CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax OMB No. 1545-0047

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

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.

2020 **Open to Public** Inspection

AI	For the	e 2020 calend	dar year, or t	ax year be	eginning	07/01/202	0	and ending			12/31/2	2020		
в (Check if	applicable:	C Name of org	ganization	HUMANE S	OCIETY OF BA	Y COUNTY	(INC				D Empl	oyer identificatio	n number
\Box	Address	change	Doing busin	iess as					-				59-2097704	
1	Name cl	hange	Number and	d street (or F	P.O. box if ma	il is not delivered	to street add	ress)	Room	n/suite	•	E Telepł	hone number	
	nitial ret	turn	1600 Bay A	venue									850-215-7120)
	Final retu	urn/terminated	City or towr	n, state or pi	rovince, count	try, and ZIP or fo	eign postal c	ode						
	Amende	ed return	Panama Cit	ty, FL 3240	05							G Gross	s receipts \$	75,430
	Applicat	ion pending	F Name and a	ddress of pr	rincipal officer	Mary Gaude	n			H(a)	Is this a gro	oup return fo	or subordinates? 🗌 \	res 🗹 No
			1217 Capri	Drive, Par	nama City, F	L 32405				H(b)	Are all s	ubordinat	es included? 🗌 ۱	(es 🗌 No
<u> </u>	Tax-exe	mpt status:	✓ 501(c)(3)	50)1(c) () ◀ (insert no.)	4947(a)	(1) or 527	,	lf "No	o," attacl	h a list. Se	ee instructions	
J /	Vebsite	e: 🕨 www.ad	doptme.org							H(c)	Group e	xemption	number 🕨	
		organization: 🖌		Trust	Association	n _ Other ►		L Year of for	mation	1	980	M State	of legal domicile:	FL
Pa	nrt I	Summa	-											
	1	Briefly des	cribe the org	ganizatior	n's mission	ı or most sign	ificant acti	vities: To m	nanage	e a n	o-kill a	nimal sł	nelter where all	
S		healthy and	d treatable s	helter dog	s and cats	can find a lovi	ng home a	nd to end th	e need	lless	destru	ction of	companion an	imals.
Activities & Governance														
ver	2			•			•	•				25% of	its net assets	
ŝ	3	Number of	voting men	nbers of t	he governi	ng body (Part	VI, line 1a)				3		3
<u>م</u>	4	Number of	independer	nt voting i	members o	of the governi	ng body (P	art VI, line ⁻	1b) .			4		3
tie	 4 Number of independent voting members of the governing body (Part VI, line 1 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 											5		0
ţ	6	Total numb	per of volunt	teers (esti	imate if neo	cessary) .						6		20
Ac	7a	Total unrel	ated busine	ss revenu	ue from Par	rt VIII, column	(C), line 1	2				7a		0
	b	Net unrelat	ted busines	s taxable	income fro	m Form 990-	T, Part I, li	ne 11				7b		0
										P	rior Yea	r	Current Y	'ear
e	8	Contributio	ons and grar	nts (Part \	VIII, line 1h))						46,438		53,837
Revenue	9	Program se	ervice reven	ue (Part \	VIII, line 2g))					1	80,714		12,005
eve	10	Investment	t income (Pa	art VIII, co	olumn (A), li	ines 3, 4, and	7d)					0		0
ш	11	Other reve	nue (Part VI	ll, columr	n (A), lines t	5, 6d, 8c, 9c,	10c, and 1	1e)				21,968		9,204
	12	Total reven	ue-add line	es 8 throu	igh 11 (mus	st equal Part V	'III, column	(A), line 12)			2	49,120		75,046
	13	Grants and	d similar amo	ounts pai	d (Part IX, o	column (A), lir	nes 1–3).					0		0
	14	Benefits pa	aid to or for	members	s (Part IX, c	olumn (A), lin	e4)					0		0
Se	15	Salaries, ot	her compen	sation, en	nployee ber	nefits (Part IX,	column (A)	, lines 5–10)			1	59,145		1,400
Expenses	16a	Profession	al fundraisir	ng fees (P	art IX, colu	ımn (A), line ⁻	1e)					0		0
be k	b	Total fundr	aising expe	nses (Par	t IX, colum	n (D), line 25)	▶	0						
Ш	17	Other expe	enses (Part I	X, columi	n (A), lines	11a–11d, 11f	–24e) .					81,390		17,631
	18	Total expe	nses. Add li		- / .	ual Part IX co	olumn (A), l	ine 25) .			2	40,535		19,031
	19	Revenue le		nes 13–1	7 (must eq	aan aren, oo						8,585		56,015
ces c						rom line 12	<u>.</u>	<u> </u>				0,303		50,015
sets									Beg	inning	g of Curr	ent Year	End of Y	
	20	Total asset		s. Subtra			 	<u> </u>	Beg	inninç			End of Y	
t As: Id Ba	20 21		ess expense	es. Subtra	ict line 18 f			· · · · ·	Beg	inninç	7	ent Year	End of Yo	ear
Net Assets or Fund Balances		Total liabili Net assets	ess expense ts (Part X, lir ties (Part X,	es. Subtra ne 16) . line 26) .	ict line 18 fi 	rom line 12		· · · · ·	Beg	inning	7	ent Year 758,572	End of Yo	ear 768,487

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	Signature of officer			Date	9		
Here	Mary Gauden, President Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name	Firm's EIN ►					
Use Only	Firm's address ►			Phon	e no.		
May the IRS	discuss this return with the prepa	arer shown above? See instructions				🗌 Yes	🗌 No
Fee Demour	de Daduation Ast Nation and the se	wante instantions	0 1 11 1100	224			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To manage a no-kill animal shelter where all healthy and treatable shelter dogs and cats can find a loving home and to end the needless destruction of companion animals.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ervices?
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, he total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$19,031 including grants of \$) (Revenue \$12,005) Animal shelter adoptions and services
4b	Code:) (Expenses \$0 including grants of \$) (Revenue \$0) na
4c	Code:) (Expenses \$0 including grants of \$) (Revenue \$0)
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2
4e	Expenses \$ 0 including grants of \$ 0) (Revenue \$ 148) Total program service expenses > 19,031

Form 99	0 (2020)		F	Page 3
Part	V 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)? <i>If "Yes," complete Schedule A</i>	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		v
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	0 (2020)		F	-age 4
Part	V Checklist of Required Schedules (continued)			
		·	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
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>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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>	25b		~
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>	26		~
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>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
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>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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>	37		~
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.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Vo -	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
ia b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			

c Did the organization comply with backup withholding rules for reportable payments to vendors reportable gaming (gambling) winnings to prize winners?

1c

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Form 99	D (2020)		F	Page 5
Part	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
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 organization have excess business holdings at any time during the years	0		
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:	55		
_	Initiation fees and capital contributions included on Part VIII, line 12			
a 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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
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?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes or	Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			~
Secti	ion A. Governing Body and Management				
		1		Yes	No
1a		3			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
h					
b		-	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or und supervision of officers, directors, trustees, or key employees to a management company or other	person?.	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		~
5 6	Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?	assets? .	5 6		レ レ
7a	Did the organization have members, stockholders, or other persons who had the power to elec	t or appoint			
	one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:				
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		~
Secti	ion B. Policies (This Section B requests information about policies not required by the In	ternal Reven	ue Co	,	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	-	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		114	•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	V	
c	Did the organization regularly and consistently monitor and enforce compliance with the police			-	
Ŭ	describe in Schedule O how this was done		12c	~	
13	Did the organization have a written whistleblower policy?		13	~	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a				
а	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	•			
	with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to se	afeguard the			
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed FL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9		Г (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website Upon request Other (explain on Sched	lule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume and financial statements available to the public during the tax year.	nts, conflict o	f inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's	books and re	cords		
	Humane Society of Bay County Inc, (850)215-7120				

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

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.

				(0	C)					
(A) Name and title	(B) Average hours	box, u office	unles	s pe	more rson	e than o is both or/trust	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Mary Gauden	40.00									
President		~		~				0	0	0
Bill Poteet	10.00									
VP		~		~				0	0	0
Kathy Younce	10.00									
VP		~		~				0	0	0

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	olo	yee	s, an	d⊦	lighest Compe	nsated	Emplo	yees (c	ontin	ued)
					•	C)								
	(A) Name and title	(B) Average	•		neck		e than o		(D) Reportable	(E) Report		Estimat	(F) ed amc	unt
	Nume and the	hours					is both or/trust		compensation	compen	sation	of	other	
		per week (list any	Indi or d	Inst	Officer	Key	High	Former	from the organization	from re organiza	ations	fro	ensatic m the	
		hours for related	Individual t or director	itutio	cer	emp	nest o ploye	ner	(W-2/1099-MISC)	(W-2/1099	9-MISC)	organiz related o		
		organizations below	Individual trustee or director	nalt		Key employee	e						0	
		dotted line)	stee	Institutional trustee		(Ť	Highest compensated employee							
				ð			ated							
			-											
			_											
			-											
			-											
			-											
			-											
1b	Subtotal		L	L		L		►	0		0			0
c	Total from continuation sheets to Part	VII, Sectio	n A											
d									0		0			0
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	e list	ted	above	e) w		e than \$1	00,000	of		
	reportable compensation from the organi								0				Yes	No
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete s											3		~
4	For any individual listed on line 1a, is the organization and related organizations													
	individual											4		~
5	Did any person listed on line 1a receive o	or accrue co	ompe	nsat	tion	fro	m any	' un	related organizat	tion or ind	dividual			
Saati	for services rendered to the organization' on B. Independent Contractors	? If "Yes," c	compl	ete	Scł	nedu	ıle J f	or s	such person .			5		~
<u>Secu</u> 1	Complete this table for your five high	nest comp	ensat	ed	inde	ener	ndent	00	ontractors that r	eceived	more	han \$1	00 00	0 of
	compensation from the organization. Rep													
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compensa	ition	
None														

2	Total r	number	of	independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	receive	ed more	tha	n \$100,000 of	^c compensation	on from the	orga	aniza	ation 🕨			0		

Part VIII Statement of Revenue

Total Nerma Total Nerma Peldet® or mempiny function rewards Use Status During a reward Peldet® or mempiny During a reward Use Status During a reward Peldet® or mempiny During a reward Perdet® reward	Pari	. VIII	Check if Schedule			spon	se or note to an	ly line in this Pa	urt VIII....		🗸
But Membership dues 10 4.500 c 10 6 0 d Related organizations 11 2.629 d All other contributions, gifts, grans, and similar amounts not included in lines 1a-11 2.629 g Normash contributions included in lines 1a-11 2.629 g Normash contributions included in lines 1a-11 2.629 g 0 53.837 d Adeption 500059 d Statemash Contributions included in lines 1a-11 2.629 g 0 53.837 d Statemash Contributions included in lines 1a-11 2.629 g 0 0 0 d Statemash Contributions included in lines 1a-11 2.629 g Statemash Contributions included in lines 1a-11 2.629 g Statemash Contributions included in lines 1a-11 2.629 g Statemash Contributions included in lines 1a-11 0 0 g Statemash Contributions included in lines 1a-11 0 0 0 g <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>(B) Related or exempt</th><th>(C) Unrelated</th><th>(D) Revenue excluded from tax under</th></td<>									(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
Bit Posterior Business Code Sources 22 Adoption 900999 375 375 0 0 0 Connect 900999 375 375 0 0 0 Connect 900999 375 375 0 0 0 Connect 900999 10.882 10.882 0 0 0 Connect Sources 900999 600 600 0 0 1 Addition program service revenue 0 0 0 0 0 0 0 3 Investment income (including dividends, interest, and 0 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds ▶ 0<	its ts	1a	Federated campaig	ins .		1 a	1,908				
Bit Press Business Code Sources 2a Adoption 900999 375 375 0 0 0 Connect 900099 376 375 0 0 0 Connect 900099 10.822 10.882 0 0 0 Connect 900099 600 600 0 0 1 Addition program service revenue 0 0 0 0 0 3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds > 0 0 0 0 0 6 Gross rents 5a 0	ran oun	b	Membership dues			1b	4,500				
Bit Press Business Code Sources 2a Adoption 900999 375 375 0 0 0 Connect 900099 376 375 0 0 0 Connect 900099 10.822 10.882 0 0 0 Connect 900099 600 600 0 0 1 Addition program service revenue 0 0 0 0 0 3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds > 0 0 0 0 0 6 Gross rents 5a 0	, G	С	Fundraising events			1c	0				
Bit Posterior Business Code Sources 22 Adoption 900999 375 375 0 0 0 Connect 900999 375 375 0 0 0 Connect 900999 375 375 0 0 0 Connect 900999 10.882 10.882 0 0 0 Connect Sources 900999 600 600 0 0 1 Addition program service revenue 0 0 0 0 0 0 0 3 Investment income (including dividends, interest, and 0 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds ▶ 0<	ifts ır A	d	Related organization	ns .		1d	0				
Bit Posterior Business Code Sources 22 Adoption 900999 375 375 0 0 0 Connect 900999 375 375 0 0 0 Connect 900999 375 375 0 0 0 Connect 900999 10.882 10.882 0 0 0 Connect Sources 900999 600 600 0 0 1 Addition program service revenue 0 0 0 0 0 0 0 3 Investment income (including dividends, interest, and 0 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds ▶ 0<	, G nila	е	Government grants	(contri	ibutions)	1e	44,800				
Orgeneration Business Code 900099 375 375 0 0 0 0 2a Adoption 900099 375 375 0 0 0	tions er Sin	f				1f	2 629				
Orgeneration Business Code 900099 375 375 0 0 0 0 2a Adoption 900099 375 375 0 0 0	tribu Othe	g	Noncash contributio	ons inc	luded in						
Bit Press Business Code Sources 2a Adoption 900999 375 375 0 0 0 Connect 900099 376 375 0 0 0 Connect 900099 10.822 10.882 0 0 0 Connect 900099 600 600 0 0 1 Addition program service revenue 0 0 0 0 0 3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds > 0 0 0 0 0 6 Gross rents 5a 0	pu										
Solution 900099 375 375 0 0 0 Clinic 900099 148 148 0 0 0 Clinic 900099 1682 10,822 0 0 0 Shelter Services 900099 660 600 0 0 1 All other program service revenue 0 0 0 0 0 3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 4 Income from investment of tax-exempt bond proceeds ▶ 0 0 0 0 0 6a Gross rents 6a 0	a C	h	Total. Add lines 1a-	-1f.		•		53,837			
g Total. Add lines 2a-2f. Ill 2005 3 Investment income (including dividends, interest, and other similar amounts). 0 <t< td=""><th>•</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	•										
g Total. Add lines 2a-2f. Ill 2005 3 Investment income (including dividends, interest, and other similar amounts). 0 <t< td=""><th>vice</th><td>2a</td><td></td><td></td><td></td><td></td><td></td><td>375</td><td></td><td></td><td></td></t<>	vice	2a						375			
g Total. Add lines 2a-2f. Ill 2005 3 Investment income (including dividends, interest, and other similar amounts). 0 <t< td=""><th>ne</th><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td><td>148</td><td></td><td></td></t<>	ne	b							148		
g Total. Add lines 2a-2f. Ill 2005 3 Investment income (including dividends, interest, and other similar amounts). 0 <t< td=""><th>n S en</th><td>С</td><td>General Donation</td><td></td><td></td><td></td><td></td><td>10,882</td><td>10,882</td><td></td><td></td></t<>	n S en	С	General Donation					10,882	10,882		
g Total. Add lines 2a-2f. Ill 2005 3 Investment income (including dividends, interest, and other similar amounts). 0 <t< td=""><th>ran 8ev</th><td>d</td><td>Shelter Services</td><td></td><td></td><td></td><td>900099</td><td>600</td><td>600</td><td>0</td><td>0</td></t<>	ran 8ev	d	Shelter Services				900099	600	600	0	0
g Total. Add lines 2a-2f. Ill 2005 3 Investment income (including dividends, interest, and other similar amounts). 0 <t< td=""><th>og</th><td>е</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	og	е									
3 Investment income (including dividends, interest, and other similar amounts) 0	Pr	f						-	0	0	0
other similar amounts)		g						12,005			
4 Income from investment of tax-exempt bond proceeds ► 0		3									
5 Royalties											
Ga Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Ga 0 0 0 c Rental income or (loss) Ga 0									0		0
Ga Gross rents Ga O O b Less: rental expenses Go O		5	Royalties	· · ·				0	0	0	0
b Less: rental expenses 6b 0					(i) Real		(ii) Personal				
c Rental income or (loss) 6c 0 <th></th> <td>6a</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>		6a				-					
d Net rental income or (loss) > 0		b		-							
Ta Gross amount from sales of assets other than inventory other than inventory other than inventory Ta 0 0 Description Less: cost or other basis and sales expenses . Tb 0 0 0 C Gain or (loss)		С	. ,			0	0				
Provide Gloss and full if the sales of assets other than inventory sales of assets other than inventory 7a 0 0 b Less: cost or other basis and sales expenses . 7b 0 0 0 c Gain or (loss) . 7c 0 0 0 0 d Net gain or (loss) . 7c 0 0 0 0 d Net gain or (loss) . . . > 0 0 0 d Net gain or (loss) > 0 0 0 0 d Net gain or (loss) > 0 0 0 0 0 d C scas income from fundraising events . . 7,639 0 7,639 0 7,639 ga forss income from gaming activities . . > 0 0 0 0 0 b Less: direct expenses . . . 9a 0 0 0 0 0 0 0 0 0 0 0 0 0 0		d	Net rental income o	pr (loss)	·		,	0	0	0	0
Percent Part in inventory Ta 0 0 b Less: cost or other basis and sales expenses Tb 0		7a			(i) Securit	ies	(ii) Other				
end other than inventory 7a						0	0				
Bar 8,023 Bar 8,023 Bar 8,023 Construction Bar 8,023 Bar 8,023 Bar Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction			other than inventory	7a			Ŭ				
d Net gain or (loss)	ne	b									
d Net gain or (loss)	/en		•				0				
of contributions reported on line 8a 8,023 b Less: direct expenses 8b 384 c Net income or (loss) from fundraising events > 7,639 0 7,639 9a Gross income from gaming activities. See Part IV, line 19 9a 0 0 7,639 b Less: direct expenses . . 9b 0 0 0 c Net income or (loss) from gaming activities . . > 0 0 0 0 c Net income or (loss) from gaming activities . . > 0			()	7c		0	0				
of contributions reported on line 8a 8,023 b Less: direct expenses 8b 384 c Net income or (loss) from fundraising events > 7,639 0 7,639 9a Gross income from gaming activities. See Part IV, line 19 9a 0 0 7,639 b Less: direct expenses . . 9b 0 0 0 c Net income or (loss) from gaming activities . . > 0 0 0 0 c Net income or (loss) from gaming activities . . > 0	er F	d				· ·	🕨	0	0	0	0
of contributions reported on line 1c). See Part IV, line 18 8a 8,023 b Less: direct expenses 8b 384 c Net income or (loss) from fundraising events	the	8a			draising						
1c). See Part IV, line 18 8a 8,023 b Less: direct expenses 8b 384 c Net income or (loss) from fundraising events > 7,639 0 7,639 9a Gross income from gaming activities. See Part IV, line 19 9a 0 0 7,639 0 7,639 b Less: direct expenses 9b 0 0 0 0 0 c Net income or (loss) from gaming activities 9b 0 0 0 0 c Net income or (loss) from gaming activities 10a 0 0 0 0 features and allowances 10a 0 0 0 0 0 0 c Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net income or (loss) from sales of inventory Image: Net inc	0				0						
b Less: direct expenses 8b 384 c Net income or (loss) from fundraising events											
c Net income or (loss) from fundraising events > 7,639 0 7,639 9a Gross income from gaming activities. See Part IV, line 19 9a 0 0 0 b Less: direct expenses 9b 0 0 0 0 0 c Net income or (loss) from gaming activities > > 0 0 0 0 10a Gross sales of inventory, less returns and allowances 10a 0 0 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 0 c Net income or (loss) from sales of inventory > > 0 0 0 0 c Net income or (loss) from sales of inventory > > 0 0 0 0 c			-				8,023				
9a Gross income from gaming activities. See Part IV, line 19 . 9a 0 b Less: direct expenses 9b 0 0 0 c Net income or (loss) from gaming activities ▶ 0 0 0 0 10a Gross sales of inventory, less returns and allowances 10a 0 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 0 c Business Code b Business Code c		b				-					
activities. See Part IV, line 19 9a 0 b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities > 0 0 0 10a Gross sales of inventory, less returns and allowances 10a 0 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 0 c Net income or (loss) from sales of inventory > 0 0 0 0 c Net income or (loss) from sales of inventory > 0 0 0 0 group 11a Handyman 238990 1,565 0 0 1,565 c		С		-		g eve	nts 🕨	7,639		0	7,639
b Less: direct expenses		9a									
c Net income or (loss) from gaming activities ▶ 0 0 0 0 10a Gross sales of inventory, less returns and allowances 10a 0 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 0 0 s Less: cost of goods sold 10b 0 0 0 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 0 0 s Business Code Image: C		_					0				
10a Gross sales of inventory, less returns and allowances		b					•				
returns and allowances 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory > 0 0 0 solution 11a Handyman Business Code b c . 238990 1,565 0 0 1,565 c c . </td <th></th> <td>C</td> <td></td> <td></td> <td></td> <td>tivitie</td> <td>es 🕨</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>		C				tivitie	es 🕨	0	0	0	0
b Less: cost of goods sold 10b 0 0 0 0 0 0 c Net income or (loss) from sales of inventory ▶ 0 1,565 0 0 1,565 0 0 0 1,565 0		10a			ry, less						
c Net income or (loss) from sales of inventory ▶ 0 0 0 0 0 Business Code Business Code Business Code 0 0 1.565 0 0 1.565 b C C C C 0 1,565 12,005		_									
So of generating set in the set of		b	•								
Indext product Handyman 238990 1,565 0 0 1,565 b		С	Net income or (loss)) from :	sales of in	vento	-	0	0	0	0
Image: Total revenue. See instructions Image:	sn										
Image: Total revenue. See instructions Image:	eo eo		Handyman				238990	1,565	0	0	1,565
Image: Total revenue. See instructions Image:	lan	b									
Image: Total revenue. See instructions Image:	lev.	C									
Image: Total revenue. See instructions Image:	/lis	d						0	0	0	0
	2						🕨				
		12	Total revenue. See	e instru	ctions .		🕨	75,046	12,005	0	

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete	ete all columns All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, 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 .	0	0	goneral expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	0	0	0	0
7 8	Other salaries and wages	0	0	0	0
9 10	Other employee benefits	0 1,400 0	0 1,400 0	0 0 0	0 0 0
11 a	Fees for services (nonemployees): Management	0	0	0	0
b c	Legal	0	0	0	0
d e f	Lobbying	0 0 0	0	0	0 0 0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,800	1,800	0	0
12 13	Advertising and promotion	150 735	150 735	0 0	0 0
14 15	Information technology	526 0	526 0	0	0 0
16 17 18	Occupancy .	0	0	0	0
10	for any federal, state, or local public officials Conferences, conventions, and meetings	0	0	0	0
20 21	Interest .<	0	0	0	0 0
22 23	Depreciation, depletion, and amortization .	0 3,904	0 3,904	0	0
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.)				
а	Shelter Repair	100	100	0	0
b	Medical Supplies	2,836	2,836	0	0
c d	Auto	250	250	0	0
e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	7,330 19,031	7,330 19,031	0	0 0
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				E 990 (2000

Form 990 (2020)

	n 990 (20	,			Page 11
P	art X		4 V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	15,202	1	27,578
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	8,273	4	8,000
	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	0	5	0
	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) .	0	6	0
ŝ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 735,097			
	b	Less: accumulated depreciation 10b 2,188	735,097	10c	732,909
	11	Investments-publicly traded securities	0	11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	758,572	16	768,487
	17	Accounts payable and accrued expenses	44,800	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0		0
-	23	Secured mortgages and notes payable to unrelated third parties	165,000	23	163,700
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	
	26	Total liabilities. Add lines 17 through 25	209,800	26	163,700
seou		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.	203,000		100,700
lan	27	Net assets without donor restrictions	548,772	27	604,787
Ba	28	Net assets with donor restrictions	0	28	0
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			·
ç	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	548,772	32	604,787
ž	33	Total liabilities and net assets/fund balances	758,572	33	768,487

Form **990** (2020)

			Pa	age 1 2
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				5,046
				9,03
				6,01
			54	8,77
				(
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				(
				(
				(
32, column (B))			60	4,787
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," expla Schedule O.	in in			
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	ed or			
·				
		2b		~
· · · ·	on a			
	on u			
	ht of			
		2c		
If the organization changed either its oversight process or selection process during the tax year, explain				
Schedule O.				
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n the			
		3a		~
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b		
	Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 XIII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explase Schedule O. 110 Were the organization's financial statements compiled or reviewed by an independent accountant? 116 "Yes," check a box below to indicate whether the financial statements for the year were compiler reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the o	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 Total expenses (must equal Part VIII, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 XII Financial Statements and Reporting 10 Kut The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 11 Schedule O. Simancial statements compiled or reviewed by an independent accountant? 11 If "Yes," check a box below to indicate whether the financial statements for the year were audited or a separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate	XII 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 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 6 Investment expenses 7 Prior period adjustments 7 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 XIII Financial Statements and Reporting 2 Check if Schedule O contains a response or note to any line in this Part XII 2 Accounting method used to prepare the Form 990: Cash Accrual Other 2 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements combiled or reviewed by an independent accountant? 2 If "Yes," check a box below t	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 VII, column (A), line 12) 1 Total expenses (must equal Part X, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Vall Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 9 Accounting method used to prepare the Form 990: [Cash Accrual Other 10 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? 2a 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: 2b Separate basis Consolidated basis Both consolidated

SCH	EDL	JLI	E.	Α	
(Form	990	or	90	90-	EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Name of the organization

н

Employer identification number

59-2097704

UMANE SOCIETY OF BAY COUNTY INC	

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

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

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 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:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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:
- \checkmark An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - Provide the following information about the supported organization(s) α

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		ur governing		(vi) Amount of other support (see
		above (see instructions))	document?		instructions)	instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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	on A. Public Support		-				
Calen	dar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			-	1	-	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the	-			-		
0	organization, check this box and stop he						🏲 📘
	on C. Computation of Public Suppor	•		11			%
14 15	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch					14 15	<u>%</u>
16a	33 ¹ / ₃ % support test-2020. If the organi						
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2019. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test-20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumst umstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here s as a publicly	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he s as a publicly	re. Explain
18	Private foundation. If the organization of instructions						

Schedule A (Form 990 or 990-EZ) 2020

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.)

Secti	on A. Public Support			, p.e.ee ee		,		
Calen	dar 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.")	186,860	135,810	184,044	46,438	9,037	562,189	
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	440,330	312,453	37,316	21,968	12,005	824,072	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
		0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to							
	or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5.	627,190	448,263	221,360	68,406	21,042	1,386,261	
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .	0	0	0	0	0	0	
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	404.050	007 450	00.010	10.000	7.005	707 000	
с	Add lines 7a and 7b	434,058	307,453	32,316	16,968	7,005	797,800	
8	Public support. (Subtract line 7c from	434,058	307,453	32,316	16,968	7,005	797,800	
Ŭ							588,461	
Secti	on B. Total Support				ļ		300,401	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	627,190	448,263	221,360	68,406	21,042	1,386,261	
10a	Gross income from interest, dividends,			,	,		,,	
	payments received on securities loans, rents,							
	royalties, and income from similar sources .	0	0	0	0	0	0	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975	0	0	0	0	0	0	
С	Add lines 10a and 10b	0	0	0	0	0	0	
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on	0	0	0	0	0	0	
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,	0	0	0	0	0	0	
10	and 12.)	627,190	448,263	221,360	68,406	21.042	1,386,261	
14	First 5 years. If the Form 990 is for the			,		1.5		
	organization, check this box and stop he	•		· · · · · ·	•			
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2020 (line 8	-		13, column (f))		15	42.45 %	
16	Public support percentage from 2019 Sch	nedule A, Part	III, line 15 .			16	39.28 %	
Secti	on D. Computation of Investment In	come Percei	ntage					
17	Investment income percentage for 2020 (line 10c, colum	nn (f), divided b	y line 13, colur	mn (f))	17	0 %	
18	Investment income percentage from 2019					18	0 %	
19a	331/3% support tests-2020. If the organ							
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-		
b	331 /3% support tests—2019. If the organiz							
	line 18 is not more than 33 ¹ / ₃ %, check this l	-	-	-				
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c				
	Schedule A (Form 990 or 990-EZ) 2020							

SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

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

20 20 Public Open to

OMB No. 1545-0047

	nent of the Treasury Revenue Service	► Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and	the latest information	ı	Open to Public Inspection
Name o	of the organization			Em	ployer ident	tification number
HUMA		BAY COUNTY INC				59-2097704
Par		izations Maintaining Donor Advi			r Accou	nts.
	Comple	ete if the organization answered ""				
			(a) Donor advis	sed funds	(b) Fund	ds and other accounts
1		at end of year				
2		ue of contributions to (during year)				
3		ue of grants from (during year)				
4		ue at end of year				
5		ization inform all donors and donor a organization's property, subject to the				
6	Did the organi	zation inform all grantees, donors, ar	d donor advisors in v	writing that grant fun	ds can be	e used
		able purposes and not for the benefit	of the donor or don	or advisor, or for an	y other pu	urpose
						🗌 Yes 🗌 No
Par		rvation Easements.				
		ete if the organization answered ""				
1		conservation easements held by the o				
		of land for public use (for example, recrea	ation or education)		-	important land area
		of natural habitat	L	Preservation of a c	ertified hi	storic structure
•		n of open space	-ll: :: :		.	6
2		s 2a through 2d if the organization hel he last day of the tax year.	d a qualified conserva	ation contribution in a		of a conservation eld at the End of the Tax Year
2		· · ·			2a	at the End of the Tax Year
a b		restricted by conservation easements			2a 2b	
c	•	nservation easements on a certified hi			20 2c	
d		onservation easements included in (()		
ŭ		· · · · · · · · · · · · · · · ·			2d	
3	Number of co	nservation easements modified, trans	ferred, released, extir	nguished, or termina	ted by the	e organization during the
	tax year 🕨				-	
4	Number of sta	tes where property subject to conserv	ation easement is loc	ated ►		
5		anization have a written policy regained and the second seco		monitoring, inspecti		
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violatio	ons, and enforcing cor	servation	easements during the yea
	▶					
7	Amount of exp ► \$	enses incurred in monitoring, inspecting	g, handling of violation	s, and enforcing cons	ervation e	asements during the year
8		oservation easement reported on line 2 (0(h)(4)(B)(ii)?				
9	In Part XIII, de balance sheet	scribe how the organization reports co , and include, if applicable, the text of	onservation easement the footnote to the or	ts in its revenue and	expense s	statement and
Dorf	-	accounting for conservation easemer			or Simila	or Accoto
Par		izations Maintaining Collections ete if the organization answered ""			er Simila	ar Assets.
1a	of art, historic	tion elected, as permitted under FAS al treasures, or other similar assets le in Part XIII the text of the footnote t	held for public exhib	ition, education, or	research	in furtherance of public
b	art, historical t provide the fol	tion elected, as permitted under FAS reasures, or other similar assets held lowing amounts relating to these item	for public exhibition, o	education, or researd	ch in furth	erance of public service
	(ii) Assets inclu	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X.....			🕨	\$
2		ation received or held works of art, unts required to be reported under FA			ets for fin	ancial gain, provide the

а	Revenue included on Form 990, Part VIII, line 1										\$
h	Accete included in Form 000 Port V										¢

b	Assets included in Form 990, Part X		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	\$ 	
_		-				-	_																		

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contlinued) a Lobids to erganization's accuisation, accossion, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public schibition b Scholarly research c Preservation for future generations c Preservation for future generations c Preservation for future generations scile or receive donations of art, historical treasures, or other similar assets to be old to raise timals rangements. c 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, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \verty escile \nother note: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \verty escile \nother note: the organization include an amount on Form 990, Part IV, line 10. 2a Did the organization include an amount on Form 990, Part IV, line 10. Immunt Immunt 2a Did the organization include an amount on Form 990, Part IV, line 10. Immunt Immunt <th>Schedul</th> <th>e D (Form 990) 2020</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Page 2</th>	Schedul	e D (Form 990) 2020								Page 2			
collection items (check all that apply): d Loan or exchange program a Powide exhibition d Loan or exchange program b Scholarly research o Other c Preservation for future generations o Other c Preservation for future generations o other Image: Scholarly research o o No 5 During the year, did the organization's collections and explain how they further the organization's collection? Yes No 6 Porticity Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X? Yes No b H*Yes,* explain the arrangement in Part XIII and complete the following table: Amount te te c Beginning balance te te te te te te 2a Did the organization include an amount on Form 900, 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. te No 10 the investmen	Part	Organizations Maintaining	Collections of	f Art, His	torical 1	Freasures	, or O	ther Similar A	Assets (col	ntinued)			
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations e Other d Provide a description of the organization's collections and explain how they further the organization's collection? Image: Scholar Scho	3			other reco	rds, chec	k any of th	e follov	ving that make	significant	use of its			
b Scholarly research e Other c Presvention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization assured "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? No 2 Beginning balance	а	· · · · · · · · · · · · · · · · · · ·		Ь		or exchand	e prog	ram					
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?													
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization anagent, trustee, custodian or other intermediary for contributions or other assets not include on Porm 90, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not include on Porm 90, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not include on Porm 90, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not include on Porm 90, Part X, line 21. Is 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. Dictinoutions during the year 1		Control Preservation for future generations											
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?	_	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
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? Image: Complete if the organization part X? 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No bit if ves, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization yes Image: Complete if the organization yes Image: Complete if the org	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar											
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?	Part												
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If Yes," explain the arrangement in Part XIII and complete the following table: Arnount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d f Ending balance 1f a Did the organization include an amount on Form 990, Part X, line 21, for secrow 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. Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V. line 10. (e) Four years back (e)			answered "Yes	s" on For	m 990, F	Part IV, line	e 9, or	reported an a	amount on	Form			
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance . Id d Additions during the year Id e Distributions during the year Id f Ending balance . Id e Distributions during the year Id f Ending balance . Id g Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complexe if the organization answered "Yes" on Form 990, Part IV, line 10. Control on the strate of the organization in the postence of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment b % Term endowment P % Term orde the estimated percentage of the current year end balance (line 1g, column (al) held as: a board designated or quasi-endowment b % Term endowment	1a	Is the organization an agent, trustee							_	s 🗆 No			
c Beginning balance . Image: Constraint of the set of the s	b												
c Beginning balance . 1c 1d d Additions during the year . 1d 1d e Distributions during the year . 1e 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 XII. Check here if the explanation has been provided on Part XIII . . . Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	-								Amount				
d Additions during the year 1d e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custolial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	с	Beginning balance					10	:					
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c Net investment earnings, gains, and losses	-												
d Grants or scholarships		Net investment earnings, gains, and											
e Other expenditures for facilities and programs	_												
programs	d	-											
f Administrative expenses	е												
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 ▶% b Permanent endowment ▶% c Term endowment ▶% d Term endowment ▶% d Term endowment ▶% file 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 organizations	f	-											
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d Equipment	с	Leasehold improvements				0		0		0			
e Other 0 0 0 0 0	d	-		0		0		0		0			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е			0		0		0		0			
	Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form :	990, Part J	X, columr	n (B), line 10)c.) .	. Þ		732,909			

Schedule D (Form 990) 2020

SCHE	DUL	E ()	
(Form	990	or	990-EZ	2)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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



Name of the organization	Employer identification number							
HUMANE SOCIETY OF BAY COUNTY INC	59-2097704							
Form 990, Header, Line A - Short tax year, the organization is changing from fiscal year to calendar year s	tarting with 1/1/21.							
Form 990, Header, Line C - Other DBA: Humane Society Thrifty Handyman; Humane Society Thrifty Handyman Services								
Form 990, Part V, Line 3b - Miscellaneous Revenue \$ 1,564 for Thrifty Handyman owned and operated by the								
County, not a separate business, all revenue goes to supporting the program service of the Humane Soci	ety. The same tax id was used for							
this business as it was a DBA.								
Form 990, Part VI, Section B, Line 11b - Reviewed by board members during a regular meeting								
Form 990, Part VI, Section B, Line 12c - Discussion and review at regular board meetings								
ronn 330, rait vi, Section D, Line 120 - Discussion and review at regular board meetings								
Form 990, Part VI, Section C, Line 19 - Information all available on website and upon request								
Torin 350, Fart Vi, Section O, Line 13 - mornation an available on website and upon request								
Form 990, Part VIII, Line 1e - The paycheck protection program, Ioan #1 was provided in May 2020 was for	given in Dec 2020, reported on							
this tax filing.								
Form 990, Part IX, Line 7 - The entire 2020 year payroll was reported on the last tax filing (f.y. 2019-2020). I	No additional payroll was							
reported on this tax filing.								
Form 990, Part IX, Line 24e - Utilities - 2366 Vet - 3919 Animal Control - 300 Dues/Subscription - 745								

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

Cat. No. 51056K