

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

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

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

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHWOODS HUMANE SOCIETY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 264 City or town, state or province, country, and ZIP or foreign postal code WYOMING, MN 55092 F Name and address of principal officer: H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
D Employer identification number 41-1487872	E Telephone number (651) 895-3555
G Gross receipts \$ 1,420,840	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.NORTHWOODSHS.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1975 M State of legal domicile: MN

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ADOPTION AND CARE OF COMPANION ANIMALS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 27
	6 Total number of volunteers (estimate if necessary) 6 100
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 14
b Net unrelated business taxable income from Form 990-T, line 39 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 212,480 1,221,779
	9 Program service revenue (Part VIII, line 2g) 9 142,859 192,897
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 147 14
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,173 929
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 357,659 1,415,619
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 209,325 233,939
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
	b Total fundraising expenses (Part IX, column (D), line 25) 45,172
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 176,500 217,276
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 385,825 451,215
	19 Revenue less expenses. Subtract line 18 from line 12 19 (28,166) 964,404
	20 Total assets (Part X, line 16) 20 379,080 1,334,726
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) 21 120,052 111,294
	22 Net assets or fund balances. Subtract line 21 from line 20 22 259,028 1,223,432

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	MARGARET GUPTILL Signature of officer
	MARGARET GUPTILL, PRESIDENT Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name DAVID E ENGELKING
	Preparer's signature DAVID E ENGELKING
	Date 04-21-2020
	Check <input type="checkbox"/> if self-employed P00749619
Firm's name DAVID E ENGELKING LTD	
Firm's address 80 NW 3RD STREET	
Firm's EIN 651-464-3231	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)