## Form **990**

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

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Inter	nal Rev	enue Service	▶ Go to v	www.irs.gov/Form990 for instr	uctions and the latest info	ormation.		Inspection			
A	For the	ne 2018 calend	lar year, or tax year begin	nding		, 20					
В	Check	if applicable:	C Name of organization NORT	THWOODS HUMANE SOCIET	Ϋ́		D	D Employer identification no			
Ц	Addres	s change	Doing business as		1			41-1487872			
	Name	change	Number and street (or P.O. bo	ox if mail is not delivered to street address	)	Room/suite	E Telephone number				
	Initial re	eturn	PO BOX 264					(651) 982-0240			
	Final re	turn/terminated	City or town, state or province	, country, and ZIP or foreign postal code				Gross receipts			
	Amend	ed return	WYOMING, MN 55				ľ	\$ 363,544			
	Applica	tion pending	F Name and address of principa		2	H(a) Is this a group					
ı	Tax-ex										
J	Websit		ist. (see instructions)								
K	Form o		umber >								
Pa	art I	Summar		ociation Other	L Year of formation: 1	975 M State	or regar o	domicile: MN			
Name and Address of the Owner, where the Owner, which is the	1			ion or most significant activities:	THE ADOPTION AND	CAPE OF C	MDAN	ITON ANTWATC			
		•	0	and an analysis of the second	IND ADDITION AND	CARE OF C	JMEAN	TON ANIMALS.			
nce											
rna								-			
Governance	2	Check this bo	ox ▶ ☐ if the organization	n discontinued its operations or d	disposed of more than 25%	of its not assots					
တိ	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)	repoods of more than 25%	or its rict assets.	3	. 0			
8	4	Number of in	ndependent voting member	rs of the governing body (Part VI	l line 1h)		4	8			
Activities &	5	Total numbe	r of individuals employed in	n calendar year 2018 (Part V, lin	e 2a)		5	8			
	6	Total numbe	r of volunteers (estimate if	necessary)	ο Σα		6	26			
	7:	a Total unrelat	ed business revenue from	Part VIII, column (C), line 12			7a	100			
	- 1	Net unrelate	d business taxable income		· · · · · · · · · · · · · · · · · · ·		7b	147			
Revenue						Prior Year	70	0			
	8	Contributions	and grants (Part VIII, line	1h)			,610	Current Year			
	9	O Program convice revenue (Pert) (III line O-)						212,480 142,859			
	10	Investment in	ncome (Part VIII, column (A	120	126,636						
Re	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)		1	,602	147			
	12	Total revenue	e - add lines 8 through 11 (	must equal Part VIII, column (A)	line 12)		,861	2,173			
	13	Grants and s	imilar amounts paid (Part I	X, column (A), lines 1-3)	,	302	, 001	357,659			
	14	Benefits paid	-	0							
"	15	Salaries, other	er compensation, employee	benefits (Part IX, column (A), li	nes 5-10)	189	, 678	209,325			
Expenses	16	a Professional	fundraising fees (Part IX,	column (A), line 11e)		103	,010	209,323			
ben	1	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25) ▶	42,885						
Щ				nes 11a-11d, 11f-24e)		182	,776	176,500			
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 2	5)		,454	385,825			
	19			18 from line 12			,593)				
5	Si Contraction of the Contractio					Beginning of Current		(28,166) End of Year			
sets	20	Total assets	(Part X, line 16)				,818	379,080			
Net Assets or	21						,624	120,052			
				line 21 from line 20			,194	259,028			
	art II	Signatu	re Block					200,020			
Und	ler pena	ties of perjury, I dec	lare that I have examined this return	rn, including accompanying schedules and cer) is based on all information of which p	statements, and to the best of my ki	nowledge and belief, it	is				
	, 0011000	, and complete. Dec	daration of preparer (other than only	cer) is based on all information of which pi	reparer has any knowledge.						
٥:		MARGA	ARET GUPTILL								
Sig		Signature of officer									
He	re	MARGA	ARET GUPTILL, PRE	SIDENT							
		Type or p	orint name and title	CONCINIA MONOCINE							
		Print/Type pre	parer's name	Preparer's signature	Date	Check	if PT	IN			
Pai		-	ENGELKING	DAVID E ENGELKING	09-24-2019	self-employed		P00749619			
Pre	pare	Firm's name	► DAVID E	ENGELKING LTD		Firm's EIN ▶					
Us	e On	y Firm's address	80 NW 3R	D STREET		Phone no.					
				AKE MN 55025		620	1-46	4-3231			
May	the IF	RS discuss this i	retum with the preparer sh	own above? (see instructions)				Yes X No			

-		je <b>2</b>
Pa	rt 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:	
	THE ADOPTION AND CARE 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?	
	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	
5	services?	
	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.	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code)	
40	(Code:) (Expenses \$331,814 including grants of \$) (Revenue \$)	
	NORTHWOODS HUMANE SOCIETY PROVIDES SURRENDER, LOST AND FOUND, AND ADOPTION SERVICES FOR CATS	
	AND DOGS. IN 2018, NORTHWOODS TOOK IN 999 CATS AND DOGS AND PROVIDED THEM WITH DAILY CARE,	
	VACCINATIONS, MEDICAL CARE, STERILIZATION SURGERY, AND OTHER SERVICES PRIOR TO RETURNING THEM	
	TO THEIR ORIGINAL OWNER OR ADOPTING THEM INTO NEW HOMES. THE BOARD, STAFF, AND VOLUNTEERS OF	
	NORTHWOODS ARE COMMITED TO PROVIDING COMPASSIONATE CARE AND EXCEPTIONAL SERVICE TO THE PETS	
	AND HUMANS THAT WE WORK WITH. IN 2018, NORTHWOODS ENHANCED OUR CURRENT PROGRAMS BY PROVIDING	
	MICROCHIP IMPLANTATIONS FOR EVERY PET THAT IS ADOPTED FROM OUR FACILITY, PROVIDING A LOW COST	
	VACCINE AND MICROCHIP CLINIC FOR PETS IN OUR COMMUNITY AND, WITH THE HELP OF A GRANT FROM	
	MADDIE'S FUND, TAKING THE FIRST STEPS TOWARDS A HOSPICE FOSTER PROGRAM THAT WILL HELP US FIND	
	HOMES FOR DOGS AND CATS THAT WE PREVIOUSLY WOULD NOT HAVE BEEN ABLE TO PLACE.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)	
		Zaumani.
		-
		_
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		_
		200000
6		
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 331.814	_

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 10 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," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 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 13 14a 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? If "Yes," complete Schedule F, Parts I and IV ....... 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 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 

Pa	rt IV Checklist of Required Schedules (continued)		<del>-</del>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		2)	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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			. n
	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		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?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
27	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
LI	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		11	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		37
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	GAGE SECTION	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	LESSES S	V
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		X
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Λ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			72
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 110000	
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
1000	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
n	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Parl				
-	Check if Schedule O contains a response or note to any line in this Part V			Ш
4-	Enter the number repetited in Day 2 of Farm 4000 File 2 11		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Bereit	1.6	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7.7	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 26 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 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 3b 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 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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. Did the sponsoring organization make any taxable distributions under section 4966? a 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 ..... 11 Section 501(c)(12) organizations. Enter: a b Gross income from other sources (Do not net amounts due or paid to other sources 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? a 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 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? X 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) NORTHWOODS HUMANE SOCIETY Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a X Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ............ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 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 arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Minnesota 17 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. ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

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financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

DAVID GORMAN (651)982-0240, 7153 LAKE BLVD, WYOMING, MN 55092

	(2018)	

EEA

NORTHWOODS HUMANE SOCIETY

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Form 990 (2018)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from officer and a director/trustee) amount of week (list any from related other hours for the organizations compensation related ndividual trustee nstitutional truster organization (W-2/1099-MISC) from the (ey employee director organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) ANN EDMONDS 1.00 DIRECTOR X 0 0 0 (2) VICCI MATTSFIELD 1.00 DIRECTOR 0 0 (3) RUTH NORDQUIST 1.00 X DIRECTOR 0 0 (4) JACK FELIX 1.00 DIRECTOR 0 0 (5) MARGARET GUPTILL 1.00 PRESTDENT X 0 0 (6) LYNN WALTON 1.00 VICE PRESIDENT 0 0 (7) DAVID GORMAN 1.00 TREASURER X 0 0 (8) KRIS TROTTO SECRETARY X 0 0 (9) (10)(11)(12) (13)(14)

P	90 (2018) NORTHWOODS HUMANE									41-1487	872	F	Page 8
Part	VII Section A. Officers, Directors, Trustees	Key Emplo	yees,	and	Hig	hes	t Con	nper	sated Employee	s (continued)			
					(C Posi		35						
		(A) (B) (c)					an one		(D)	(E)		(F)	
	Name and title	Average hours per			. (5)		both an		Reportable compensation	Reportable		Estimated	
		week (list any					trustee)		from	compensation from related		amount of other	1
	hours for	Individual trustee or director	Insti	Officer	Key	employee	Former	the	organizations	С	ompensation		
		related organizations	/idua	nstitutional trustee	ĕ	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization	
		below dotted	or tra	nalt		loye	e com		(**-2/1033-181130)			and relate	
		line)	stee	ete.		Ф	bens		~	9	(	organizatio	ns
				Ф			aled						
									=				
(15)											+	-	- 0
										200.000 2000.00			
(16)										* 100			
(17)											-		
12 TO 10											-		
(19)												***************************************	
											+		4000000
										31			
(21)													
(22)											+		
									21				
(23)									(8)				
(24)											1	- Section of the sect	13-12
(25)								-			+		
1b	Sub-total				٠.			<b>&gt;</b>					
С	Total from continuation sheets to Part VII, Section							<b>&gt;</b>					
d	Total (add lines 1b and 1c)							<b></b>		0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ve)	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee,	or l	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividua	al .							3		X
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than	n \$150,000?	If "Yes	," cc	omp	lete	Sched	dule	J for such				
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny ui	nrela	ated	orgar	nizat	ion or individual	9		1000	
	for services rendered to the organization? If "Yes,"	complete So	chedule	e J fe	or si	ıch	perso	n			5		X
	on B. Independent Contractors												
1	Complete this table for your five highest compensate												
	compensation from the organization. Report comper	nsation for the	e calen	dar	year	end	ding w	ith o	r within the organia	zation's tax			
	year. (A)	******							(8)			(C)	
	Name and business address								(B) Description of		Co	(C) ompensatio	n .
70									2 SSSTIPHOTO OF			poriodilo	
-	*	i.						W-12					
												*	XXXXIV = 0.23XX
		•			18	(a)							
2	Total number of independent contractors (including received more than \$100.000 of compensation from				liste	d ab	ove) v	vho					

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in this	Part VIII			П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S. S	1a	Federated campaigns	1a	•				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	C	Fundraising events	1c	212,480				
	d	8 <u>120 120 18 18 18 18 18 18 18 18 18 18 18 18 18 </u>	1d					
	е	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants,						
ibut		and similar amounts not included above	1f					
nd O	a	Noncash contributions included in lines 1a						
S g	h				212 400			
	- 11	Total. Add lines 1a-11	• • •		212,480			
e	22	ANIMAL ADOPTION		Business Code	140 050	140 050	Val III. jeste i i i i i i i	
Program Service Revenue	b			900099	142,859	142,859		
					216 52 11 00 00 00 00 00 00 00 00 00 00 00 00			
	C							
	d							
	e	All all						
Po		All other program service revenue						
				• • • • • • •	142,859			
	3	Investment income (including dividends, inte	erest,		7			
		and other similar amounts)			147		147	
	4	Income from investment of tax-exempt bond						
	5	Royalties	100					
		(i) Rea	1	(ii) Personal				
	10000	Gross rents						
		Less: rental expenses						
		Rental income or (loss)					100000000000000000000000000000000000000	
	d	Net rental income or (loss)		▶			30000110000000000000000000000000000000	
	7a	Gross amount from sales of (i) Securiti	es	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
Other Revenue	8a	Gross income from fundraising						
Ve		events (not including \$ 212,48	80					
æ		of contributions reported on line 1c).						
he		See Part IV, line 18	. а					
ō	b	Less: direct expenses	. b					
	С	Net income or (loss) from fundraising event	s.					
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
		Less: direct expenses						
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	. а	8,058				
	b	Less: cost of goods sold	. b	5,885				
	С	Net income or (loss) from sales of inventory	y		2,173	2,173		
		Miscellaneous Revenue		Business Code				
	11a						- I - A	
	b							
	С						-	
	d	All other revenue				22		
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			357,659	145,032	147	. 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 (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 1 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 189,289 151,230 2,684 35,375 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 20,036 20,036 11 Fees for services (non-employees): a b Legal....... C d e Professional fundraising services. See Part IV, line 17 . f Investment management fees ....... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 4,674 4,282 392 13 7,034 5,328 1,706 14 Information technology . . . . . . . 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest . . . . . . . . . . . . 8,442 8,442 21 22 Depreciation, depletion, and amortization . . . . . . 13,382 13,382 Insurance ....... 23 8,901 8,901 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANK AND CREDIT CARD FEES 7,217 7,217 2,058 b CLEANING SUPPLIES 2,058 C LICENSES AND FEES 644 644 OUTSIDE SERVICES 4,955 2,824 2,131 All other expenses 3,281 119,193 115,912 25 Total functional expenses. Add lines 1 through 24e 385,825 331,814 11,126 42,885 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 | | | if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

	,355 1,216 2 3 4 5 5 6 7 8 947 9	(B) End of year 57,985 135,230
1 Cash - non-interest-bearing 79 2 Savings and temporary cash investments 135 3 Pledges and grants receivable, net 4 Accounts receivables, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges	,355 1,216 2 3 4 5 5 6 7 8 947 9	57,985 135,230
2 Savings and temporary cash investments	,216 2 3 4 5 6 7 8 947 9	135,230
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges	3 4 5 6 7 8 947 9	
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges	5 6 7 8 947 9	947
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges	6 7 8 947 9 ,145 10c	947
trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges	6 7 8 947 9 ,145 10c	947
Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges	6 7 8 947 9 ,145 10c	947
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use 9 Prepaid expenses and deferred charges	6 7 8 947 9 ,145 10c	947
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	7 8 947 9 ,145 10c	947
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	7 8 947 9 ,145 10c	947
organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges	7 8 947 9 ,145 10c	947
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges	7 8 947 9 ,145 10c	947
8 Inventories for sale or use	8 947 9 ,145 10c	947
	947 9 ,145 10c	947
	,145 10c	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
other basis. Complete Part VI of Schedule D 10a 422,258		
		179,763
	,155   11	5,155
12 Investments - other securities. See Part IV, line 11	12	0,100
13 Investments - program-related. See Part IV, line 11	13	Consultation of the Consul
14 Intangible assets	14	
15 Other assets. See Part IV, line 11	15	
	,818 16	379,080
	,016 17	1,306
18 Grants payable	18	= 7000
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 current and former officers, directors,		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
disqualified persons. Complete Part II of Schedule L	,608 22	118,746
23 Secured mortgages and notes payable to unrelated third parties	23	THE PROPERTY OF THE PARTY OF TH
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		3
of Schedule D	25	
26 Total liabilities. Add lines 17 through 25	,624 26	120,052
Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and		
complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets	,194 27	259,028
28 Temporarily restricted net assets	28	
29 Permanently restricted net assets	29	
☐ Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		
Temporarily restricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds		
30 Capital stock or trust principal, or current funds	30	74
31 Paid-in or capital surplus, or land, building, or equipment fund	31	
32 Retained earnings, endowment, accumulated income, or other funds	32	
33 Total net assets or fund balances	,194 33	259,028
34 Total liabilities and net assets/fund balances	818 34	379,080

	n 990 (2018) NORTHWOODS HUMANE SOCIETY	41-148787	2	P	age 1
Pa	rt 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)			357,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	Carried Contract Contract	885,	11-1-1-1
3	Revenue less expenses. Subtract line 2 from line 1	. 3			166)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		287,	
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities				
7	Investment expenses			//	
8	Prior period adjustments	. 8	S-1932-11-11-11	7999	
9	Other changes in net assets or fund balances (explain in Schedule O)	-			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				- 11
	33, column (B))	. 10	2	59,	028
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				.П.
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			151	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Donsolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				5557
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				F-0477 FEED (C)
	the Single Audit Act and OMB Circular A-133?		3a		Х

3b

Form 990 (2018)

**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 in Schedule O and describe any steps taken to undergo such audits

EEA