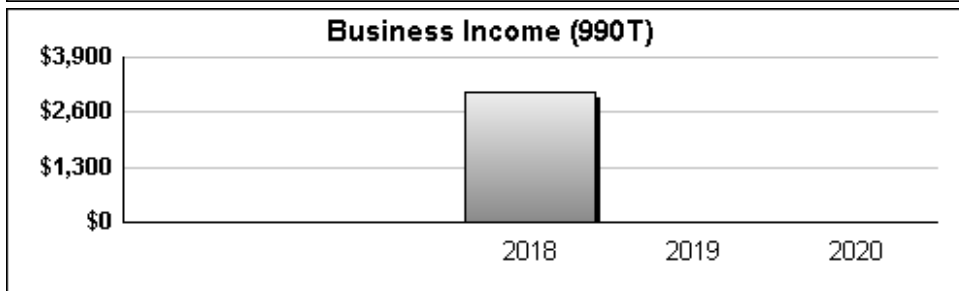
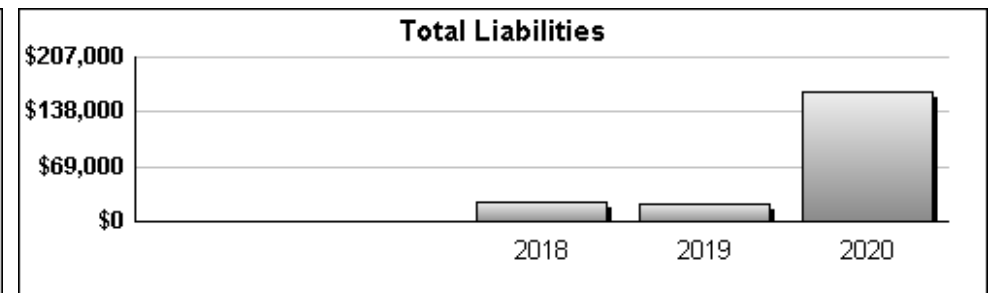
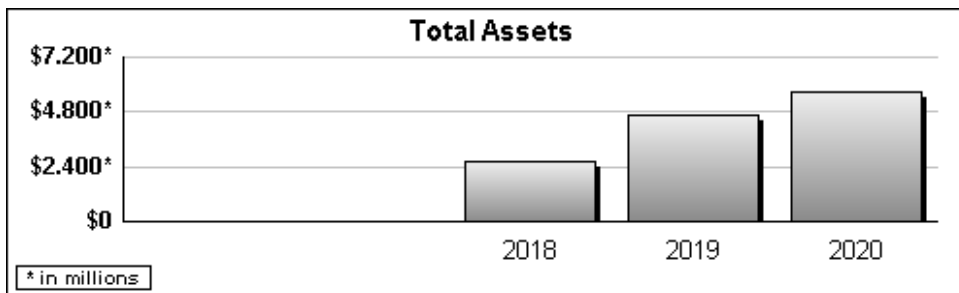
Name

TRI COUNTY HUMANE SOCIETY

Employer Identification Number

23-7449686

	2016	2017	2018	2019	2020	2021
Other deductions			3,575	3,913	4,087	
Net income (990T/first activity)			4,083	6,330	-575	
UBTI from all trades	0	0	4,083	856	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			3,083			
Income tax (corporate or trust)			647			
Other taxes						
Total taxes			647			
General business credit						
Other credits						
Net tax after credits			647			
Estimated tax payments			870			
Other payments						
Balance due/Overpayment			-223			



Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>17,172</u>					
TOTAL	\$ <u><u>17,172</u></u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>4,064</u>					
TOTAL	\$ <u><u>4,064</u></u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
ALL EVENTS	\$	\$	\$	\$
FUNDRAISING	5,479			5,479
TOTAL	<u>\$ 5,479</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 5,479</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CREDIT CARD/BANK FEES	\$ 16,726	\$ 12,273	\$ 3,302	\$ 1,151
EXECUTIVE/FINANCE	7,664	5,624	1,513	527
MISC	5,231	3,838	1,033	360
APPEALS	2,183			2,183
SPAY/NEUTER	1,947	1,947		
EQUIP RENT/MAINTENANCE	1,649	1,210	326	113
EDUCATION	388			388
TAX EXPENSE	-225	-225		
TOTAL	<u>\$ 35,563</u>	<u>\$ 24,667</u>	<u>\$ 6,174</u>	<u>\$ 4,722</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CAPITAL CONTRIBUTIONS	\$ 358,776
OTHER	25,731
OTHER DONATIONS/GRANTS	458,520
TOTAL	\$ <u>843,027</u>

Schedule A, Part III, Line 2(e)

Description	Amount
STRAYS	\$ 187,637
ANIMAL ADOPTIONS/ADMISSIONS	413,041
	17,172
	4,064
REALIZED GAINS	
UNREALIZED LOSS	9,685
KENNEL SPONSORSHIP	22,530
MEMORIALS	24,969
BEQUESTS	324,535
EDUCATION/CONFERENCES	1,450
PPP LOAN FORGIVENESS	94,000
ALL EVENTS	203,912
TOTAL	\$ <u>1,302,995</u>

Schedule A, Part III, Line 11

Description	Amount
INVENTORY SALES	\$ -69,447
LESS: DEDUCTIONS	-12,073
TOTAL	\$ <u>-81,520</u>

Minnesota Return Summary

For calendar year 2020, or taxable period beginning , and ending

23-7449686

TRI COUNTY HUMANE SOCIETY

Income

Federal taxable income	-575	
Additions		
Subtractions		
Income subject to apportionment	-575	
Income apportionment factor	1.0000	
Minnesota taxable net income	-575	
Net operating loss		
Deductions	1,000	
Taxable income		<u><u> </u></u>

Tax Computation

Regular tax		
Proxy tax		
Credits against tax		
Nongame wildlife fund donation		
Total tax		<u><u> </u></u>

Payments / Refundable Credits / Penalties

Payments / refundable credits	266	
Failure to file penalty		
Failure to pay penalty		
Late filing interest		
M15NP penalty		
Total payments / penalties		<u><u>266</u></u>

Overpayment credited to next year's estimated tax 266

Refund

Tax due

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	<u><u> </u></u>

Miscellaneous Information

Amended return
Return / extended due date 12/15/21

Charitable Organization

Total revenue	<u>2,048,031</u>
Total expenses	<u>1,131,551</u>
Total Assets	<u>5,693,671</u>
Total liabilities	<u>164,125</u>

Amended return
Return / extended due date 11/15/21

Filing fee	25
Late filing fee	
Total	<u><u>25</u></u>

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization TRI COUNTY HUMANE SOCIETY

Federal EIN: 23-7449686

Fiscal Year-End: 12/31/2020

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address:

VICKI DAVIS

Contact Person

PO BOX 701

Street Address

ST CLOUD

MN 56302-0701

City, State, and Zip Code

320-252-5717

Phone Number

TCHS@CLOUDNET.COM

Email Address

Physical Address:

VICK DAVIS

Contact Person

735 8TH ST NE

Street Address

ST CLOUD

MN 56304

City, State, and Zip Code

320-252-5717

Phone Number

TCHS@CLOUDNET.COM

Email Address

1. Organization's website: WWW.TRICOUNTYHUMANESOCIETY.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

TRI-COUNTY HUMANE SOCIETY

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 843,027

6. Has the organization's tax-exempt status with the IRS changed?

Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

Street Address

City, State, and Zip Code

10. Is the organization a food shelf? Yes No
 If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ <u>843,027</u>	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ <u>600,678</u>	3
4. Other Revenue	\$ <u>604,326</u>	4
5. TOTAL INCOME	\$ <u>2,048,031</u>	5

EXPENSES

6. Program Expenses	\$ <u>882,588</u>	6
7. Management & General Expenses	\$ <u>170,262</u>	7
8. Fund-raising Expenses	\$ <u>78,701</u>	8
9. TOTAL EXPENSES	\$ <u>1,131,551</u>	9
10. EXCESS or DEFICIT	\$ <u>916,480</u>	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ <u>1,923,592</u>	11
12. Land, Buildings & Equipment	\$ <u>3,345,797</u>	12
13. Other Assets	\$ <u>424,282</u>	13
14. TOTAL ASSETS	\$ <u>5,693,671</u>	14

LIABILITIES

15. Accounts Payable	\$ <u>164,125</u>	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ <u>164,125</u>	18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ 5,529,546

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT (Title) and EXECUTIVE DIRECTOR (Title) respectively, and that

we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20__ , approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

KOURTNEY PIEPENBURG
Name (Print)

Signature

PRESIDENT
Title

Date

VICKI DAVIS
Name (Print)

Signature

EXECUTIVE DIRECTOR
Title

Date

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">TRI COUNTY HUMANE SOCIETY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>PO BOX 701</p> City or town, state or province, country, and ZIP or foreign postal code <p>ST CLOUD MN 56302-0701</p>	D Employer identification number <p align="center">23-7449686</p> E Telephone number <p align="center">320-252-5717</p> G Gross receipts \$ 2,216,413
--	---	---

F Name and address of principal officer: <p>KOURTNEY PIEPENBURG 1705 26TH ST S ST CLOUD MN 56301</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
---	---

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.TRICOUNTYHUMANESOCIETY.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1974** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">WE BELIEVE IN THE HUMAN-ANIMAL BOND AND EXIST TO SUPPORT CENTRAL MN BY PRACTICING AND PROMOTING QUALITY ADOPTION SERVICES AND HUMANE EDUCATION PROGRAMS</p>	
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	38
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	30,609
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,157,538	843,027
	9 Program service revenue (Part VIII, line 2g)	535,153	600,678
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,305	-97,679
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,544	702,005
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,148,540	2,048,031

		Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	730,881	740,399
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 78,701		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	413,663	391,152
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,144,544	1,131,551
	19 Revenue less expenses. Subtract line 18 from line 12	2,003,996	916,480

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,649,592	5,693,671
	21 Total liabilities (Part X, line 26)	21,525	164,125
	22 Net assets or fund balances. Subtract line 21 from line 20	4,628,067	5,529,546

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">KOURTNEY PIEPENBURG</p> Type or print name and title <p align="center">PRESIDENT</p>	Date
------------------	---	------

Paid Preparer Use Only	Print/Type preparer's name RYAN HOLTER, CPA	Preparer's signature RYAN HOLTER, CPA	Date 11/11/21	Check <input type="checkbox"/> if self-employed	PTIN P01953672
	Firm's name } HAGA KOMMER, LTD 216 PARK AVENUE S, #101 Firm's address } SAINT CLOUD, MN 56301	Firm's EIN } 20-4028013 Phone no. } 320-251-7444			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE BELIEVE IN THE HUMAN-ANIMAL BOND AND EXIST TO SUPPORT CENTRAL MN BY PRACTICING AND PROMOTING QUALITY ADOPTION SERVICES AND HUMANE EDUCATION PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **550,790** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **331,798** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 882,588**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	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		X
c	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	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38
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)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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.	16	X

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and a grid for 15. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and a grid for 15. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

LISA PEDERSON 735 8TH ST NE MN 56304 320-252-5717 ST CLOUD

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON BRANDENBURG	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) RYAN COYE	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) MONIQUE HALET	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) JASON HALLONQUIST	2.00									
1ST VICE PRESIDENT	0.00	X		X			0	0	0	
(5) MATT LARSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) BILL NELSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) KOURTNEY PIEPENBURG	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(8) HEATHER ROBBINS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) KELLY SAYRE	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) BLAIR SCHRADER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) LACEY SOLHEID	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MERRILEE STANG	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KRIS STEWART	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) EMILY SWANSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) JODY TERHAAR	1.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
(16) SHARON WELKE	2.00									
TREASURER	0.00	X		X			0	0	0	
(17) KELLY WERNER	2.00									
SECRETARY	0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	843,027				
	g Noncash contributions included in lines 1a-1f	1g	\$ 25,731				
	h Total. Add lines 1a-1f	u	843,027				
	Program Service Revenue	2a ANIMAL ADOPTIONS/ADMISSIONS	Business Code	900099	413,041	413,041	
b STRAYS			900099	187,637	187,637		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	600,678				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	30,921	30,921			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
		b Less: cost or other basis and sales exps.	7b		128,600		
		c Gain or (loss)	7c		-128,600		
	d Net gain or (loss)	u	-128,600	-128,600			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		203,912			
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events	u	203,912				
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a		70,391				
	b Less: cost of goods sold	10b	39,782				
c Net income or (loss) from sales of inventory	u	30,609		30,609			
Miscellaneous Revenue	11a BEQUESTS	Business Code	900099	324,535	324,535		
	b PPP LOAN FORGIVENESS		900099	94,000	94,000		
	c MEMORIALS		900099	24,969	24,969		
	d All other revenue		900099	23,980	23,980		
	e Total. Add lines 11a-11d	u	467,484				
12 Total revenue. See instructions	u	2,048,031	970,483	30,609	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	662,608	486,222	130,799	45,587
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	35,215	25,841	6,951	2,423
10 Payroll taxes	42,576	31,242	8,405	2,929
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,080	1,526	411	143
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,479			5,479
12 Advertising and promotion	11,312			11,312
13 Office expenses	16,371	12,013	3,232	1,126
14 Information technology				
15 Royalties				
16 Occupancy	55,396	40,650	10,935	3,811
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,056	100,056		
23 Insurance	16,994	12,470	3,355	1,169
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VETERINARY/MEDICAL	59,130	59,130		
b PHARMACEUTICALS	40,362	40,362		
c DONATED VETERINARY	25,731	25,731		
d SHELTER SUPPLIES	22,678	22,678		
e All other expenses	35,563	24,667	6,174	4,722
25 Total functional expenses. Add lines 1 through 24e	1,131,551	882,588	170,262	78,701
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	289,363	1	19,196
	2 Savings and temporary cash investments	3,429,023	2	1,904,396
	3 Pledges and grants receivable, net	106,610	3	68,008
	4 Accounts receivable, net	14,000	4	28,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,631	8	6,611
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,605,829		
	b Less: accumulated depreciation	260,032		
	11 Investments—publicly traded securities		11c	3,345,797
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	217,187	13	316,256
	14 Intangible assets	5,540	14	5,325
	15 Other assets. See Part IV, line 11	179,082	15	82
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,649,592	16	5,693,671	
Liabilities	17 Accounts payable and accrued expenses	21,525	17	164,125
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	21,525	26	164,125
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,017,142	27	5,510,350
	28 Net assets with donor restrictions	610,925	28	19,196
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,628,067	32	5,529,546
33 Total liabilities and net assets/fund balances	4,649,592	33	5,693,671	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,048,031
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,131,551
3	Revenue less expenses. Subtract line 2 from line 1	3	916,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,628,067
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	-15,000
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,529,546

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	380,294	370,478	695,198	2,157,538	843,027	4,446,535
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	675,199	686,381	755,374	977,711	1,302,995	4,397,660
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,055,493	1,056,859	1,450,572	3,135,249	2,146,022	8,844,195
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						8,844,195

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1,055,493	1,056,859	1,450,572	3,135,249	2,146,022	8,844,195
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-25,418	45,314	40,873			60,769
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	-25,418	45,314	40,873			60,769
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	18,005	18,466	16,382			52,853
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.)	1,048,080	1,120,639	1,507,827	3,135,249	2,146,022	8,957,817
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.73 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	97.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b		Yes	No
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	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>If "Yes" or "No," provide details in Part VI.</i>		
3a			
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 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— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

Area with horizontal dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** %
 - c** Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		117,603		117,603
b Buildings		3,315,238	142,894	3,172,344
c Leasehold improvements				
d Equipment		172,988	117,138	55,850
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 3,345,797

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	316,256	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u 316,256	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,048,031.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,131,551.

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

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 1

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ALL EVENTS</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	203,912			203,912
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	203,912			203,912
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				203,912	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	25,731	
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

[Dotted lines for supplemental information entry]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

TRI COUNTY HUMANE SOCIETY

Employer identification number

23-7449686

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

SHELTER PROGRAM SERVICE ACCOMPLISHMENTS - OUR GOAL IS TO CONTINUALLY IMPROVE OPERATIONS AT THE SHELTER AND PROVIDE EFFECTIVE SERVICES TO THE PEOPLE AND ANIMALS WE SERVE. WE HAVE DONE A GREAT DEAL TO MOVE FORWARD WITH THIS. IN ADDITION TO OUR SHELTER VETERINARIANS, 7 VETERINARIANS VOLUNTEERED THEIR SERVICES, DOING SURGERIES AND CONSULTING ON QUESTIONABLE ANIMALS. SURGERIES/DENTALS ARE ALSO DONE AT THE UNIVERSITY OF MINNESOTA, A FEW LOCAL VET CLINICS AND THE MINNESOTA SCHOOL OF BUSINESS. SURGERY RECAP FOR 2020: 2,378 SPAY AND NEUTER SURGERIES, 11 HERNIA REPAIRS, 39 DENTALS, 1 TUMOR REMOVAL, 5 TAIL AMPUTATIONS, 4 EYE REMOVALS, 4 WOUND CLOSURES, 4 SUTURE REPAIRS, 4 ENTROPIAN EYELID REPAIRS, 2 BLADDER STONE REMOVAL. TOTAL INTAKES FOR 2020 WAS 2,413. TOTAL ADOPTIONS FOR 2020 WAS 3,123, A PLACEMENT RATE OF 94.0%.

WE HAVE A GOAL OF NO EUTHANASIA OF TREATABLE REHABILITABLE ANIMALS AND CONTINUE WITH OUR EFFORT TO REDUCE OUR EUTHANASIA RATE. OUR FOSTER CARE PROGRAM IS CRITICAL TO OUR LIFE

SAVING EFFORTS. FOSTER HOMES FILLED THE GAP BETWEEN THE TIME AN ANIMAL IS BROUGHT TO THE SOCIETY AND THE TIME THEY ARE ADOPTED. 1,018 ANIMALS WENT THROUGH OUR FOSTER CARE PROGRAM IN 2020.

IN IT'S FIRST FULL YEAR, BOOK BUDDIES SPENT 218 HOURS VOLUNTEERING THEIR TIME TO REST TO SHELTER ANIMALS. NOT ONLY DOES THE PROGRAM HELP KIDS IMPROVE THEIR READING SKILLS AND CONFIDENCE WITH READING OUT LOUD, IT DOES WONDERS TO SOOTHE THE SHELTER PETS. A WIN-WIN!

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

Name of the organization

Employer identification number

TRI COUNTY HUMANE SOCIETY

23-7449686

EDUCATION - IN AN EFFORT TO INCREASE THE COMMUNITY'S AWARENESS OF ANIMALS

WELFARE AND HUMANE EDUCATION TCHS HAS REACHED OUT IN A VARIETY OF WAYS:

VISIT SENIOR CARE CENTER/ASSISTED LIVING FACILITIES.

KEEP THE COMMUNITY UP-TO-DATE ON ANIMAL WELFARE RELATED NEWS AND

LEGISLATION VIA NEWSLETTERS, FACEBOOK AND EMAILS.

VISIT AREA SCHOOLS, INSTRUCTING CHILDREN HOW TO BE KIND TO ANIMALS AS WELL

AS SAFE AROUND THEM.

TCHS IS A RESOURCE IN OUR COMMUNITY FOR PEOPLE HAVING QUESTIONS ABOUT

ANYTHING ANIMAL RELATED. WE ANSWER NUMEROUS PHONE CALLS DAILY, HELPING

PEOPLE RESOLVE WHATEVER PROBLEMS THEY ARE HAVING WITH AN ANIMAL.

MEMBERS OF NEWCOMERES, A WELCOME WAGON TYPE BUSINESS. THROUGH THEM WE

DISTRIBUTE FLYTERS TO PEOPLE MOVING IN THE AREA OR PURCHASING A NEW HOME.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

RETURN REVIEWED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS ANNUALLY REVIEW/APPROVES THE COMPENSATION FOR THE

EXECUTIVE DIRECTOR BASED UPON A RECOMMENDATION OF THE EXECUTIVE COMMITTEE

OF THE BOARD. IN ADDITION TO OTHER FACTORS THE EXECUTIVE COMMITTEE

CONSIDERS THE RESULTS OF THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS

COMPENSATION AND BENEFIT SURVEY WHEN MAKING ITS RECOMMENDATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization

Employer identification number

TRI COUNTY HUMANE SOCIETY

23-7449686

BOOK / TAX DEPRECIATION DIFFERENCE

\$

-1

2020 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01/01/2020, and ending (MM/DD/YYYY) 12/31/2020 (required)

TRI COUNTY HUMANE SOCIETY
 Name of Organization
PO BOX 701
 Mailing Address Check if New Address
ST CLOUD MN 56302-0701
 City County State ZIP Code

23-7449686 5046648
 FEIN Minnesota Tax ID (required)

Check All That Apply: Amended Return Filing Under an Extension Final Return (see instr., pg. 4) Enter Close Date:

This Organization Files Federal Form (check one)
 990-T 1120-C 1120-H 1120-POL
 Exempt Under IRS Section (check one)
 501(c)(3) 528 Other: _____
 Enter your NAICS Codes (see instructions, pg. 4)
900099 / _____

Are you filing a combined income return? Yes No

Was 100% of the business conducted in Minnesota for this tax year?
 Yes No (complete and attach Schedule M4NPA)

You must round amounts to nearest whole dollar.

1	Federal taxable income before net operating loss and specific deduction (total from all federal Form 990-T Schedule As, Part II Line 16; 1120-c, line 25c; 1120-H, line 17; or 1120-POL, line 17c)	1	<u>-575</u>
2	Total additions to federal taxable income (from Form M4NPI, line 1)	2	_____
3	Federal taxable income after additions (add lines 1 and 2)	3	<u>-575</u>
4	Total subtractions from federal taxable income (from Form M4NPI, line 2)	4	_____
5	Federal taxable income (loss) after subtractions. (See instructions.) If you conducted business both within and outside Minnesota, complete Form M4NPA. (See instructions, pg. 4.) If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6.	5	<u>-575</u>
6	Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.	6	<u>-575</u>
7	Minnesota net operating loss deduction (from Form M4NP NOL)	7	_____
8	Subtract line 7 from line 6 (if zero or less, enter zero)	8	<u>0</u>
9	Total deductions from taxable net income (from Form M4NPI, line 3)	9	<u>1000</u>
10	Taxable income (subtract line 9 from Form line 8; if zero or less, enter zero)	10	<u>0</u>
11	Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11	<u>0</u>
12	Proxy tax (see instructions, pg. 4)	12	_____
13	Tax before credits (add lines 11 and 12)	13	_____
14	Total credits against tax (from Form M4NPI, line 4)	14	_____
15	Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero)	15	<u>0</u>

Continued next page

2020 M4NP UBIT Return, Page 2 (continued)

* 2 0 4 0 2 1 *

TRI COUNTY HUMANE SOCIETY 23-7449686 5046648
 Name of Organization FEIN Minnesota Tax ID

16	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 4)	16	_____
17	Add lines 15 and 16	17	_____
18	Total refundable credits (from Form M4NPI, line 5)	18	_____
19	Amount credited from your 2019 Form M4NP, line 32	19	<u>266</u>
20	2020 estimated tax payments	20	_____
21	2020 extension payment	21	_____
22	Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	<u>266</u>
23	Subtract line 22 from line 17	23	<u>0</u>
24	Penalty (determine from worksheet in the instructions, pg. 5)	24	_____
25	Interest (determine from worksheet in the instructions, pg. 5)	25	_____
26	Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	_____
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	_____
28	Amount from line 27	28	_____
29	Amount from line 22	29	<u>266</u>
30	AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	_____
Payment method: <input type="checkbox"/> Electronic (see instr., pg. 2) <input type="checkbox"/> Check (see instr., pg. 2) <input type="checkbox"/> Amended return payment by check (see instr., pg. 2)			
31	OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	31	<u>266</u>
32	Amount of line 31 to be credited to your 2021 estimated tax	32	<u>266</u>
33	Refund (subtract line 32 from line 31)	33	_____

To have your refund direct deposited, enter your banking information below.

Account type: Checking Savings _____
 Routing number _____ Account number (use an account not associated with any foreign banks) _____

I declare that this return is correct and complete to the best of my knowledge and belief.

_____ Authorized Signature	<u>PRESIDENT</u> Title	_____ Date (MM/DD/YYYY)	<u>320-252-5717</u> Daytime Phone
<u>RYAN HOLTER, CPA</u> Signature of Preparer	<u>P01953672</u> PTIN	<u>11/11/2021</u> Date (MM/DD/YYYY)	<u>320-251-7444</u> Preparer's Daytime Phone

Email Address for Correspondence, if Desired _____ This email address belongs to (check one) Employee Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules. I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

2020 M4NPI Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

TRI COUNTY HUMANE SOCIETY

Name of Organization

23-7449686

FEIN

5046648

Minnesota Tax ID

You must round amounts to nearest whole dollar.

- 1** Additions to federal taxable income due to changes not adopted by Minnesota
Enter on Form M4NP, line 2 (you must provide a brief explanation below)

..... **1** _____

- 2** Subtractions from federal taxable income

- a Advertising revenues from a newspaper published by a section 501(c)(4) organization **2a** _____
- b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (see instructions, pg. 7) **2b** _____
- c Charitable contributions (see instructions, pg. 7) **2c** _____
- d Subtractions due to federal changes not adopted by Minnesota (you must provide a brief explanation below) **2d** _____
-
- e Other subtractions from income (you must provide a brief explanation below) **2e** _____

Total subtractions (add lines 2a through 2e) **Enter on Form M4NP, line 4.** **2** _____

- 3** Deductions from taxable net income

- a Federal specific or special deductions **3a** _____ **1000**
- b Other deductions (you must provide a brief explanation below) **3b** _____

Total deductions from taxable net income (add lines 3a and 3b) **3** _____ **1000**

Enter on Form M4NP, line 9.

- 4** Credits against tax

- a Employer Transit Pass Credit (from Form ETP, line 4) **4a** _____
- b SEED Capital Investment Credit (see instructions, pg. 7) **4b** _____
- c Tax Credit for Owners of Agricultural Assets **4c** _____
- d Other credits against tax (you must provide a brief explanation below) **4d** _____

Total credits against tax (add lines 4a through 4d) **4** _____

Enter on Form M4NP, line 14.

- 5** Refundable credits

- a Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number **5a** _____
- b Other refundable credits (you must provide a brief explanation below) **5b** _____

Total refundable credits (add lines 5a and 5b) **5** _____

Enter on Form M4NP, line 18.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TRI COUNTY HUMANE SOCIETY Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 701 City or town, state or province, country, and ZIP or foreign postal code ST CLOUD MN 56302-0701	D Employer identification number 23-7449686 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.	C Book value of all assets at end of year u 5,693,671
---	--	--	---	---

G Check organization type **u** 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to **u** Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation **u**

J Enter the number of attached Schedules A (Form 990-T) **u** **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **u LISA PEDERSON** Telephone number **u 320-252-5717**

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-575
2 Reserved	2	
3 Add lines 1 and 2	3	-575
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-575
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-575
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d			1e	
2 Subtract line 1e from Part II, line 7			2	
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)			3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	u		4	0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			5	
6a Payments: A 2019 overpayment credited to 2020	6a			
b 2020 estimated tax payments. Check if section 643(g) election applies u <input type="checkbox"/>	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439				
<input type="checkbox"/> Form 4136				
<input type="checkbox"/> Other				
Total u	6g			
7 Total payments. Add lines 6a through 6g			7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>			8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed u			9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid u			10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax u Refunded u			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here u		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
If "Yes," see instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		X
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		X

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	u _____	Date	u PRESIDENT	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RYAN HOLTER, CPA	RYAN HOLTER, CPA	11/11/21	<input type="checkbox"/>	P01953672
	Firm's name } HAGA KOMMER, LTD	Firm's EIN } 20-4028013			
Firm's address } 216 PARK AVENUE S, #101 SAINT CLOUD, MN 56301			Phone no. 320-251-7444		