IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning NOV 1 , 2021, and ending OCT 31 , 20 22 Do not send to the IRS. Keep for your records.

	evenue Service	<u> </u>	Go to www.irs.gov/Form88	79TE for the latest information.	EIN or SSN
lame of			NE MICCOURT		43-0652638
			F MISSOURI KATHRYN WARNIC	Z	45 0032000
ame a	nd title of officer or p	erson subject to tax	PRESIDENT	· ·	
Part	Type of	Return and Re	turn Information		
Check Form 5 or 10a whiche	the box for the ret 330 filers may ent	um for which you are er dollars and cents.	e using this Form 8879-TE and For all other forms, enter who	denter the applicable amount, if any, from the dollars only. If you check the box on some was blank, then leave line 1b, 2 he return, then enter -0 on the applicable.	b. 3b. 4b. 5b. 6b. 7b. 8b. 9b. or 10b,
	Form 990 check	here 🕨	h Total revenue, if any (Fo	orm 990, Part VIII, column (A), line 12)	1b
1a		eck here >		orm 990-EZ, line 9)	
2a 3a	Form 1120-POL			OL, line 22)	
3a 4a	Form 990-PF ch		b Tax based on investme	ent income (Form 990-PF, Part V, line	5) 4b
5a	Form 8888 chec			8, line 3c)	
6a		ck here > X		Part III, line 4)	
7a	Form 4720 chec		b Total tax (Form 4720, P	Part III, line 1)	7b
8a	Form 5227 chec			of tax year (Form 5227, Item D)	8ь
9a	Form 5330 ched		b Tax due (Form 5330, Pa		9Ь
	Earm 9039-CD	check here	h Amount of credit paym	rent requested (Form 8038-CP, Part II	l, line 22) 10b
Pari	II Declara	ation and Signa	ture Authorization of O	fficer or Person Subject to Te entity or I am a person subject to	ax
ackno of any entry i finance later to payme person	wledgement of rec refund. If applicat to the financial inst ial institution to de han 2 business da ent of taxes to rece nal identification no check one box on	isipt or reason for re bile, I authorize the U ititution account indic bit the entry to this ys prior to the payme sive confidential info umber (PIN) as my s	lection of the transmission, to S. Treasury and its designate sated in the tax preparation so account. To revoke a payment ent (settlement) date. I also au rmation necessary to answer i ignature for the electronic retu	of Financial Agent on the federal taxes the federal taxes the federal taxes thorize the financial institutions involve nquiries and resolve issues related to t im and, if applicable, the consent to ele	ic funds withdrawal (direct debit) s owed on this return, and the incial Agent at 1-888-353-4537 no di in the processing of the electronic he payment. I have selected a actronic funds withdrawal.
	X Lauthorize R	UBINBROWN	LLP		to enter my PIN 63105
			ERO firm nam	e	do not enter all zeros
[with a state a on the return' As an officer of return, if I have	gency(ies) regulating s disclosure consent or person subject to re indicated within th	charities as part of the IRS Fe screen.	If I have indicated within this return that ad/State program, I also authorize the a I will enter my PIN as my signature on turn is being filed with a state agency(is osure consent screen.	the tax year 2021 electronically filed es) regulating charities as part of the
	se of officer or person su t III Certifi	bject to tax ▶ cation and Auth		Z	Date CHECK
ERO	s EFIN/PIN. Enter	your six-digit electro	onic filing identification		
		by your five-digit sel		4338046310 Do not enter all zer	
subm	ify that the above on the sturn in the sturn in the sturns.	numeric entry is my accordance with th	PIN, which is my signature on e requirements of Pu b. 4163 ,	the 2021 electronically filed return indi Modernized e-File (MeF) Information fo	cated above. I confirm that I am or Authorized IRS e-file Providers for
ERO's	signature 🕨 <u>R</u> [JBIN <u>BROWN</u> I	LP	Date	
_		<u></u>	ERO Must Retain This	s Form - See Instructions	
		Do Not		e IRS Unless Requested To D	o So
	F. Ditaria		luction Act Natics essinstri		Form 8879-TE (2021

102521 01-11-22

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

** PUBLIC DISCLOSURE COPY **

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)

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.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

A For the 2021 calendar year, or tax year beginning NOV 1, 2021 and ending OCT 31, 2022 Check if applicable C Name of organization D Employer identification number Address HUMANE SOCIETY OF MISSOURI Name 43-0652638 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1201 MACKLIND AVENUE (314) 951-1509 termi 32,122,045. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ST. LOUIS, MO 63110 H(a) Is this a group return F Name and address of principal officer: KATHRYN WARNICK for subordinates? ____ Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW. HSMO. ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1870 M State of legal domicile: MO Part I Summary 1 Briefly describe the organization's mission or most significant activities: PREVENTION OF CRUELTY, ABUSE AND Governance NEGLECT OF ANIMALS. 2 Check this box 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) 19 Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 333 6 Total number of volunteers (estimate if necessary) 1500 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 211 ,795. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 23,773,130. 18,559,620. Revenue 8,591,818. Program service revenue (Part VIII, line 2g) 7,774,434. 2,345,950. 2,407,931. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -197.077.-176,620. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 34,513,821. 28,565,365. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,372,520. 11,151,410. 16a Professional fundraising fees (Part IX, column (A), line 11e) 596,843. 385,334. b Total fundraising expenses (Part IX, column (D), line 25)

3,182,894. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,276,926. 11,323,480. 22,860,224. 21,246,289. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,267,532. 5,705,141. 19 Revenue less expenses. Subtract line 18 from line 12 50 Beginning of Current Year **End of Year** 118,285,076. 116,124,276. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 3,004,665. 3,412,429. Net assets or fund balances. Subtract line 21 from line 20 115,280,411. 112,711,847. 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. arthun Signature of officer Sign KATHRYN WARNICK, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid KIMBERLY A RYAN P00829977 self-employed Firm's name RUBINBROWN LLP Preparer Firm's EIN > 43-0765316 Use Only Firm's address > 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105 Phone no. (314) 290-3300 X Yes No May the IRS discuss this return with the preparer shown above? See instructions 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

	n 990 (2021) HUMANE SOCIETY OF MISSOURI 43-0652638 Page 2 rt III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PREVENTION OF CRUELTY, ABUSE AND NEGLECT OF 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 services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,234,455. including grants of \$) (Revenue \$ 6,267,739.)
	MEDICAL CENTERS - THE SOCIETY'S MEDICAL CENTERS PROVIDE A WIDE VARIETY
	OF VETERINARY SERVICES. IN ADDITION TO THE TREATMENT OF ROUTINE
	INJURIES AND ILLNESS, WELLNESS CARE, LOW COST/NO COST SPAY/NEUTER,
	PHYSICAL THERAPY AND EXTENSIVE SURGICAL CARE ARE PROVIDED. APPROXIMATELY 25,630 CLIENT VISITS.
	APPROXIMATELY 25,630 CLIENT VISITS.
	
4b	(Code:) (Expenses \$5, 769, 660 . including grants of \$) (Revenue \$1, 200, 852 .)
	ADOPTION CENTERS - FORMERLY-OWNED OR ABANDONED PETS ARE GIVEN A SECOND
	CHANCE TO FIND LOVING HOMES THROUGH THE SOCIETY'S ADOPTION CENTERS. THE
	HEALTH AND TEMPERAMENT OF EACH ANIMAL IS EXTENSIVELY EVALUATED PRIOR TO
	BEING PLACED FOR ADOPTION. GREAT EFFORTS ARE MADE TO MATCH ADOPTABLE
	ANIMALS WITH POTENTIAL OWNERS UTILIZING A PRE-ADOPTION QUESTIONNAIRE.
	THIS PROCESS HELPS THE SOCIETY DETERMINE THAT AN ANIMAL WILL BE PLACED
	IN A LOVING HOME. THE SOCIETY EXPERIENCES THE HIGHEST VOLUME OF
	INCOMING ANIMALS AND ADOPTIONS IN METRO ST. LOUIS WITH SERVICES AT
	THREE LOCATIONS. APPROXIMATELY 10,302 ANIMALS SERVED.
4c	(Code:) (Expenses \$ 1,416,660. including grants of \$) (Revenue \$ 3,887.)
Ξ.	ANIMAL CRUELTY TASKFORCE - THE SOCIETY IS THE ONLY HUMANE ORGANIZATION
	IN MISSOURI TO PROVIDE COMPREHENSIVE INVESTIGATIVE AND EMERGENCY RESCUE
	SERVICES FOR ANIMALS STATEWIDE. TWENTY-FOUR HOURS A DAY, 365 DAYS A
	YEAR, HUMANE OFFICERS FROM THE ANIMAL CRUELTY TASKFORCE (ACT) RESPOND
	TO COMPLAINTS OF ANIMAL CRUELTY OR ABUSE. A SIGNIFICANT NUMBER REQUIRE
	EMERGENCY MEDICAL ASSISTANCE OR DRAMATIC RESCUE EFFORTS. THE ACT STAFF
	MEMBERS ARE TRAINED AT LAW ENFORCEMENT ACADEMIES AND WORK IN TANDEM
	WITH AREA POLICE DEPARTMENTS TO ASSIST AND EXPEDITE THE LEGAL SYSTEM.
	APPROXIMATELY 18,176 ANIMALS SERVED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,155,200. including grants of \$) (Revenue \$ 301,956.)
4e	Total program service expenses ► 17,575,975.
	Form 990 (2021)

Form 990 (2021) HUMANE SOCIETY OF MISSOURI
Part IV Checklist of Required Schedules

	The state of the s		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
~	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 21	
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- 5		Λ
0		~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	Λ
	the environment, historic land excess or historic etractures?	4		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1.51		37
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1 - "		10.0
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
No.	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			43
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			120
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		120	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	-		~
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		150	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			10.0
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	10.1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.7	770	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	7 7 1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	137	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	9 40 40	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	100	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140	7 11	**
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1.17	
	그 보이 되었다. 나는 이 그가 그렇게 하는 사람은 이 이 그렇게 하는 그들이 그렇게 하는 그 그 그 사람들이 되었다. 그렇게 하는 사람들이 되었다. 그렇게 하는 사람들이 되었다. 그렇게 하는 사람들이 되었다.	447		v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	52	144	v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			42
55 T	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	27.1	-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 1	130	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
00	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	111	Х
20a		204	in the	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
b	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		

Form	990 (2021) HUMANE SOCIETY OF MISSOURI 43-0652 t IV Checklist of Required Schedules (continued)	638	Р	age 4
Pai	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		103	140
	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			
in	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 through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	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	1	
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	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.25		37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	I		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
70	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	123	-33	100
	instructions for applicable filing thresholds, conditions, and exceptions):	333		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	557	Y I	
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	х	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	100		-
	Schedule N, Part II	32	+ 1	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1.0		
52	Part V, line 1	34	Х	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
Ser.	en al la	1	Yes	No
1.5	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	_		
b	ib	-	2	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

(gambling) winnings to prize winners?

Form 990 (2021)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1	
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	33	33	37	
	filed for the calendar year ending with or within the year covered by this return			x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			- A	+
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction		100	x	
		amanoning and an	11	X	\vdash
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	^	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			171	v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country		-		
Series .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		35		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				X
	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 to	ne organization solicit	1.83		
			. 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts	132		
	were not tax deductible?		6b		_
7	Organizations that may receive deductible contributions under section 170(c).		. / 1	V.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	rvices provided to the payo	r? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C	? 7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	1	Vic	TIL
	sponsoring organization have excess business holdings at any time during the year?		. 8		
9	Sponsoring organizations maintaining donor advised funds.		-		735
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:		100		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	- "		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			100	
	amounts due or received from them.)	11b	103		3
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.1201			1
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	******	100		1
	Enter the amount of reserves the organization is required to maintain by the states in which the				
b		136			
	organization is licensed to issue qualified health plans	10.00	\dashv		
C	Enter the amount of reserves on hand	13c	44-	-	х
14a					-
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedi		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1.55		17
	excess parachute payment(s) during the year?	***************	15	-	X
- 15-	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	16	-	X
	If "Yes," complete Form 4720, Schedule O.		1)	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	minimum minimu	17		
	If "Yes," complete Form 6069.				

Form 990 (2021) HUMANE SOCIETY OF MISSOURI 43-0652638 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		CARGO:	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	2		
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.) '	X
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-	1	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1,571	M	2.2
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1,21		74.
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	100	-	1
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Till.		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	10		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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	1 10	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	5 14		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	V. 10.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	TIT		
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		157	
3.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The granization's CEO. Even time Director, or ton management official	15a	х	
h	Other officers or key employees of the organization	15b	Х	1.0
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	1/1	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		x
6	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	_	-
17	List the states with which a copy of this Form 990 is required to be filled ▶SEE SCHEDULE O	_		
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)	e only)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	3 Orny,	avana	Dio
40		d fina-	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	u iinan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records		_	_
	ANNE GOECKNER - 314-951-1509			_
	1201 MACKLIND AVE., ST. LOUIS, MO 63110			

Form 990 (2021) HUMANE SOCIETY OF MISSOURI 43-0 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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organizatio (A) Name and title	(B) Average hours per week	rage Posit (do not check m box, unless pers			more than one rson is both an			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) KATHRYN WRIGHT WARNICK	40.00						-	127 227	160	441476	
PRESIDENT	10.00	X	_	X				256,863.	0.	26,997.	
(2) ALISON RODDEN	40.00					5/		344 434		12 715	
VETERINARIAN	40.00		_			Х		144,618.	0.	15,937.	
(3) ANNE GOECKNER CHIEF FINANCIAL OFFICER	40.00			x		1111		150,462.	0.	6,665.	
(4) DR. TRAVIS ARNDT	40.00			Λ				150,402.	0.	0,005.	
DIRECTOR AMCMA (TERM ENDED 9/22)	20100					x		138,638.	0.	15,998.	
(5) DR. WALTER BURRELL AMCMA SURGEON	40.00					х		137,755.	0.	7,274.	
(6) CHRISTOPHER MIRTH IT DIRECTOR (TERM ENDED 3/22)	24.00					х		129,124.	0.	11,627.	
(7) GINA FROMME DEVELOPMENT DIRECTOR	40.00					х		120,474.	0.	7,040.	
(8) DR. AMANDA ZERKEL BOARD MEMBER	40.00	х		Ī			Ā	125,803.	0.	548.	
(9) BRANDY BURKHALTER CHAIRMAN OF THE BOARD	2.00	х	Ī	х				0.	0.	0.	
(10) RYAN HYMAN VICE CHAIRMAN	2.00	х		х				0.	0.	0.	
(11) PATRICK MULLEN VICE PRESIDENT	2.00	x		x				0.	0.	0.	
(12) ALLISON HOGAN TREASURER	2.00	х		x			Ē.	0.	0.	0.	
(13) GINNY BUSCH SECRETARY	2.00	x		x		Į.		0.	0.	0.	
(14) PETER BLUMEYER BOARD MEMBER	1.00	х				Ţ		0.	0.	0.	
(15) JULIE VOSS CATRON BOARD MEMBER	1.00	х			1			0.	0.	0.	
(16) DR. EMILY CROSS BOARD MEMBER	1.00	х					Ĭ	0.	0.	0.	
(17) JEANNE DEE BOARD MEMBER	1.00	х						0.	0.	0.	

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ICS CONSTRUCTION SERVICES LTD.		5 55 5 7 5 2
2930 MARKET STREET, ST. LOUIS, MO 63103	GENERAL CONTRACTOR	1,176,893.
RKD GROUP, 7130 S 29TH STREET, SUITE B,	A Property of the Control of the Con	
LINCOLN, NE 68516	DIRECT MAIL SERVICES	876,596.
SYNERGI PARTNERS, INC.		
151 W. EVANS STREET, FLORENCE, SC 29501	CONSULTING SERVICES	281,762.
BARTCH ROOFING COMPANY, 13575 NW	COMMERCIAL ROOFING	
INDUSTRIAL DRIVE, BRIDGETON, MO 63044	CONTRACTOR	196,517.
CROWN RESTORATION, LLC, 7938 TOWN SQUARE	FLOOD RESTORATION	
AVE, DARDENNE PRAIRIE, MO 63368	SERVICES	111,778.
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than	
\$100,000 of compensation from the organization		
	PPRTC	F 990 (0004)

SEE PART SECTION A CONTINUATION SHEETS Form 990 (2021)

	SOCIETY (43-065	2638
Part VII Section A. Officers, Directors, (A)	(B)	npic	уөө		<u>nd F</u> C)	<u>ligh</u>	est ·	Compensated Employe (D)	es (continued) (E)	(F)
Name and title	Average hours	/ (heck		ition		J.A	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for						,,,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Хеу етроуее	Highest compensated employee	Former			and related organizations
(27) ROB WILSON	1,00									
BOARD MEMBER		X			-			0.	0.	0
		_		_	_		_			
		ł								
<u>,, </u>		_							, <u>u</u>	
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Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b 567,247. Fundraising events 10 Related organizations 1d Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, and 17,992,373 similar amounts not included above 515,419. Noncash contributions included in lines 1a-1f 18,559,620 Total. Add lines 1a-1f **Business Code** MEDICAL CENTER FEES 541900 6,267,739 6,267,739 Program Service ADOPTION CENTER FEES 541900 1,200,852. 1,200,852 LONGMEADOW RESCUE RANCH 541900 180,684. 180,684 EDUCATION 541900 110,850. 110,850 VOLUNTEER PROGRAMS 541900 8,100. 8,100 6,209. All other program service revenue 541900 6,209. 7,774,434. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,237,124. 2237124 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 3,231,805. 25,281. assets other than inventory b Less: cost or other basis and sales expenses 2,933,976. 152,303 Other Revenue -127,022. c Gain or (loss) 297,829. d Net gain or (loss) 170,807. 170,807. 8 a Gross income from fundraising events (not 567,247. of including \$ contributions reported on line 1c). See Part IV, line 18 108,982 b Less: direct expenses 371,248 -262,266 -262,266. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities • 10 a Gross sales of inventory, less returns and allowances 118,767 99,153 b Less: cost of goods sold 19,614 c Net income or (loss) from sales of inventory 19,614. **Business Code** Miscellaneous 11 a ADVERTISING INCOME 519100 211,795. 211,795. TAX REFUND 901101 19,761 19,761. INVOLUNTARY CONVERSION 541900 -165,524 -165,524. All other revenue 66,032. Total, Add lines 11a-11d 28,565,365. 12 Total revenue. See instructions 7,774,434. 211,795. 2019516. Form 990 (2021)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1, 0	
4	individuals. See Part IV, lines 15 and 16				
5	Compensation of current officers, directors,				
•	trustees, and key employees	564,136.	322,734.	241,402.	
6	Compensation not included above to disqualified	501/1001	022/1021	211/1021	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,642,250.	7,023,616.	610,488.	1,008,146.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,287,138.	1,024,413.	120,637.	142,088.
10	Payroll taxes	657,886.	531,053.	53,077.	73,756.
11	Fees for services (nonemployees):				
a	Management	95,977.	33,171.	1 065	EO 741
b	Legal	57,800.	46,240.	4,065. 8,670.	58,741. 2,890.
	Accounting Lobbying	12,000.	12,000.	0,070.	2,090.
e		385,334.	12,000.		385,334.
f	Investment management fees	134,135.		134,135.	505,551
g					
	column (A), amount, list line 11g expenses on Sch O.)	1,060,578.	340,556.	515,457.	204,565
12	Advertising and promotion	204,073.	37,309.	45,620.	121,144.
13	Office expenses	1,122,061.	845,068.	74,596.	202,397.
14	Information technology				
15	Royalties				
16	Occupancy	710,314.	660,567.	40,551.	9,196.
17	Travel	94,619.	69,218.	5,386.	20,015.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,538,766.	1,449,396.	69,083.	20,287.
23	Insurance	376,543.	273,894.	49,341.	53,308.
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.)		2		1
a	MEDICAL & SURG SUPPLIES	2,754,078.	2,740,536.	13,542.	
b	REPAIRS AND MAINTENANCE	1,109,140.	895,099.	107,973.	106,068.
C	DIRECT MAILING	669,262.		1	669,262.
d	DISCOUNTS	210,846.	210,846.	2 2 2 2 2	
	All other expenses	1,173,288.	1,060,259.	7,332.	105,697.
25	Total functional expenses. Add lines 1 through 24e	22,860,224.	17,575,975.	2,101,355.	3,182,894.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1 Y	
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	1 II IUIIUWING SUP 98-2 (ASU 958-720)				

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,000.	1	1,500
Ò	2	Savings and temporary cash investments	***************************************	16,535,083.	2	9,643,258	
	3	Pledges and grants receivable, net			11,527,000.	3	15,958,957
	4	Accounts receivable, net	,11001201001,		14,004.	4	23,971
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified pers	ns ons (as defined			
		under section 4958(f)(1)), and persons describe				6	
2	7	Notes and loans receivable, net			77.	7	Tari
HOSEIS	8	Inventories for sale or use			227,241.	8	235,755
A	9	Describe and process and defended about the			700,703.	9	559,269
	10a	Land, buildings, and equipment: cost or other	T = T				
		basis. Complete Part VI of Schedule D	10a	48,163,850.	The second second	01.7	The second
	b	Less: accumulated depreciation	10b	17,754,737.	29,797,093.	10c	
	11	Investments - publicly traded securities			17,666,034.	11	20,768,076
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11	*************************		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	41,812,918.	15	38,524,377		
	16	Total assets. Add lines 1 through 15 (must equ			118,285,076.	16	116,124,276
	17	Accounts payable and accrued expenses	3,004,665.	17	3,412,429		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
0	22	Loans and other payables to any current or form	ner office	r, director,	10.0		100
Liabilities		trustee, key employee, creator or founder, subs				-	
Liai	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, po					
		parties, and other liabilities not included on line	A CHARLES	5-3-74 MASSES (1870)		0.5	
	00	of Schedule D	de serve de ser		3,004,665.	25	3,412,429
	26	Total liabilities. Add lines 17 through 25		► [V]	3,004,003.	26	3,412,423
S.		Organizations that follow FASB ASC 958, ch	eck nere				
Net Assets or Fund balances	07	and complete lines 27, 28, 32, and 33.			72,795,965.	27	77,253,249
9	27	Net assets without donor restrictions			42,484,446.	28	35,458,598
9	28	Net assets with donor restrictions	Charles and Charles Charles and American Tale Landin Charles and American	42,404,440.	28	33,430,330	
5		Organizations that do not follow FASB ASC 9	ck nere		1		
5	20	and complete lines 29 through 33.				00	
2	29	Capital stock or trust principal, or current funds				29	
ň	30	Paid-in or capital surplus, or land, building, or e				30	
10	31	Retained earnings, endowment, accumulated in			115 200 411	31	110 711 047
ž	32	Total net assets or fund balances			115,280,411.	32	112,711,847
	33	Total liabilities and net assets/fund balances			118,285,076.	33	116,124,276 Form 990 (202

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

Inspection

Name of the organization

Employer identification number

	HUMA	ANE SOCIETY	Y OF MISSOURI			4	3-0652638
Part I	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.	
The orga 1	Reason for Public nization is not a private found A church, convention of che A school described in sec A hospital or a cooperative A medical research organic city, and state: An organization operated the section 170(b)(1)(A)(iv). (Check of the community trust described an agricultural research or or university:	Charity Status. dation because it is: nurches, or association 170(b)(1)(A)(ii). chospital service or exation operated in complete Part II.) overnment or governally receives a substance of the section 170(b) ganization describe grant college of agri	(All organizations must of the control of the contr	heck only I in section 990).) ection 170 described for operation section 1 rom a gove t II.) ix) operat Enter the	one box.) on 170(b)(0(b)(1)(A)(i d in section ed by a go 70(b)(1)(A) ernmental ed in conju	Gee instructions. 1)(A)(i). ii). on 170(b)(1)(A)(iii). Enter overnmental unit describ (v). unit or from the general unction with a land-grant or, and state of the college	the hospital's name, ed in public described in college
11	An organization that norms activities related to its exertincome and unrelated businesses section 509(a)(2). (Continuous An organization organized An organization organized	mpt functions, subje iness taxable incom omplete Part III.) and operated exclu and operated exclu	ect to certain exceptions; a e (less section 511 tax) fro sively to test for public sa sively for the benefit of, to	and (2) no om busine fety. See o perform t	more than sses acqui section 5 he functio	33 1/3% of its support of red by the organization of the open open of the open open open open open open open ope	from gross investment after June 30, 1975. purposes of one or
	more publicly supported o lines 12a through 12d that		교실시 경기 아이들은 기속시으로 어떤 동안하다.		7.17.4		Check the box on
a [supervised, or controlled			[14] [14] [14] [14] [14] [14] [14]	giving
			egularly appoint or elect a	majority o	of the direc	ctors or trustees of the si	upporting
b T	organization. You must		Sections A and B. ed or controlled in connect	ion with it	s supporte	ed organization(s) by ha	vina
3.4		of the supporting or	ganization vested in the sa				
c [ing organization operated	in connec	tion with,	and functionally integrate	ed with,
4			ns). You must complete I				
u L			oporting organization oper nization generally must sat			등이 하나 이 얼마나 되었다면서 얼마나 아픈데	Carlo
			omplete Part IV, Sections				Orving.
e			written determination fro			Type I, Type II, Type III	
f Foi	functionally integrated, of er the number of supported		onally integrated supporti	ng organiz	ation.		
	wide the following information		ted organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the org in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		-		-		(
-							
						Y	V
				5 5 1			

Schedule A (Form 990) 2021
Part II Support Sch Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not 						
include any "unusual grants.")	10429642.	13126609.	11966973.	27266863.	18559620.	81349707.
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				× 1000	X (- 1)	
3 The value of services or facilities						
furnished by a governmental unit to the organization without charge		Lie A	1			
4 Total. Add lines 1 through 3	10429642.	13126609.	11966973.	27266863.	18559620.	81349707.
5 The portion of total contributions	N. I.			1	11	
by each person (other than a	3	9		40		
governmental unit or publicly				(a) (b)		
supported organization) included	0	611		4	0.00	
on line 1 that exceeds 2% of the	3			1. (0.1 10	
amount shown on line 11,	10.0	7				1054554
column (f)			-			1854771.
6 Public support. Subtract line 5 from line 4. Section B. Total Support						79494936.
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	10429642	13126609.	11966973.	27266863	18559620	81349707.
8 Gross income from interest,	101270121	LULUUUU.	113003731	27200000	10333020.	010107071
dividends, payments received on						
securities loans, rents, royalties,			Acces		-0.50	The state of the
and income from similar sources	1768961.	1713635.	1749399.	2015752.	2237124.	9484871.
9 Net income from unrelated business	17					47 63 3
activities, whether or not the	15.77.44	100		150.00	1.150	W. A. C.
business is regularly carried on	29,941.	8,544.		111,324.	158,763.	308,572.
10 Other income. Do not include gain						Tarana
or loss from the sale of capital	-				e di 1905 es	1 Sec. 1
assets (Explain in Part VI.)					19,761.	
11 Total support. Add lines 7 through 10	-					91162911.
12 Gross receipts from related activities.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.5451401401441441444	-	,921,983.
13 First 5 years. If the Form 990 is for the organization, check this box and sto	The last section of the la	The state of the state of the		year as a section 5	20 20 00-5	▶ □
Section C. Computation of Publ						
14 Public support percentage for 2021 (14	87.20 %
15 Public support percentage from 2020	Schedule A, Part	II, line 14		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	80.83 %
16a 33 1/3% support test - 2021. If the						
stop here. The organization qualifies	as a publicly supp	orted organization				X
b 33 1/3% support test - 2020. If the						
and stop here. The organization qua						
17a 10% -facts-and-circumstances test						
and if the organization meets the fact					VI how the organi	zation
meets the facts and circumstances to						
b 10% -facts-and-circumstances test						10% or
more, and if the organization meets to						
organization meets the facts-and-circ						
18 Private foundation. If the organization	or alla flot check a	DOX OF HITE 13, 10	a, 100, 17a, 01 1/1	b, check this box a		(Form 990) 2021

Schedule A (Form 990) 2021 HUMANE SOCIETY OF MISSOURI 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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						77
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-			l'i			100
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
1.1 1.1 1.1						-
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						7
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				7	7	
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	107.00	141-214	10/2010	10,000	1972321	III TOTAL
10a Gross income from interest,						
dividends, payments received on		16		11		
securities loans, rents, royalties,						
and income from similar sources						-
b Unrelated business taxable income						1
(less section 511 taxes) from businesses						
acquired after June 30, 1975						11
c Add lines 10a and 10b						
11 Net income from unrelated business		-				-
activities not included on line 10b.						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years, If the Form 990 is for the	organization's f	ivat account third	formeth on 66th tour	vaav aa a aaatiaa	E01(a)(2) avecaination	
	of all and a second of the sec		Charles and the control of the second	and the second s		on,
check this box and stop here	0 1 0					
Section C. Computation of Public					TOT	
15 Public support percentage for 2021 (lin	e 8, column (f), c	divided by line 13, o	column (f))		15	
16 Public support percentage from 2020 S	Schedule A, Part	III, line 15		************	16	
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	1 fline 10c. colu	mn (f), divided by li	ne 13. column (f))		17	
18 Investment income percentage from 20		D 100 P 12			18	
			an Eng 4.4 and Eng			7 In mark
19a 33 1/3% support tests - 2021. If the c	and the same of th					
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2020. If the c	rganization did r	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, check	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	
Make the two of the A					12 / 1	12-10 V 4-24-24

Part IV Supporting Organizations

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

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

-	Yes	No
	H	
1		
1 -2		
2		-
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		11.
3b		
		100
3c		-
4a		
- 1		
4b		12000
4c		
100		
3		
5a	1	
5b		_
5c		
6		
110		1
200		
7		7
8		
	H	100
9a	4.0	
9b		-
9c		
		19
40-		
10a	W	
10b	100	

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number HUMANE SOCIETY OF MISSOURI 43-0652638 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one. contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

HUMANE SOCIETY OF MISSOURI

43-0652638

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$633,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 -		s700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3 -		\$\$.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4 -		\$\$ \$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5 -		\$\$1,495.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
6 _		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HUMANI	SOCIETY OF MISSOURI	4	3-0652638
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,146,692.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 657,238.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (202

Employer identification number

HUMANE SOCIETY OF MISSOURI

43-0652638

Part II N	Ioncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3 20	08 CHEVROLET TRAILBLAZER		
		s1,238.	09/21/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

HUMANE	S SOCIETY OF MISSOURI			43-0652638		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntov. For organizations	at total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
<u></u>						
	Transferee's name, address, a	(e) Transfer of g		sferor to transferee		
	Transferos s trante, 2001035, un		riolationish p or trail	Sicrot to durising		
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Desc	ription of how gift is held		
	Transferee's name, address, a	(e) Transfer of g				
	Transferee's frame, address, at	IU ZIP + 4	netationship of tran	sferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
		(e) Transfer of g	fer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	Transferee's name, address, a	(e) Transfer of g	Relationship of transferor to transferee			

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of orga	anization			Em	ployer identification number
	HUMANE	SOCIETY OF MISSO	URI		43-0652638
Part I-A	Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2 Political	campaign activity expendi	zation's direct and indirect politic itures aign activities			\$
Part I-B	Complete if the or	ganization is exempt und	er section 501(c)	(3)	
		incurred by the organization und			\$
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	5	\$
3 If the or	ganization incurred a section	on 4955 tax, did it file Form 4720	for this year?	Transferinsterinsterinsterins (Yes No
4a Was a c	correction made?				Yes No
b If "Yes,"	describe in Part IV.				
		ganization is exempt und			
1 Enter th	e amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
		nization's funds contributed to ot			•
3 Total ex	empt function expenditure	s. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	Carangerennennannanna (*	•
		***************************************			\$
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
5 Enter the made particular contribution	e names, addresses and er ayments. For each organiza itions received that were pr	mployer identification number (Eli ation listed, enter the amount paid comptly and directly delivered to a additional space is needed, prov	N) of all section 527 p d from the filing organ a separate political org	olitical organizations to whic ization's funds. Also enter tl ganization, such as a separa	ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and
			1		
_					

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

Schedule C (Form 990) 2021

LHA

Schedute C (Form 990) 2021 F	HUMANE S	OCIETY OF MISS	OURI	43-()652638 Page 2
Part II-A Complete if the organic section 501(h)).	anization is	exempt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
expenses, and share	of excess lobb			group member's nam	e, address, EIN,
Limite	s on Lobbying	x A and "limited control" pr Expenditures amounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin	es 1a and 1b)	***************************************			
d Other exempt purpose expenditures					
 Total exempt purpose expenditures 					
f Lobbying nontaxable amount. Enter	the amount fro	om the following table in bot	th columns.		
If the amount on line 1e, column (a) or	(b) is; Th	ne lobbying nontaxable an	nount is:		
Not over \$500,000	20	% of the amount on line 1e	ı.		
Over \$500,000 but not over \$1,000,	,000 \$1	100,000 plus 15% of the exc	cess over \$500,000.	:	
Over \$1,000,000 but not over \$1,50	0,000 \$1	175,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$2	225,000 plus 5% of the exce	ess over \$1,500,000.	•	
Over \$17,000,000	\$1	1,000,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1	0			
h Subtract line 1g from line 1a. If zero		•			
i Subtract line 1f from line 1c. If zero	or less, enter 0				
j If there is an amount other than zero	on either line				
reporting section 4911 tax for this y					Yes No
(Some organizations that	at made a sect	ar Averaging Period Undar tion 501(h) election do not separate instructions for li	have to complete all of	the five columns b	elow.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots cailing amount			 		
(150% of line 2d, column (e))			ļ		
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
8	Volunteers?		х		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statementa?		Х		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			<u> 2,000.</u>
j	Total. Add lines 1c through 1i			1:	2,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u></u>	Х		
	If "Yes," enter the amount of any tax incurred under section 4912		·		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_ d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3	-7	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	93, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying end political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		<u>2b</u>		
С	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the emount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
instru	ctions); and Part II·B, line 1. Also, complete this part for any additional information.				
PAF	T I-A, LINE 1:				
DUE	S ARE PAID TO AN ASSOCIATION THAT CONDUCTS LOBBYING	.			
	· 		·		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

MB No. 1545-0047

Name of the organization

HUMANE SOCIETY OF MISSOURI

Employer identification number

43-0652638 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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Sche		SOCIETY OF			-	43-	0652638	Page 2
Pai	t III Organizations Maintaining (Collections of Ar	t, Historical Tr	easures, or	Other	Similar As	sets (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that	make sig	gnificant use of	its	
	collection items (check all that apply):							
a	Public exhibition	C	The state of the s	change progra	ım			
b	Scholarly research		Other					
C	Preservation for future generations	Britan San L						
4	Provide a description of the organization's of						Part XIII.	
5	During the year, did the organization solicit							-
Day	to be sold to raise funds rather than to be m						Yes	No.
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	ion answered "	Yes" on	Form 990, Par	t IV, line 9, or	
			liana, fau amatulla, stia.			and and		
1a	Is the organization an agent, trustee, custoo							(T.14)
	on Form 990, Part X?						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				Amount	
	Paginning balance						Amount	
C	Additions during the year							
d	Additions during the year							_
f	Distributions during the year							_
	Ending balance Did the organization include an amount on F	Form 000 Part V line	21 for accrow or	austodial accar	int liabili	111	Yes	No
	If "Yes," explain the arrangement in Part XIII					Service Control of the Control of th	·	140
	t V Endowment Funds. Complete					0.		
-		(a) Current year	(b) Prior year	(c) Two year		(d) Three years I	oack (e) Four	years back
1a	Beginning of year balance						41 Tage	-
b	Contributions	1		1			- 41	
c	Net investment earnings, gains, and losses			1 10			-11	
d	Grants or scholarships							
	Other expenditures for facilities				- 1			
	and programs	17						
f	Administrative expenses	1						
g	End of year balance							
2	Provide the estimated percentage of the cur		e (line 1a. column (a)) held as:				
а	Board designated or quasi-endowment	AND THE RESERVE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD	%					
b	Permanent endowment	%						
	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administer	ed for the	e organization		
	by:							Yes No
	(i) Unrelated organizations	animotione consent	DANSE (DE DE DONTE FOR FOR		1071421120121		3a(i)	171
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?	?			3b	
4	Describe in Part XIII the intended uses of the	e organization's endo						11
Par	t VI Land, Buildings, and Equipn	nent.						
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a.	See Form 990	, Part X, I	line 10.		
	Description of property	(a) Cost or o	other (b) Cos	st or other	(c) A	ccumulated	(d) Book	value
		basis (investr	ment) basis	s (other)	dep	oreciation		
1a	Land		4,0	53,366.	1,000			3,366.
	Buildings		35,9	19,346.	13,0	06,013.	22,913	3,333.
c	Leasehold improvements	0.00			1-6-6-			
	Equipment		8,1	20,800.	4,7	48,724.	3,372	2,076.
	Other			70,338.			70	338.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X column (B) line	10c1		>	30,409	

Schedule D (Form 990) 2021 HUMANE SOC Part VII Investments - Other Securities.	CIETY OF MISSOUR	<u>11 43</u>	-0652638 Page 3
Complete if the organization answered "Ye	es" on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of securi		(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yo	es" on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yo		1d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) PERPETUAL TRUSTS			31,615,516.
	RUT		2,584,728.
	ASSETS HELD BY O	THERS	830,400.
(4) EMPLOYEE RETENTION CREDI	T RECEIVABLE		3,493,733.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	·····	38,524,377.
Part X Other Liabilities.			
Complete if the organization answered "Yo	es" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B)			
2. Liability for uncertain tax positions. In Part XIII, prov	ide the text of the footnote to t	the organization's financial statements t	nat reports the

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 HUMANE SOCIETY OF MISSOURI Part XIII Supplemental Information (continued)	43-0652638 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	99,153.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DISCOUNTS NETTED WITH REVENUE	210,846.
ADVERTISING EXPENSES	7,366.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	218,212.
SCHEDULE D, PART V	
THE ENDOWMENT SECTION IS NOT APPLICABLE AS THE ONLY PERMANEN	TLY RESTRICTED
ASSETS ON THE BALANCE SHEET ARE PERPETUAL TRUSTS. THE ORGANI	ZATION DOES
NOT CONTROL OR HAVE POSSESSION OF TRUST ASSETS.	
	
<u> </u>	
	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Employer identification number

	SOCIETY OF MISSOUR	I			43-0652	638	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the followin e X Solicita f Solicita g X Special or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraisor have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
RKD GROUP - 7130 S. 29TH		Yes	No			-	
STREET, SUITE B, LINCOLN, NE	DIRECT MAIL	163	Х	1,061,944.	385,334.	676,610.	
Total 3 List all statas in which the organization or licensing.	on is registered or licensed to solicit o	ontribu	▶ utions	1,061,944, or has been notified	385,334, it is exempt from rea	676,610. gistration	
AL, AZ, CA, CO, CT, DC, FL, OH, OK, OR, PA, RI, SC, TN,		MD,M	E,M	KI,MIN,MO,MS	, NC, ND, NH,	YN, MN, UN	
JATON JON JAN JAN JAN JAN JAN JAN JAN JAN JAN JA	VN, NN, N1						
.		<u></u>					

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

SEE PART IV FOR CONTINUATIONS

Schedula G (Form 990) 2021

43-	0652638 Page 2
gross receipt	more than \$15,000 s greater than \$5,000.
ner events	(d) Total events (add col. (a) through
number)	col. (c))
00,918.	676,229.
00,918.	567,247.
	108,982.
5,266.	8,346.
50,591.	74,279.
19,809.	69,752.
71,784.	400. 218.471.
<u></u>	371,248. -262,266.
ore than	202,2001
er gaming	(d) Total gaming (add col. (a) through col. (e))
%	

(a) Event #1 (b) Event #2 (c) Oth GALA BALLOON GLOW (event type) (event type) (total 204,228. 171,083. 1 Gross receipts 145,189 2 Less: Contributions 121,140. 59,039. 49,943. 3 Gross income (line 1 minus line 2) 4 Cash prizes 3,080. 5 Noncash prizes 23,688. Rent/facility costs 49,943. 7 Food and beverages 8 Entertainment 400. 17,365. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported in \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (a) Bingo (c) Oth bingo/progressive bingo Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor Nο 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:

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Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 HUMANE SOCIETY OF MISSOURI	43-0652638 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	ormed
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in:	Yes No
a The organization's facility	13a
b An outside facility	13h
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records:
Name ►	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$and	116
of gaming revenue retained by the third party > \$	the amount
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	r spent in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information, Provide the explanations are ideal to Be to IV.	1000
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and (v); and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	IDRAISERS:
(I) NAME OF FUNDRAISER: RKD GROUP	
(I) ADDRESS OF BURDATORS 5400	volve to very construction
(I) ADDRESS OF FUNDRAISER: 7130 S. 29TH STREET, SUITE B,	LINCOLN, NE 68516
2000 10 01 01	

Schedute G (Form 990) HUMANE SOCIETY OF MISSOURI	43-0652638 Page 4
Schedule G (Form 990) HUMANE SOCIETY OF MISSOURI Part IV Supplemental Information (continued)	
	• · · · · · ·
	W 101-11-11
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HUMANE SOCIETY OF MISSOURI

Questions Regarding Compensation

Employer identification number 43-0652638

1-	Check the proventiate hardes) if the	i i	Yes	No
ю	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		1	0.77
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	200	1 0	
	First-class or charter travel Housing allowance or residence for personal u			100
	Travel for companions Payments for business use of personal resider	nce		0.11
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	100	10 8	
	Discretionary spending account Personal services (such as maid, chauffeur, ch	nef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	100		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	1,000		
	Independent compensation consultant X Compensation survey or study	1 3	1	20.
	X Form 990 of other organizations X Approval by the board or compensation comm		2 1	20.
	Approval by the board of compensation comm	ittee	1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	300		
	organization or a related organization:	(1.2)) ·
a	Descript a service of the service of			х
b	Participate in as specific payment from a small from a small from the state of the		Х	Λ
C	Destining to the second to the		Λ	х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		A
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			17
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			IN
	contingent on the revenues of:	3 /		n.
а				**
b	The organization? Any related organization?	5a		X
-	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	-	X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		10	8.
7	contingent on the net earnings of:	Y 1		0
a		2.1		
	The organization? Any related organization?	6a	-	X
~	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	200		10
	not described on lines 5 and 62 If "Ves." describe in Port III	100		
3	not described on lines 5 and 6? If "Yes," describe in Part III	7_		X
	initial contract exception described in Regulations section 53 4059 4(4)/2/2 If IIVee III described in Regulations			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		X
	Regulations section 53 4958.6(a)?			
- 23	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.	9		2021

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 HUMANE SOCIETY OF MISSOURI 43-0652638

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each fisted individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual,

		(B) Breakdown of W	/2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (E)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHRYN WRIGHT WARNICK	(i)	253,761.	0.	3,102.	15,000.	11,997.	283,860.	0.
PRESIDENT	(0)	0.	0.	0.	0.	0.	0.	0.
(2) ALISON RODDEN	(i)	144,618.	0.	0.	0.	15,937.	160,555.	0.
VETERINARIAN	(0)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE GOECKNER	(i)	150,462.	0.	0.	0.	6,665.	157,127.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DR. TRAVIS ARNOT	(1)	138,638.	0.	0.	0.	15,998.	154,636.	0.
DIRECTOR AHCHA (TERM ENDED 9/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(0)							
	(i)	-						
• • • • • • • • • • • • • • • • • • • 	(ii)							
	(6)			·····				
	(ii)							
	(1)							
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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 HUMANE SOCIETY OF MISSOURI Part III Supplemental Information	43-0652638	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also completely the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also completely the information of the part II.	ete this part for any additional informat	ion.
SCHEDULE J, PART I, LINE 4B AND PART II:		
THE \$15,000 IN COLUMN (C) REFLECTS THE CURRENT YEAR ACCRUAL FOR FUTURE		
RETIREMENT BENEFITS.		
	Schedule J (Fo	orm 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

Name of the organization

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

Employer identification number

HUMANE SOCIETY OF MISSOURI 43-0652638 Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 29 29,129. RETAIL VALUE X 6 Boats and planes Intellectual property Securities - Publicly traded X 17 291,790. STOCK QUOTE 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential X 103,797. CONDO PROCEEDS Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 X 1 90,703.50% OF RETAIL VALUE 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25 26 Other 27 Other > 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 RUMANE SUCTETY OF MISSOURI 43-0652638 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
BASED UPON THE RECORD KEEPING OF THE ORGANIZATION, THE NUMBER OF
CONTRIBUTORS IS PRESENTED ON SCHEDULE M.
SCHEDULE M, LINE 32B:
A THIRD PARTY PICKS UP AND SELLS DONATED CARS AND OTHER VEHICLES.

132142 11-17-21

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treesury Internal Revenue Service

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

Name of the organization HIMANE COCTEMY OF MICCOIDT Employer identification number

HUMANE SOCIETY OF MISSOURI 45-0652638
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
1. LONGMEADOW RESCUE RANCH - LONGMEADOW RESCUE RANCH IS ONE OF THE
LARGEST FACILITIES IN THE COUNTRY FOR THE REHABILITATION OF STARVING,
NEGLECTED AND ABUSED HORSES AND FARM ANIMALS. THIS FACILITY IS
UTILIZED TO TEMPORARILY FOSTER THE ANIMALS IMPOUNDED AS EVIDENCE BY THE
SOCIETY'S ANIMAL CRUELTY TASKFORCE AND LAW ENFORCEMENT AGENCIES. THIS
PROGRAM ALLOWS THE MISTREATED ANIMALS TO BE REHABILITATED WHILE
AWAITING ADOPTION PLACEMENT. CLIENTS SERVED: APPROXIMATELY 5,200.
2. EDUCATION - THE EDUCATION OFFICE IS RESPONSIBLE FOR PROVIDING
TRAINING FOR PEOPLE ON PET-RELATED TOPICS FOCUSED ON DEVELOPING
ATTITUDES OF RESPECT AND RESPONSIBILITY. THE HUMANE EDUCATION HELPS
THE SOCIETY IMPACT THE COMMUNITY. CLIENTS SERVED: APPROXIMATELY 10,700.
3. VOLUNTEER PROGRAMS - THE VOLUNTEER OFFICE IS RESPONSIBLE FOR THE
PLACEMENT OF VOLUNTEERS INTO SUCH PROGRAMS AS DAILY DOG WALKERS AND
GIFT SHOP VOLUNTEERS AND TO FOSTER ANIMALS IN THEIR HOMES. THE OFFICE
ALSO PLACES VOLUNTEERS IN THE ADOPTION CENTERS, MEDICAL CENTERS AND
LONGMEADOW RESCUE RANCH. 1,500 VOLUNTEERS IN DATABASE.
4. COMMUNITY PROGRAMS - COMMUNITY PROGRAMS INCLUDE SPAY/NEUTER
SERVICES, CARE OF ABUSED, SICK OR INJURED ANIMALS, FOSTER PROGRAMS, AND
OTHER SERVICES PROVIDED FOR PETS' OWNERS AT VARIOUS FACILITIES.
5. GIFT SHOP - THE GIFT SHOPS, IN THE SOCIETY'S ADOPTION CENTERS, SELL
PET SUPPLIES, SOCIETY LOGO MERCHANDISE AND OTHER PET RELATED ITEMS.

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

132211 11-11-21

Schedule O (Form 990) 2021

HUMANE SOCIETY OF MISSOURI

Employer identification number 43-0652638

6. MEMORIAL DOG PARKS - THE PARKS PROVIDE A SAFE AREA FOR DOG WALKING
AND OFF LEASH PLAY. THE CAROL GATES THROOP PARK ALSO HAS A COLUMBARIUM
FOR PET BURIALS AND THE CELEBRATION OF THE LIVES OF PETS AND PEOPLE.

EXPENSES \$ 2,155,200. INCLUDING GRANTS OF \$ 0. REVENUE \$ 301,956.

FORM 990, PART VI, SECTION A, LINE 2:

DAVID MEYER AND BEVERLY LUCAS PROPST WORK AT THE SAME COMPANY. DR. EMILY CROSS, PATRICK MULLEN, AND BILL ETLING WORK AT THE SAME COMPANY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW BOARD MEMBERS HAVE AN ORIENTATION MEETING WITH HSMO PRESIDENT. THEY ARE
PROVIDED WITH THE HSMO CONFLICT OF INTEREST POLICY AND SIGN OFF THAT THEY
HAVE REVIEWED AND WILL COMPLY WITH THE POLICY. THE SIGNED POLICY
STATEMENTS ARE MAINTAINED BY THE HSMO ADMINISTRATIVE ASSISTANT.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS OF REVIEW AND APPROVAL FOR COMPENSATION FOR OFFICERS AND KEY

EMPLOYEES IS DISCUSSED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

OF DIRECTORS. THE COMPENSATION FOR THE PRESIDENT, WHO IS A MEMBER OF THE

EXECUTIVE COMMITTEE, IS APPROVED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS.

THE EVALUATION BY THE EXECUTIVE COMMITTEE ALSO INCLUDES REVIEW OF A

COMPENSATION STUDY.

132212 11-11-21

PRIOR PERIOD ADJUSTMENT OF \$3,493,733 DUE TO RECOGNITION OF EMPLOYEE RETENTION CREDIT REVENUE WHICH WAS REPORTED FOR 10/31/2021 FINANCIAL Page 2

STATEMENT PURPOSES.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 356, 36, or 37.

Attach to Form 990.

2021 Open to Public inspection

CMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	HUMANE SOCIETY	OF MISSOURI					r identifica 065263		mber
Part I Identification o	of Disregarded Entities. Complet	e if the organization answered "Ye	es" on Form 990, Part IV, line 33	i.					
	(a) and EIN (if applicable) agarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) me End-of-year	assets Direct of		(f) et controlling entity	
Pert II Identification o organizations du	f Related Tax-Exempt Organiza uring the tax year.	tions. Complete if the organization	eu susweied . Jes. ou Loim 860	, Mart IV, line 34, t	ecause it had one o	r more related	d tax-exem	pt 	
	(a) ddress, and EIN ad organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct cont entity	trolling	Section 5 contri entr	olled
									110
· · · · · · · · · · · · · · · · · · ·				,,					

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

Schedule R (Form 990) 2021

132161 11-17-21 LHA

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	managing partner?	(k) Percentaç ownershi
		foreign country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
	1						Ш			Ш	1
										Ħ	
										T	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share of end-of-year	(h) Percentage ownership	Sec 5120 conti	tion b)(13) rolled try?
		country)		or trusty		assets			No
PERPETUAL TRUSTS (6)	CHARITABLE REMAINDER	мо	N/A	TRUST	N/A	N/A	N/A		х
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			-			-		Ϊή	
									E
							and de D (Com		

(6) 132163 11-17-21

Schedule R (Form 990) 2021

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			7-2	4.3	Yes	No
1 During the tax year, did the organization engage in any of the following tran	nsactions with one or more re	elated organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a control	led entity			1a		Х
						Х
c Gift, grant, or capital contribution from related organization(s)				10	X	
d Loans or loan guarantees to or for related organization(s)	TERRETORIO DE CONTROLO DE LA CONTROLO DEL LA CONTROLO DE LA CONTRO			1d	1-0	X
Loans or loan guarantees by related organization(s)		energie in der exemples (see fact)		1e		Х
f Dividends from related organization(s)				11		х
g Sale of assets to related organization(s)				1g	1 -	X
h Purchase of assets from related organization(s)	001001000100110111011101110111011			1h		X
Exchange of assets with related organization(s)				11		X
j Lease of facilities, equipment, or other assets to related organization(s)	*******************************			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
I Performance of services or membership or fundraising solicitations for relati						X
m Performance of services or membership or fundraising solicitations by relat	The second second second					X
n Sharing of facilities, equipment, mailing lists, or other assets with related or			TOTAL THE PROPERTY OF THE PROP			х
			***************************************			Х
p Reimbursement paid to related organization(s) for expenses			9/4	1p		x
q Reimbursement paid by related organization(s) for expenses		mannamanan o control to the	WANTER THE RESIDENCE OF SECURITIES AND	10		X
y construction of the state of		U/++ ++ DX+ ++ + + + + + + + + + + +	***************************************	13		
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)	eresseementa argumenta a	(Armi Wantayakina minakin makin makin makin	TO ACCUMENTAL A DOMESTIC OF THE CONTROL OF THE CONT	18		X
2 If the answer to any of the above is "Yes," see the instructions for informati	on on who must complete th	nis line, including covered rel	ationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
(1) PERPETUAL TRUSTS (6)	С	1,914,444.	MOUNTS RECEIVED			
(2)			1777			
(3)						
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		country	Sections 5 (2-5 (4)	Yes No	income	433613	Yes No	(Form 1065)	Yes No	-
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	+									
			4					1000		000) 2021

Schedule R (Form 990) 2021

		EXTENDED TO SEPTEMBER 15, 2023		
Form 990-T	6	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		0004
	Force	lendar year 2021 or other tax year beginning ${ m NOV}~1,~2021$, and ending ${ m OCT}~31,~202$	22	2021
Dopartment of the Treasury Internal Revenue Service	1.	Go to www.ire.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	, -	Open to Public Inspection for 501(c)(3) Organizations Only
	 			501(c)(3) Organizations Only over identification number
A Check box if address changed	_	Name of organization (Check box if name changed and see instructions.)		
B Exempt under section		HUMANE SOCIETY OF MISSOURI	4	3-0652638
X 501(c)(3) 408(a) 220(e	Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 MACKLIND AVENUE		p exemption number natructions)
408A 530(a 529(a) 529A)	City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63110	 - -	Check box if
	СВо	ok value of all assets at end of year	┥ ̄	an amended return.
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust		an amended retain.
H Check if filing only		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation		▶[
		ed Schedules A (Form 990-T)		1
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶┌	Yes X No
		d identifying number of the parent corporation.	-	
L The books are in c	are of 🕨	ANNE GOECKNER Telephone number	314-	951-1509
Part I Total Ur	relate	d Business Taxable Income		
1 Total of unrelate	d busine:	ss taxable income computed from all unrelated trades or businesses (see	Ţ	
instructions)		,	1 1	158,763.
2 Reserved			2	
3 Add lines 1 and 2			3	158,763.
4 Charitable contri	butions (see instructions for limitation rules)	4	0.
5 Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4 from line 3	5	158,763.
		ng loss. See instructions STATEMENT 1	6	158,763.
7 Total of unrelated	busine:	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fr	om line 8	S	7	
B Specific deduction	on (genei	rally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts, Section	199A dec	duction, See instructions	. 9	
10 Total deduction	s, Add lii	nes 8 and 9	10	1,000.
11 Unrelated busin	ess taxe	ble income. Subtract line 10 from line 7, If line 10 is greater than line 7,		
enter zero			11	0.
Part II Tax Con	<u> </u>			
		s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
Trusts taxable a	t trust <u>r</u> a	ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See in	nstructio	ns	3	
4 Other tex amoun	ts. See ir	nstructions	4	
5 Alternative minim		trusts only)	5	
		cility Income, See instructions	6	
7 Total, Add lines	3 throug	n 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork	Reducti	on Act Notice, see instructions.		Form 990-T (2021)

	0-T (2021)					Page 2
Part I		Les C. I				_
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 11	16)1a		45.0		
	Other credits (see instructions)			100		
	General business credit. Attach Form 3800 (see instructions)					
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 1a through 1d	*)***6************************	econocia (accessoro)	1e		_
	Subtract line 1e from Part II, line 7			2		0.
	Other amounts due. Check if from: Form 4255 Form 8611 Other (attach statement)		****(*****(**********	3		
	Total tax. Add lines 2 and 3 (see instructions).	des tax previously defer	red under	75.1		
1	section 1294. Enter tax amount here	>		4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II,	column (k), line 4	cutino (increasionesis	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		100		
b :	2021 estimated tax payments. Check if section 643(g) election applies	► 6b		2.3		
c	ax deposited with Form 8868	6c		11 0		
d I	oreign organizations: Tax paid or withheld at source (see instructions)	6d				
e l	Backup withholding (see instructions)	6e		. 41		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		(1)		
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other	Total ▶ 6g		1. 1		
7 .	otal payments. Add lines 6a through 6g	*************************		7		
	stimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9 .	ax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount	nt owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter ar	mount overpaid		10		
11 8	inter the amount of line 10 you want: Credited to 2022 estimated tax I I Statements Regarding Certain Activities and Other		Refunded >	11		
2 II 1 I 3 II 4 II 5 F	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Ye here During the tax year, did the organization receive a distribution from, or was preign trust? If "Yes," see instructions for other forms the organization may have to file inter the amount of tax-exempt interest received or accrued during the tax enter available pre-2018 NOL carryovers here The system of the tax exempt interest received or accrued during the tax enter available pre-2018 NOL carryovers here Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Enter available Business Activity Code and post-2018 NOL carryovers. Enter available Business Activity Code	is it the grantor of, or tra ix year Do not include any wn here by any deduction ost-2017 NOL carryovers II, line 17 for the tax year	ansferor to, a ▶ \$ post-2017 NOL care on reported on Part s. Don't reduce	yover I, line 4.		X
		\$				
		\$			- 4.31	
6a [old the organization change its method of accounting? (see instructions)	017007017007107222222222222				X
b 1	6a is "Yes," has the organization described the change on Form 990, 99	90-EZ, 990-PF, or Form	1128? If "No,"			100
	xplain in Part V					
Part V	Supplemental Information					
Provide t	he explanation required by Part IV, line 6b. Also, provide any other additi	onal information. See in	structions.			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	of which preparer has any know	vledge.	y the IRS disc	it is true, uss this return vn below (see	with
	Signature of officer Date	PRESIDENT itle		tructions)?	Control of the second	No
n=1-1	Print/Type preparer's name Preparer's signature	Date	Check if	1	- 1.50	1,,,,
Paid	KIMBERIV A RVAN		self- employed	DOO	829977	,
repar	- DITTERNING OF BIT TEN		Programme N			
Use Or	Firm's name NUBINBROWN LLP	2 2100	Firm's EIN ▶	43-	076531	.0
	7676 FORSYTH BLVD, SUITH	2 2100		2111	200 22	00
Te de la	Firm's address ► SAINT LOUIS, MO 63105		Phone no. (
23711 01-	31-22			Fo	m 990-T	(2021

FORM 990-T	י	PRE 2018 NOL SCHE	EDULE	STATEMENT 1
PRE-2018 PRE-2018	735,457. 158,763.			
	A PORTION OF PRE-2 A ENTITY	018 NOL SCHEDULE A	A SHARE	
	1		0.	
NET OPERA BALANCE A EXPIRING	EDULE A SHARE OF PARTING DEDUCTION AFTER PRE-2018 NOLE NET OPERATING LOSS WARD OF NET OPERAT	DEDUCTION ES		0. 158,763. 0. 0. 576,694.
ORM 990-T	PRE-20	18 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
AX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
0/31/04	87,864.	87,864.	0.	0.
0/31/05	273,216.	30,081.	243,135.	243,135
)/31/06	116,018.	0.	116,018.	116,018
0/31/07	119,135.	0.	119,135.	119,135
0/31/08	110,659.	0.	1 10,659.	110,659
0/3 1 /09 0/31/10	129,171.	0.	129,171.	129,171
0/31/10	3,539. 8,000.	0.	3,539.	3,539
0/31/11	4,658.	0. 0.	8,000. 4,658.	8,000 4,658
0/31/18	1,142.	0.	1,142.	1,142
OL CARRYO	VER AVAILABLE THIS	YEAR	735,457.	735,457

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

➤ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service A Name of the organization B Employer identification number HUMANE SOCIETY OF MISSOURI 43-0652638 C Unrelated business activity code (see instructions) ► 453220 D Sequence: ■ Describe the unrelated trade or business ►ADVERTISING Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Part III, line 8) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)), See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 211,795. 7.366. 204,429. 11 Advertising income (Part IX) 11 Other income (see instructions; attach statement) 12 211,795. 7,366. 204,429. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 3 Repairs and maintenance 3 Bad debts 4 Interest (attach statement). See instructions 5 5 6 7 Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 Depletion 9 Contributions to deferred compensation plans 10 10 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 45,666. Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 14 45,666. 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 158,763. 16 Deduction for net operating loss. See instructions 17 158,763. Unrelated business taxable income. Subtract line 17 from line 16 ...

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021

Form 8868

(Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ■ Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 43-0652638 HUMANE SOCIETY OF MISSOURI File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your return. See 1201 MACKLIND AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ST. LOUIS, MO 63110 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7 Application Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ Form 1041-A 08 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 07 Form 990-T (corporation) ANNE GOECKNER The books are in the care of ▶ 1201 MACKLIND AVE. - ST. LOUIS, MO 63110 Telephone No. ▶ 314-951-1509 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until SEPTEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: __ calendar year __ ► X tax year beginning NOV 1, 2021 and ending OCT 31, 2022 Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment