Form 8879-E0	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2019, or fiscal year beginning, 2019, and ending	, 20	
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		2019
Name of exempt organization	n Em	ployer identification	on number
HUMANE SOCIE	TY OF NORTHWEST GA INC	58-178760)2
	TZ - EXECUTIVE DIRECTOR		
Part I Type of	Return and Return Information (Whole Dollars Only)		
	1b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you entered ow. Do not complete more than one line in Part I.	d -0- on the ret	
	ere ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) k here ► D b Total revenue, if any (Form 990-EZ, line 9)		
			1b <u>353740</u> 2b
3a Form 1120-POL c	neck here ► □ b Total tax (Form 1120-POL, line 22)	:	2b
4a Form 990-PF che	neck here ► □ b Total tax (Form 1120-POL, line 22)		2b
	neck here ► □ b Total tax (Form 1120-POL, line 22)		2b 3b
4a Form 990-PF che 5a Form 8868 check	neck here ► □ b Total tax (Form 1120-POL, line 22)		2b 3b 4b

financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the

🛛 I authorize	DBS	TAX	INC		to enter my PIN	1 7 6 0 2 as my signature
				ERO firm name	-	Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature >	Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	6 1 3 4 6 9 1 0 8 7 3 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on t indicated above. I confirm that I am submitting this return in accordance w Information for Authorized IBS e-file Providers for Business Beturns	

EBO Must Betain This Form — See Instructions						
ERO's signature ► -	DBS TAX INC CHRISTOPHER M JACKSON	Date ►	08/04/2020			

Do Not Submit This Form to the IRS Unless Requested To Do So

Form	990
1 UIIII	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

(Rev. January 2020)

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

Department of the Treasury

▶ 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

Open to Public

	narrieve	enue Service				Inspection
A	For the	e 2019 calen	dar year, or tax year beginning , 2019, and endir	ng		, 20
в	Check i	f applicable:	C Name of organization HUMANE SOCIETY OF NORTHWEST GA INC		-	oyer identification number
	Address	s change	Doing business as		58-1	787602
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) F	E Telephone number		
Х	Initial re	eturn	PO BOX 3946		706-	-226-5002
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	DALTON, GA 30721		G Gross	receipts \$ 356541
	Applicat	tion pending	F Name and address of principal officer JONATHAN SHATZ	H(a) Is this a gro	oup return fo	or subordinates? See Yes No
			PO BOX 1261 DALTON, GA 30722	H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	▼ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No," a	ittach a li	st. (see instructions)
J	Website	e:► HSNV	VGA.ORG	H(c) Group ex	emption	number 🕨
К	Form of	organization: 🛛	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 2008	M State	of legal domicile: GA
Pa	art I	Summa				
	1	Briefly des	cribe the organization's mission or most significant activities:			
e		PROVIDE SI	HELTER, VET CARE AND STERILAZATION FOR ABANDONED ANIMALS AND PLACE	E THEM IN GOOD	HOMES	
Activities & Governance		THROUGH AI	DOPTION.			
/err	2	Check this	box ► □ if the organization discontinued its operations or disposed	d of more than a	25% of	its net assets.
g	3	Number of	voting members of the governing body (Part VI, line 1a)		3	13
~	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	13
ties	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a)		5	3
tivi	6	Total numb	per of volunteers (estimate if necessary)		6	
Ac	7a		ated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrelat	ted business taxable income from Form 990-T, line 39		7b	
				Prior Year		Current Year
Ð	8	Contributio	ons and grants (Part VIII, line 1h)		8648	215958
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)		280	76769
eve	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		728	662
œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	587	153	60351
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	720	809	353740
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1–3)			
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	69	800	43675
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			
ę	b	Total fundr	aising expenses (Part IX, column (D), line 25)			
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	94	231	181288
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		031	224963
	19		ess expenses. Subtract line 18 from line 12	556	778	128777
Net Assets or Fund Balances				Beginning of Curr	ent Year	End of Year
sets	20	Total asset	ts (Part X, line 16)	2731		3058280
t Ass d Ba	21		ties (Part X, line 26)	6	675	7078
Fund	22		or fund balances. Subtract line 21 from line 20	2724		3051202
D	art II		re Block			

Signature Block

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

Sign	Signature of officer			Date		
Here	JONATHAN SHATZ, EXH	ECUTIVE DIRECTOR				
	Type or print name and title					
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if	PTIN
Preparer	CHRISTOPHER M JACKS		08/04/2	2020	self-employed	P00910873
Use Only	Firm's name DBS TAX INC	2		Firm's		-2066540
Use Only	Firm's address ► 2518 CLEVELAND H	WY SUITE 3 30721-		Phone	no. 706-	-529-2915
May the IRS	discuss this return with the preparer s	shown above? (see instructions) .				🛛 🛛 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 QNA Cat. No. 11282Y Form 990					Form 990 (2019)	

58-1787602

Form 99	D (2019) Page 2
Part	II Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE SHELTER, VET CARE AND STERILZATION FOR ABANDONED ANIMALS AND PLACE THEM IN GOOD HOMES THROUGH ADOPTION
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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	<pre>(Code: 501C3) (Expenses \$ 39058 including grants of \$) (Revenue \$ 69196) Provide Shelter, Vet Care, Sterilization for abandoned animals and place them in good homes thru adoption. Help individual with the cost of having their animals newtered or sprayed</pre>
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 39058

Form 99	00 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I </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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization neuronale, terminate, or dissolve and cease operations in Tes, complete Schedule N, Fart T Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34 35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	004		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable11Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10Ib0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	X	
QNA		Forr	n 990	(2019)

Page **5**

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6

HUMANE SOCIETY OF NORTHWEST GA INC 58-1787602 Form 990 (2019) 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. Х Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year. 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 13 1b b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Χ 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Χ 6 Did the organization have members or stockholders? 6 Χ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b Χ 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ а 8a Х Each committee with authority to act on behalf of the governing body? 8b b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C Χ 12c 13 13 Χ Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ а 15b Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► GA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	MARCELLI BOOKKEEPING SERVICES LLC 706-260-0012
	PO BOX 1261 DALTON. GA 30722

Page 7

Form 990 (2019)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(0						
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MELANIE M HALL	20				x			2269	0	0
(2) JAMES KAY	20							2209	0	0
					Х			10683	0	0
(3) JONAYHAN SHATZ	30				x			27250	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

58-1787602

Part	VII Section A. Officers, Directors, 1	rustees,	Key l	Em	ploy	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
						C)						
	(A)	(B)	(do n	ot cł		ition	e than o	ne	(D)	(E)		(F)
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Report		Estimated amount
		hours per week		-		1	or/trust	, í	compensation from the	compens from rel		of other compensation
		(list any	Individual trustee or director	Inst	Officer	Key employee	High	Former	organization	organiza	itions	from the
		hours for related	lirec	lti	cer	em	nest	ner	(W-2/1099-MISC)	(W-2/1099	-MISC)	organization and related organizations
		organizations	tor	ona		plo	e or					related organizations
		below	rust	t		yee	npe					
		dotted line)	iee	Institutional trustee			Highest compensated employee					
				Ű			led					
(15)												
(16)												
(17)												
			1									
(18)												
			1									
(19)												
			1									
(20)												
<u></u>			1									
(21)												
S			1									
(22)												
<u>/</u>			1									
(23)												
()			-									
(24)												
(47)			-									
(25)												
(23)			-									
1b	Subtotal								40202			
	Total from continuation sheets to Part	 VII Sootio	 	•	•	•	•••		40202			
с С				·	·	•	• •		40202			
d	Total (add lines 1b and 1c)						· ·		40202	- the sup (\$ 4)		- f
2	Total number of individuals (including but		a to tr	IOSE	e IISI	lea	above	e) w	no received mor	e than \$1	00,000	OT
	reportable compensation from the organi	zation										Vee Ne
_												Yes No
3	Did the organization list any former											
	employee on line 1a? If "Yes," complete a											3 X
4	For any individual listed on line 1a, is the											
	organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	? If "Yes," c	compl	ete	Scł	nedı	ule J f	for s	such person .			5
Secti	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	satio	ר fo	r the	e ca	lenda	r ye	ar ending with or	within the	e orgar	nization's tax year.
	(A)								(B)			(C)
	Name and business add	ress							Description of serv	/ices		Compensation
,												
,												
,												
,												
2	Total number of independent contractor	ors (includi	na hi	ıt n	ot	limit	ed to	th	ose listed abov	e) who		
_	received more than \$100,000 of compens		•							,		

Part VIII Statement of Revenue

58-1787602

Page 9

							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclud
								function revenue	business revenue	from tax unde sections 512-5
Its Its	1a	Federated campaig			1a					
Grants nounts	b	Membership dues			1b					
Ame c	С	Fundraising events		+	1c	63152				
ыпсs, ilar An	d	Related organization		+	1d					
imil imil	e	Government grants All other contribution	-		1e					
sr S	f	and similar amounts no			1f	152806				
contributions, Gifts, Grants and Other Similar Amounts	q	Noncash contributio								
	Ŭ	lines 1a-1f			1g	\$				
ъč	h	Total. Add lines 1a-	-1f.			🕨	215958			
						Business Code				
Program Service Revenue	2a	ADOPTIONS					63479	63479		
anc	b	SERVICE AND SALES	>				13290	13290		
gram ser Revenue	c d									
Re	e									
2	f	All other program se								
	g	Total. Add lines 2a-				🕨	76769			
	3	Investment income								
		other similar amoun					662	662		
	4	Income from investn				· ·				
	5	Royalties		(i) Real		>				
	6a	Gross rents	6a	(I) Hear						
	b	Less: rental expenses	6b							
	c	Rental income or (loss)								
	d	Net rental income o		6)		🕨				
	7a	Gross amount from		(i) Securiti	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
venue	b	Less: cost or other basis and sales expenses .	7b							
	c	Gain or (loss)								
۳,		Net gain or (loss)								
Other Re		Gross income from		I						
ō		events (not including		63152						
		of contributions rep			_					
		1c). See Part IV, line			8a	63152				
		Less: direct expense Net income or (loss)			8b	2801	60351			
	с 9а	Gross income f		ŕ	y eve	nts 🕨	00351			
	Ja	activities. See Part I			9a					
	b	Less: direct expense		•	9b					
	с	Net income or (loss)			tivitie	es 🕨				
	10a	Gross sales of in								
		returns and allowan		-	10a					
		Less: cost of goods Net income or (loss)			10b	prv 🕨				
0	C			Sales UI III	vento	Business Code				
Miscellaneous Revenue	11a					240				
ane inu(b									
scellaneo Revenue	с									
	d	All other revenue			-					
-	е	Total. Add lines 11a				🕨	353740	77431		

353740

77431

12

Total revenue. See instructions

58-1787602

Page 10

	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must complete				
-	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	38631	38631		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5044	5044		
11	Fees for services (nonemployees):				
а	Management				
b					
c		4244	4244		
d	Lobbying	1211	1211		
	Professional fundraising services. See Part IV, line 17				
e 4	-				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	2667	2667		
13	Office expenses	3386	3386		
14	Information technology				
15	Royalties				
16	Occupancy	38358	38358		
17	Travel	192	192		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	110512	110512		
23		2997	2997		
24	Other expenses. Itemize expenses not covered				
27	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK AND ONLINE FEES	2041	2041		
a b	TAXES AND LICENSES	400	400		
	ANIMAL CARE	10616	10616		
c c		2475	2475		
d	VEHICLE EXPENSES	3400	3400		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	224963	224963		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Pa	irt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ X		
			(A) Beginning of year		
	1	Cash-non-interest-bearing	30978	1	92081
	2	Savings and temporary cash investments	540145	2	53480
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	2160105	9	
	10a	Land, buildings, and equipment: cost or other		-	
	IVa	basis. Complete Part VI of Schedule D 10a 2932545			
	b	Less: accumulated depreciation 10b 19826		10c	2912719
	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2731228	16	3058280
	17	Accounts payable and accrued expenses	6675	17	7078
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Li	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6675	26	7078
nces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds	2724553	31	3051202
let	32	Total net assets or fund balances	2724553	32	3051202
	33	Total liabilities and net assets/fund balances	2731228	33	3058280

Form **990** (2019)

58-1787602

HUMANE SOCIETY OF NORTHWEST GA INC

Form 9	90 (2019)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		353	
2	Total expenses (must equal Part IX, column (A), line 25)	2		224	
3	Revenue less expenses. Subtract line 2 from line 1	3		128	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	724	553
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1978	872
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32, </u> column (B))	10	3	051	202
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash \Box Accrual \Box Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O.	explain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis 🛛 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	\Box Separate basis \Box Consolidated basis X Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow				
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMP Circular A 1222	orth in t	he 3a		x
Ŀ	Single Audit Act and OMB Circular A-133?	 dorac +			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why on Schedule O and describe any steps taken to undergo such				
	required addit of addits, explain why on schedule of and describe any steps taken to undergo such	auuns .	50		<u> </u>

QNA

SCHEDULE A	
(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

(C)

(D)

(E) Total

Name of th	e organization					Employer identification	number
HUM	ANE SOCIETY OF NORTHW	VEST GA INC				58-178760)2
Part I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The orga	nization is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1 🗌	A church, convention of church	nes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	
	A school described in section						
	A hospital or a cooperative hos						
	A medical research organizatic hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
7							
	A community trust described in			Part II.)			
9	An agricultural research organi or university or a non-land-gra university:	zation described	d in section 170(b)(1)	(A)(ix) op			
	An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more that action 511 tax) from	n 33 ¹ /3% of its
11 🗌	An organization organized and	operated exclusion	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12 🗌	An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
	of one or more publicly suppo	0		•		.,.,	
	Check the box in lines 12a thro	•			•	•	· · · ·
a	Type I. A supporting organ the supported organization supporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b [Type II. A supporting organ control or management of to organization(s). You must	he supporting o	rganization vested in	the same			
с [Type III functionally integ its supported organization(ally integrated with,
d [☐ Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	5
e [Check this box if the organ functionally integrated, or T						e II, Type III
f Er	nter the number of supported of						
g Pr	ovide the following information	about the supp	orted organization(s).				
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							

OMB No. 1545-0047

2019

Open to Public

Inspection

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not include any "nunsual grants.") (d) 2018 (e) 2019 (d) 2018 (e) 2019 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf (d) 2018 (e) 2019 3 The value of services or facilities furnished by a governmental unit to the organization without charge (d) 2018 (e) 2019 5 The portion of total contributions by agovernmental unit to publicly supported organization included on line 11, column (f). (e) 2016 (e) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 (e) 2016 (e) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 (d) 2016 (e) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 (d) 2016 (e) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 (d) 2016 (e) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 (d) 2016 (e) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 (d) 2018 <th>Sectio</th> <th>on A. Public Support</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Sectio	on A. Public Support						
membership fees received. (Do not include any "unusual grants.")	Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
organization's benefit and either paid to or expended on its behalf	1	membership fees received. (Do not						
furnished by a governmental unit to the organization without charge		organization's benefit and either paid						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Image: Column (f) 6 Public support. Subtract line 5 from line 4 Image: Column (f) Image: Column (f) 7 Amounts from line 4 Image: Column (f) Image: Column (f) Image: Column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Column (f) Image: Column (f) 9 Net income from unrelated business activities, whether or not the business is regularly carried on Image: Column (f) Image: Column (f) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Image: Column (f) Image: Column (f) Image: Column (f) 11 Total support. Add lines 7 through 10 Image: Column (f) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) Image: Column (f) 14 Total support percentage for 2019 (line 6, column (f) Image: Column (f) Image: Column (f) Image: Column (f) 13 First five years. If the Groganization qualifies as a publicly supp		furnished by a governmental unit to the						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 7 Amounts from line 4								
7 Amounts from line 4 Amounts from from similar sources Amounts from from similar sources Amounts from from interest, divided and from from similar sources Amounts from from line 4 Amounts f								
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Net income from unrelated business activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
 loss from the sale of capital assets (Explain in Part VI.)	9	Net income from unrelated business activities, whether or not the business						
 12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets						
 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	ne organization re	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	
 15 Public support percentage from 2018 Schedule A, Part II, line 14								
 16a 33¹/₃% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, box and stop here. The organization qualifies as a publicly supported organization								%
 box and stop here. The organization qualifies as a publicly supported organization								<u>%</u>
 this box and stop here. The organization qualifies as a publicly supported organization		box and stop here. The organization qual	lifies as a pub	licly supported	d organization			🕨 🗆
 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly organization								>
 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 	17a	10% or more, and if the organization me Part VI how the organization meets the "	ets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
		15 is 10% or more, and if the organization near VI how the organization near VI how the organization near the organization	ition meets the fac	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly ►
	18	•						see ▶ _

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

Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

-	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	343510	187769	302514	68588		902381
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						1
•	organization's tax-exempt purpose	20663	71345	80227			172235
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	364173	259114	382741	68588		1074616
	Amounts included on lines 1, 2, and 3	501175	239111	502711	00000		10,1010
14	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1074616
	on B. Total Support						-
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
9	Amounts from line 6	364173	259114	382741	68588		1074616
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	-33313	9071				-24242
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
-		-33313	9071				-24242
	Add lines 10a and 10b	-33313	9071				-24242
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	330860	268185	382741	68588		1050374
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth,	, or fifth tax ye	ar as a se	ection 501(c)(3)
	organization, check this box and stop her	re					► 🗌
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2019 (line 8	3, column (f), di	vided by line 1	3, column (f))			100.000 %
16	Public support percentage from 2018 Sch					16	100.000 %
-	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2019 (I			-		17	%
18	Investment income percentage from 2018 Schedule A, Part III, line 17						
19a	331/3% support tests-2019. If the organi						· ·· · ·
	17 is not more than 33 ¹ / ₃ %, check this box a	-	-	-		-	
b	33 ¹ / ₃ % support tests — 2018. If the organiz						
~ -	line 18 is not more than 33 ¹ / ₃ %, check this k	-	-	-			
20	Private foundation. If the organization die	d not check a b	pox on line 14,	19a, or 19b, c	heck this box	and see in	structions 🕨 🗌
QNA					Sch	edule A (Fori	m 990 or 990-EZ) 2019

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

Page 4

58-1787602

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Supporting Organizations (continued)

organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the

organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the

3	By reason of the relationship described in (2), did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

supervised, or controlled the supporting organization.	2		
ion C. Type II Supporting Organizations			
	_	Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		

1

2

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Did the organization operate for the benefit of any supported organization other than the supported

b A family member of a person described in (a) above?

Schedule A (Form 990 or 990-EZ) 2019

Part IV

2

1

1

Section C. Type II Supporting Organizations

Section D. All Type III Supporting Organizations

Section B. Type I Supporting Organizations

58-1787602

11a

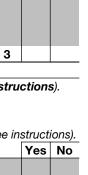
11b

11c

1

Yes No

Yes No



Yes No

Page **6**

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying of the set of the organization satisfied the Integral Part Test as a qualifying of the set of the set	-		lain in Part VII) See
instructions. All other Type III non-functionally integrated supporting orga			tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

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

6

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)						
Sect	ion D–Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish	exempt purposes							
2		Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	nizations							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive						
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
С	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
i	Carryover from 2014 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2015								
b	Excess from 2016								
С	Excess from 2017								
d	Excess from 2018								
е	Excess from 2019								

Schedule A (I	Schedule A (Form 990 or 990-EZ) 2019 Page 8							
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							

SCHE	DULE D	Supplement	al Financial Statements			OMB No. 1545-0047
(Form	n 990)		al Financial Statements ganization answered "Yes" on Form 990,	2019		
		Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990.	Open to Public		
	ent of the Treasury Revenue Service		990 for instructions and the latest information	ation.		Inspection
	f the organization		E	mployer		tion number
-		TY OF NORTHWEST GA INC	rised Funds or Other Similar Fund	o or A		787602
Par			"Yes" on Form 990, Part IV, line 6.	S OF A	ccount	5.
	Compr		(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number	at end of year				
2	00 0	ue of contributions to (during year)				
3		ue of grants from (during year) .				
4 5		ue at end of year	advisors in writing that the assets hel	d in do	nor adv	ised
Ŭ	•		e organization's exclusive legal control			
6			and donor advisors in writing that grant			
			fit of the donor or donor advisor, or for	-		
Par	<u> </u>	permissible private benefit?	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· 🗌 Yes 🗌 No
Par			"Yes" on Form 990, Part IV, line 7.			
1		conservation easements held by the				
			eation or education) 🗌 Preservation of a			
		of natural habitat	Preservation of a	a certifie	ed histor	ric structure
2		on of open space	eld a qualified conservation contribution	in the ·	form of r	conservation
2		he last day of the tax year.				at the End of the Tax Year
а				. 2	2a	
b	•	-	S		2b	
c			nistoric structure included in (a)		2c	
d			(c) acquired after 7/25/06, and not o		2d	
3		_	sferred, released, extinguished, or termi		-	ganization during the
	tax year ►	· · · ·				0 0
4		tes where property subject to conse				
5	violations and	anization have a written policy reg	garding the periodic monitoring, insponse	ection,	handlin	g of
6			cting, handling of violations, and enforcing			
·	•					
7		enses incurred in monitoring, inspectin	g, handling of violations, and enforcing co	onserva	tion ease	ements during the year
0	►\$			a ati a la la	170/6/(4)	
8			2(d) above satisfy the requirements of s			
9			conservation easements in its revenue a			
	balance sheet	, and include, if applicable, the text c	of the footnote to the organization's fina			
D. 1	-	accounting for conservation easeme			<u></u>	A I .
Part			s of Art, Historical Treasures, or ("Yes" on Form 990, Part IV, line 8.	other a	Similar	Assets.
1a			SB ASC 958, not to report in its revenue	e stater	nent and	d balance sheet works
			held for public exhibition, education, to its financial statements that describe			furtherance of public
b			SB ASC 958, to report in its revenue s			
			d for public exhibition, education, or res	earch ir	1 further	ance of public service
		llowing amounts relating to these iter				
	(ii) Assets inclu	uded in Form 990 Part X		•••	. • *	>
2			historical treasures, or other similar a			ncial gain, provide the
	following amo	unts required to be reported under F	ASB ASC 958 relating to these items:			
а						<u>.</u>
b	Assets include	ea in Form 990, Part X			. 🕨 💡	5

For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.
QNA	

HUMANE SOCIETY OF NORTHWEST GA INC

000) 2010

QNA

Schedu	le D (Form 990) 2019							Page Z
Part								
3	Using the organization's acquisition, a collection items (check all that apply):		ther record	ds, chec	k any of th	e follov	ving that make	significant use of its
а	Public exhibition		d	Loan	or exchang	ge prog	ram	
b	Scholarly research		_					
с	Preservation for future generations	3						
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how t	hey further	the org	janization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part					J			
- ar c	Complete if the organization		" on Forr	n 990, F	Part IV, line	e 9, or	reported an a	mount on Form
	990, Part X, line 21.			,	,	,	·	
1a		custodian or oth	ner interm	ediary fo	or contribut	tions or	other assets r	not
	included on Form 990, Part X?							🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fol	lowing ta	able:			
								Amount
С	Beginning balance					10	;	
d	Additions during the year					1d		
е	Distributions during the year					1e	•	
f	Ending balance					1f		
2 a	Did the organization include an amour							•
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	re if the ex	planatio	n has been	provide	ed on Part XIII	🗌
Par								
	Complete if the organization							
	-	(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	he current year er	nd balance	e (line 1g	, column (a	ı)) held a	as:	
а	Board designated or quasi-endowmer		%					
b	Permanent endowment	%						
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.					
3a	Are there endowment funds not in the	possession of the possessio	he organiz	ation that	at are held	and ad	ministered for t	he
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	., .							
b	If "Yes" on line 3a(ii), are the related or							. 3b
4	Describe in Part XIII the intended uses		on's endo	wment fi	unds.			
Part					Devit 11 / 11		0	
	Complete if the organization				-			
	Description of property	(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings			23	896294		19826	2876468
с	Leasehold improvements				23733			23733
d	Equipment				12518			12518
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part X	, columr	n (B), line 10)c.) .		2912719

Schedule D (Form 990) 2019

58-1787602

	_
Page	2

Schedule D (For	rm 990) 2019			Page 3
Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990 Part IV line	11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		hod of valuation:
		(-)		-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ►			
Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 000 Part IV lina	11d Soo Form	000 Part V line 15
	(a) Description	111 990, Fait IV, IIIe	Thu. See Form	(b) Book value
(1)	(-)			(4)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		🕨	
Part X	Other Liabilities.		11. or 116 Co.	Caura 000 Davit V
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	The or Th. See	e Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		🕨	
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the footno	ote to the organization'	s financial stateme	onts that reports the

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

Schedule D (Form 990) 2019

_

- r ar i	XI Reconciliation of Revenue per Audited Financial Statem		Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)			
с 5	Add lines 4a and 4b		4c 5	
Part		-		
Part	Complete if the organization answered "Yes" on Form 990,		er neturn.	
	Total expenses and losses per audited financial statements		1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
ے a	Donated services and use of facilities	2a		
a b	Prior year adjustments	2a 2b	-	
c	Other losses	20 2c	-	
d	Other (Describe in Part XIII.)		-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			art X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.	

				-	-	raising or Gam	-	OMB No. 1545-0047
-	n 990 or 990-EZ)	Complete II	organization ente	ered more that	n \$15,000 on	Form 990-EZ, line 6a.		2019
	tment of the Treasury al Revenue Service	Þ		ttach to Form <i>Form</i> 990 for i		990-EZ. nd the latest informa	tion.	Open to Public Inspection
Name	of the organization						Employer identit	fication number
-		TY OF NORTHWI						-1787602
Pa		sing Activities. 0-EZ filers are n				vered "Yes" on I	Form 990, Part IV	, line 17.
1			•	•	•	owing activities. C	heck all that apply.	
_	 a Mail solicitations b Internet and email solicitations e Solicitation of non-government grants f Solicitation of government grants 							
b c		d email solicitation citations	ns	f ∟ q ⊠		fundraising events	-	
d	I 🗌 In-person s	solicitations		5 -		J		
2a							cers, directors, trus	
b	If "Yes," list th		individuals or e	entities (fund		•	fundraising services nents under which t	s? Yes No the fundraiser is to be
	componented							
	(i) Name and addrea or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota					L			
3	List all states registration or				ensed to s	olicit contribution	s or has been noti	fied it is exempt from
G	A							

58-1787602

Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events 8 (add col. (a) through col. (c)) CAPITAL CAMPAIGN KENNELL KATCH (event type) (event type) (total number) Ð

Revenu	1	Gross receipts	40768	9633	12752	63153
Å	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	40768	9633	12752	63153
	4	Cash prizes				
	5	Noncash prizes				
JSes	6	Rent/facility costs			1800	1800
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	•		· · · · · · · •	<u>1800</u> 61353

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

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	│	☐ Yes% ☐ No	│	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d) . . .		
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:		s in each of these states		🗋 Yes 🗌 No
10		/ere any of the organization's g "Yes," explain:	aming licenses revoked	I, suspended, or termin	ated during the tax year	? . 🗌 Yes 🗌 No

		8-17	87602	
Schedu	ıle G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or othe		_	_
	formed to administer charitable gaming?		🗌 Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	• •		
a		13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo records:	ks and		
	Name ►			
	Address ► _,			
15a	Does the organization have a contract with a third party from whom the organization receives grevenue?		🗌 Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and a and a amount of gaming revenue retained by the third party ► \$			
с	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			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proce retain the state gaming license?	eds to	🗌 Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizat spent in the organization's own exempt activities during the tax year > \$	ions or		
Part				

SCHE	EDULE J	Compensation Information	ON	/IB No.	1545-0	047
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	1	20	19)
_		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	Or	ben to		
Internal	ent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	f the organization	Employer identific			707	< 0.0
Part		ETY OF NORTHWEST GA INC	5	8-1	/8/	602
n en e	Questie				Yes	No
1a		propriate box(es) if the organization provided any of the following to or for a person listed on section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Form			
		or charter travel				
	Travel for c)			
		nification and gross-up payments In Health or social club dues or initiation fees In Personal services (such as maid, chauffeur, chef)	,			
			н. - С С С С С С С С			
b		poxes on line 1a are checked, did the organization follow a written policy regarding pay ment or provision of all of the expenses described above? If "No," complete Part				
	explain			1b	Х	
2		nization require substantiation prior to reimbursing or allowing expenses incurred l tees, and officers, including the CEO/Executive Director, regarding the items checked o				
	1a?		•••	2	Х	
3	organization's	n, if any, of the following the organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used zation to establish compensation of the CEO/Executive Director, but explain in Part III.	by a			
	Compensa	tion committee				
		nt compensation consultant				
	∐ Form 990 c	of other organizations Approval by the board or compensation committ	ee			
4		ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or a related organization:				
а	Receive a sev	erance payment or change-of-control payment?		4a		Х
b		or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
С		or receive payment from, an equity-based compensation arrangement?		4c		Х
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	•			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.				
5	For persons	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	e any			
а	-	ion?		5a		X
b		ganization?	•••	5b		Χ
	If yes on line	e sa or sp, describe in Part III.				
6		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	e any			
а		ion?		6a		Х
b	•	ganization?		6b		X
7		isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nor described on lines 5 and 6? If "Yes," describe in Part III		7		x
8	Were any amo	punts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subj contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," description	ect			
				8		x
9		ne 8, did the organization also follow the rebuttable presumption procedure describ				
	Regulations se	ection 53.4958-6(c)?		9		

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.			Higher					
For each individual whose compen instructions, on row (ii). Do not list a	Trus	tees, Key Employ	yees, and mighest	Compensated E	mployees. Use d	uplicate copies if	additional space is	Ι.
	satior any inc	n must be reported dividuals that aren't	on Schedule J, repo- listed on Form 990, I	rt compensation fro Part VII.	m the organization	on row (i) and from	related organization	ns, described in tl
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or eac	h listed individual mu	ed individual must equal the total amount of Form 990 (B) Breakdown of W-2 and/or 1099-MISC compensation	ount of Form 990, Pa	rt VII, Section A, line	1a, applicable colum	nn (D) and (E) amounts	s for that individual
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
				compensation				Form 990
JONATHAN SHATZ	•	27250					27250	
1 IAMES KAV		10603					10603	
2		60001					60001	
MELANIE HALL	8	2269					2269	16805
3	1							
	≘							
4	(
	≘							
5	1							
	Ξ							
9	(
	Ξ							
7								
	8							
8	E							
	9							
ົ								
10	8							
	Ξ							
ŧ	1							
	Ξ							
12								
	9							
13	(
	≘							
14	1							
	Ξ							
15	1							
	Ξ							
						-		

Schedule J (Form 990) 2019 58-1787602 Page 3 58-1787602 Page 3 Page 1 Supplemental Information Supplemental Information 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 complete this part 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 complete this part	58-1787602 P Part II. Also complete this	Page 3 lis part
for any additional information.	-	.
	Schedule J (Form 990) 2019) 2019

QNA

SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on 2019 Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Inspection Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization 58-1787602 HUMANE SOCIETY OF NORTHWEST GA INC PART VI, SECTION A, LINE 6: Has Members PART VI, SECTION A, LINE 7a: Members vote on Directors PART VI, SECTION A, LINE 8a: Minutes are kept of meetings PART VI, SECTION A, LINE 8b: Secretary keeps meeting minutes _____ PART VI, SECTION B, LINE 11: Upon Request members are provided a copy of FOrm 990 PART VI, SECTION B, LINE 15a: Use comparable salaries with national organization PART VI, SECTION B, LINE 15b: Board approves all salaries and or wages PART VI, SECTION C, LINE 19: Available upon request and posted in office PART IX, LINE 24e:

outside services

Depreciation and Amortization

Form	TJUL		(Including Info	rmation on I	listed Prop	erty)			2019
Depart	ment of the Treasury			ch to your tax					Attachment
Interna	Revenue Service (99)	► Go to	www.irs.gov/Form456				formation.		Sequence No. 179
Name	(s) shown on return			ss or activity to v	hich this form r	elates	LINK:0-1		ifying number
-	ANE SOCIETY C			1990				58-	-1787602
Par		•	rtain Property Uno						
		-	ed property, compl		-				
		•	s)					1	
			placed in service (se					2	
			perty before reduction					3	
			ne 3 from line 2. If zei	,				4	
5			btract line 4 from lir				0		
	separately, see ins	structions						5	
6	(a) [Description of proper	ty	(b) Cost (bus	iness use only)		(c) Elected cost		
			from line 29						
			property. Add amount					8	
			aller of line 5 or line 8					9	
10	Carryover of disall	owed deductior	n from line 13 of your	2018 Form 4	562			10	
11	Business income lin	nitation. Enter the	e smaller of business ir	ncome (not les	ss than zero)	or line 5	5. See instructions	11	
12	Section 179 exper	nse deduction. A	Add lines 9 and 10, bu	ut don't enter	more than I	ne 11	<u></u>	12	
13	Carryover of disall	owed deductior	n to 2020. Add lines 9	and 10, less	line 12 🕨	13			
			for listed property. Ir						
			wance and Other I					instru	uctions.)
14			for qualified property						
	during the tax yea	r. See instructio	ns					14	36251
15	Property subject t	o section 168(f)(1) election					15	
16	Other depreciation	n (including ACR	IS)					16	
Par	t III MACRS D	epreciation (D	on't include listed	property. Se	e instruction	ons.)			
				Section A					
			ced in service in tax y					17	74261
18			assets placed in servi	-	-		-		
	Section		ed in Service During	g 2019 Tax Y	ear Using t	he Gen	eral Depreciation	n Syst	em
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convent	ion	(f) Method	(g) D	epreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25 yrs.			S/L		
	Residential rental			27.5 yrs.	MM		S/L		
	property			27.5 yrs.	MM		S/L		
i	Nonresidential rea	al		39 yrs.	MM		S/L		
	property			-	MM		S/L		
	<u> </u>	-Assets Place	d in Service During	2019 Tax Ye	ar Using th	e Alteri	native Depreciation	on Sve	stem
20a	Class life						S/L		
	12-year			12 yrs.			S/L	1	
	30-year			30 yrs.	MM		S/L		
	40-year			40 yrs.	MM		S/L		
	t IV Summary	(See instructio	ons.)	· · ·					
-	Listed property. E							21	[
			, lines 14 through 17,	lines 19 and	20 in colum	nn (a). a	and line 21. Enter		
			of your return. Partne					22	110512
23			ed in service during t	-	-				
			section 263A costs .			23			

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172

STATEMENT OF DEPRECIATION FOR: 58-1787602 SCHEDULE: 0-1

Dictore<	Description	Date	Cost or other		Bonus		Accum	Method	Life or	Deprec	ADS Deprec	Next Year's
DescriptionOX-014668SeeMAGE5.0MAGE5.0See989SeeSOPENTY 1980VMR01/01.132373SSS				Sec 179	Deprec							Deprec
OUDUM OLULI S88 S88 MAGE 5.0 S88 1376 ORBERY LINGOUNG 0/01/3 2373 A 2373 A						2896294	19826					74261
NOMBERY LINGYOUME OLVIN 2373 L <thl< th=""> L L L<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thl<>												
Image: Sector of the sector												
	PROPERTY IMPROVEME	01/01/19	23733		23733			MACRS	7.0	23733	3391	
	· · · · · · · · · · · · · · · · · · ·											
Image: Sector interface												
Image: Problem interval												
Image: Sector of the sector												
Image:												
Image: Constraint of the second se												
Image:												
Image: Constraint of the second se												
Image: Constraint of the second se												
Image: Constraint of the second se												
Image: sector of the sector												
Image: sector												
Image: state of the state												
Image: state of the state												
Image: Constraint of the second se												
Image: Constraint of the second se												
Image: Constraint of the second se												
Image: Constraint of the second se												
Image: Constraint of the second se												
Image: Constraint of the second system of												
Image: Constraint of the second system of												
Image: Constraint of the second se												
Image: Constraint of the second system of								ļ				
Image: Second												
Image: Second								ļ				
Image: Second		_ _						ļ				
Image: Second												
Image: Second								ļ				
Image: Constraint of the second se								ļ				
Image: Second								ļ				
Image: Second												
Image: Second												
Image: Constraint of the second se												
Image: Constraint of the second se												
TALS: 2932545 36251 2896294 19826 110512 70776 74261												
TALS: 2932545 36251 2896294 19826 110512 79776 74261												
TALS: 2932545 36251 2896294 19826 110512 79776 74261												
TALS: 2932545 36251 2896294 19826 110512 79776 74261												
TALS: 2932545 36251 2896294 19826 110512 70776 74261												
	FOTALS:		2932545		36251	2896294	19826			110512	79776	74261

QNA

STATEMENT OF STATE DEPRECIATION FOR: 58-1787602 SCHEDULE: 0-1

Description	Date	Cost or other	0. /=-	Bonus	.	Accum	Method	Life or	Deprec	ADS Deprec	Next Year's
of Property	Acquired	Basis	Sec 179	Deprec	Basis	Deprec	Used	Rate			Deprec
BUILDING	01/01/18				2896294		MACRS	39.0	74261		74261
FURNITURE AND FIXT	01/01/19	6636			6636		MACRS	7.0	948		1625
EQUIPMENT	01/01/19	5882			5882		MACRS	5.0	1176		1882
PROPERTY IMPROVEME	01/01/19	23733			23733		MACRS	7.0	3391		5812
											[
	+										
· · · · · · · · · · · · · · · · · · ·	+ +										
	++										
· · · · · · · · · · · · · · · · · · ·											
											ļ
											Ĺ
	1 1						1				
······											
·····	+ +										
	++										
	+										
	++										
OTALS:		2932545			2932545				79776		8358

	00	
Form	00	

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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.

Type or print	Name of exempt organization or other filer, see instructions. HUMANE SOCIETY OF NORTHWEST GA INC	Taxpayer identification number (TIN) 58-1787602					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3946						
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALTON, GA 30721						

Application		Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
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

• The books are in the care of
MARCELLI BOOKKEEPING SERVICES LLC

Telephone No. 🕨	(706)	260-0012	Fax No. 🕨	()	-		
 If the organization doe 	es not have a	n office or place o	of business in the United State	s, chec	k this bo>	<		
 If this is for a Group R 	leturn, enter	the organization's	four digit Group Exemption N	umber ((GEN)		If this is	
for the whole group, ch	eck this box	> 🗋 .	. If it is for part of the group, c	heck thi	is box .	🕨	 and attach 	
a list with the names and TINs of all members the extension is for.								

1 I request an automatic 6-month extension of time until 11/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

 \blacktriangleright x calendar year 20 <u>19</u> or

tax year beginning	, 20	, and ending	, 20		•
--------------------	------	--------------	------	--	---

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a
 If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
 3a
 \$

 b
 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
 3b
 \$

 c
 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.
 3c
 \$

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

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

Form 8868 (Rev. 1-2020)

QNA

Form 8879-E0	IRS e-file Signature Authorization for an Exempt Organization For calendar year 2019, or fiscal year beginning, 2019, and ending	, 20	OMB No. 1545-1878
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information 		2019
Name of exempt organization	n	Employer identificati	on number
HUMANE SOCIE	TY OF NORTHWEST GA INC	58-17876	02
Name and title of officer			
JONATHAN SHA	TZ – EXECUTIVE DIRECTOR		
Part I Type of	Return and Return Information (Whole Dollars Only)		
check the box on line leave line 1b, 2b, 3b,	return for which you are using this Form 8879-EO and enter the applicabl 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return be 1b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter ow. Do not complete more than one line in Part I.	ing filed with this	form was blank, then
	ere ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line ⁻ sk here ► □ b Total revenue, if any (Form 990-EZ, line 9)	,	1b 2b
3a Form 1120-POL c	neck here ► 🗌 b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF che	k here ► 🗌 b Tax based on investment income (Form 990-PF, Part VI,	line 5)	4b
5a Form 8868 check	here ► 🛛 b Balance Due (Form 8868, line 3c)		5b
Part II Declara	tion and Signature Authorization of Officer		
organization's 2019 e are true, correct, and organization's electro to send the organizati the transmission, (b) t authorize the U.S. Tre financial institution ac	jury, I declare that I am an officer of the above organization and that I hav ectronic return and accompanying schedules and statements and to the b complete. I further declare that the amount in Part I above is the amount s nic return. I consent to allow my intermediate service provider, transmitter on's return to the IRS and to receive from the IRS (a) an acknowledgemen he reason for any delay in processing the return or refund, and (c) the data asury and its designated Financial Agent to initiate an electronic funds wit count indicated in the tax preparation software for payment of the organiz al institution to debit the entry to this account. To revoke a payment, I mu	best of my knowle hown on the copy , or electronic retuint t of receipt or rea e of any refund. If hdrawal (direct de ation's federal tax	edge and belief, they y of the urn originator (ERO) uson for rejection of applicable, I ebit) entry to the kes owed on this

Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one b	oox only
----------------------------	----------

🛛 I authorize	DBS	TAX	INC		to enter my PIN	1 7 6 0 2 as my signature
				ERO firm name	Enter five numbers, but do not enter all zeros	

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	6 1 3 4 6 9 1 0 8 7 3 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 indicated above. I confirm that I am submitting this return in accordance with the	

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

	DDS IAA INC		
ERO's signature 🕨	CHRISTOPHER	Μ	JACKSON

Date► 08/04/2020

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