

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">LAKE HUMANE SOCIETY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>7564 TYLER BLVD BLDG E</p> City or town, state or province, country, and ZIP or foreign postal code <p>MENTOR OH 44060</p>	D Employer identification number <p style="text-align: center;">34-1246277</p> E Telephone number <p style="text-align: center;">440-951-6122</p> G Gross receipts \$ 1,691,832
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F Name and address of principal officer: <p>JENNIFER MCCARTY 58 E SHORE BLVD EASTLAKE OH 44095</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.LAKEHUMANE.ORG H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1937	M State of legal domicile: OH
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	34	
	6 Total number of volunteers (estimate if necessary)	6	250	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	1,422,851	999,715	
	9 Program service revenue (Part VIII, line 2g)	222,625	262,567	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,824	34,199	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,086	234,121	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,956,386	1,530,602	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	837,213	916,925	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) 226,718			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	439,373	518,847	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,276,586	1,435,772	
	19 Revenue less expenses. Subtract line 18 from line 12	679,800	94,830	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	3,840,021	3,725,664	
	21 Total liabilities (Part X, line 26)	66,022	99,077	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,773,999	3,626,587	

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">RICHARD HARMON</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT</p>
Paid Preparer Use Only	Print/Type preparer's name <p>JOSEPH R. MICHALSKI CPA</p> Firm's name <p>NMS, INC.</p> Firm's address <p>8383 MENTOR AVENUE MENTOR, OH 44060</p>	Preparer's signature <p>JOSEPH R. MICHALSKI CPA</p> Date <p>12/05/23</p> Check <input type="checkbox"/> if self-employed PTIN <p>P00738093</p> Firm's EIN <p>34-1909930</p> Phone no. <p>440-286-5222</p>

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 311,297 including grants of \$) (Revenue \$)

ANIMAL HUSBANDRY AND PET ADOPTION:

LAKE HUMANE SOCIETY PROVIDES A GENTLE AND CARING HAVEN FOR HOMELESS, ABANDONED, AND INJURED ANIMALS OF LAKE COUNTY AND THE SURROUNDING COMMUNITIES ANNUALLY. NOT ONLY DOES LHS PROVIDE CARE FOR CATS AND DOGS, BUT THE ORGANIZATION ALSO CARES FOR, DEFENDS, REHABILITATES, AND REHOMES RABBITS, CHICKENS, POCKET PETS, AND OTHER DOMESTIC ANIMALS. SPECIAL CARE IS USED WITH THE ANIMALS THAT ARE SEIZED FROM THEIR OWNERS AND LACK THE SOCIAL SKILLS AND TRAINING TO FEEL COMFORTABLE IN A NEW HOME. TIME IS NOT AN ISSUE FOR OUR COMPASSION AND KINDNESS FOR THESE FRAGILE ANIMALS. LAKE HUMANE SOCIETY PRIDES ITSELF ON GIVING ANIMALS THE TIME AND ATTENTION THEY NEED TO BE ADOPTED.

4b (Code:) (Expenses \$ 95,353 including grants of \$) (Revenue \$)

OUTREACH & EDUCATION:

LAKE HUMANE SOCIETY STRIVES TO SERVE AS AN INVALUABLE RESOURCE TO THEIR COMMUNITY BY ASSISTING PET OWNERS AND THEIR PETS. LHS EDUCATES THE COMMUNITY ON THE PROPER TREATMENT OF ANIMALS AND PROVIDES LOW-COST VACCINE CLINICS FOR ADOPTERS AND COMMUNITY MEMBERS. LHS OFFERS ASSISTANCE AND ADVICE TO PET OWNERS IN ORDER TO KEEP PETS IN THEIR HOMES.

4c (Code:) (Expenses \$ 361,398 including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 197,700 including grants of \$) (Revenue \$)

4e Total program service expenses 965,748

Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Parts I and IV		X
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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II		X

Part IV 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>		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>		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 through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	8
1b	0

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	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
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
c	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			X
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).				
a	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			
c	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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 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.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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

ALICIA OPALKO
MENTOR

7564 TYLER BLVD. BKDG E

OH 44060

440-951-6122

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI CASZATT (1/1/22-8/30/22) EXECUTIVE DIRECTOR	40.00 0.00			X			58,010	0	0	
(2) JAMIE TAVANO (9/1/22-12/31/22) EXECUTIVE DIRECTOR	40.00 0.00	X		X			43,274	0	0	
(3) SARA BREESE TRUSTEE	1.00 0.00	X					0	0	0	
(4) LINDA CAPPELLI TRUSTEE	1.00 0.00	X					0	0	0	
(5) ELIZABETH DONALDSON TREASURER	1.00 0.00	X		X			0	0	0	
(6) SUSAN FASSO SECRETARY	1.00 0.00	X		X			0	0	0	
(7) KENNETH FILIPIAK TRUSTEE	1.00 0.00	X					0	0	0	
(8) KEVIN FREESE TRUSTEE	1.00 0.00	X					0	0	0	
(9) RICHARD HARMON PRESIDENT	1.00 0.00	X		X			0	0	0	
(10) KA-PI HOH TRUSTEE	1.00 0.00	X					0	0	0	
(11) JENNIFER MCCARTY TRUSTEE	1.00 0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LAURA PIZMOHT	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(13) DAWN PLANTE	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(14) CHRISTINE WEBER	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) DR. AMY WOLFGANG	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Subtotal							101,284			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							101,284			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e		45,155				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		954,560				
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			999,715				
	Program Service Revenue				Business Code			
2a ADOPTIONS			900099	198,760	198,760			
b CAGE SPONSORSHIP			900099	43,824	43,824			
c PET SHOP			900099	19,983	19,983			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				262,567				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			39,989			39,989	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a						
		b Less: cost or other basis and sales exps.	7b	5,790				
	c Gain or (loss)	7c	-5,790					
	d Net gain or (loss)				-5,790	-5,790		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
8a			202,986					
b Less: direct expenses		8b	34,986					
c Net income or (loss) from fundraising events				168,000				
9a Gross income from gaming activities. See Part IV, line 19								
	9a		190,535					
	b Less: direct expenses	9b	120,454					
c Net income or (loss) from gaming activities				70,081	70,081			
10a Gross sales of inventory, less returns and allowances								
	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue				Business Code				
	11a OTHER			-3,960	-3,960			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				-3,960			
12 Total revenue. See instructions				1,530,602	322,898	0	39,989	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	101,284	60,770	20,257	20,257
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	677,700	556,098	49,146	72,456
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	69,826	51,897	6,921	11,008
10 Payroll taxes	68,115	44,707	17,631	5,777
11 Fees for services (nonemployees):				
a Management				
b Legal	16,297	11,638	4,659	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,793		5,793	
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	98,587	6,322	2,819	89,446
13 Office expenses	56,044	13,449	38,268	4,327
14 Information technology				
15 Royalties				
16 Occupancy	94,043	72,965	15,464	5,614
17 Travel	2,816	1,481	1,005	330
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	45,494		45,494	
23 Insurance	10,863		10,863	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	105,465	100,819	4,395	251
b SUBCONTRACTOR	27,087	26,887	200	
c DUES AND SUBSCRIPTIONS	17,591	3,850	6,193	7,548
d MERCHANT FEES	11,995	225	2,514	9,256
e All other expenses	26,772	14,640	11,684	448
25 Total functional expenses. Add lines 1 through 24e	1,435,772	965,748	243,306	226,718
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,450,586	1	1,498,492
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,125	4	23,296
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,592	8	1,204
	9	Prepaid expenses and deferred charges	7,554	9	93
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	488,886		
	10b	Less: accumulated depreciation	230,017	10c	258,869
	11	Investments—publicly traded securities	2,133,853	11	1,928,625
	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	27,735	15	15,085
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,840,021	16	3,725,664	
Liabilities	17	Accounts payable and accrued expenses	38,702	17	52,761
	18	Grants payable		18	
	19	Deferred revenue	3,000	19	2,617
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	24,320	25	43,699
	26	Total liabilities. Add lines 17 through 25	66,022	26	99,077
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,254,359	27	2,315,683
	28	Net assets with donor restrictions	1,519,640	28	1,310,904
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,773,999	32	3,626,587	
33	Total liabilities and net assets/fund balances	3,840,021	33	3,725,664	

Part 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	1,530,602
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,435,772
3	Revenue less expenses. Subtract line 2 from line 1	3	94,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,773,999
5	Net unrealized gains (losses) on investments	5	-242,242
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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 32, column (B))	10	3,626,587

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,449,948	545,558	1,608,004	1,422,851	999,715	6,026,076
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	380,706	431,212	319,656	412,831	652,128	2,196,533
3 Gross receipts from activities that are not an unrelated trade or business under section 513	20,266	31,893	12,045	9,691	19,983	93,878
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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,850,920	1,008,663	1,939,705	1,845,373	1,671,826	8,316,487
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						8,316,487

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,850,920	1,008,663	1,939,705	1,845,373	1,671,826	8,316,487
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,569	39,110	47,771	59,586	39,989	211,025
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	24,569	39,110	47,771	59,586	39,989	211,025
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,875,489	1,047,773	1,987,476	1,904,959	1,711,815	8,527,512
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	97.53 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	97.53 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
2a	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? <i>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.</i>		
b		Yes	No
2b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
3a	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b		Yes	No
3b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (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 Year (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 (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	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 0.85 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).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

Area with horizontal dotted lines for supplemental information.

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GANLEY SUBARU OF WICKLIFFE 28840 EUCLID AVE WICKLIFFE OH 44092	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FATMAN'S INVASION 5040 MARIGOLD RD MENTOR OH 44060	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT YUSEK 7960 STONEYBROOK LANE MENTOR OH 44060	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PROGRESSIVE INSURANCE FOUNDATION 300 BRICKSTONE SQUARE, STE. 601 ANDOVER MA 01810	\$ 10,193	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CYNTHA WALD 468 BLUEBERRY CIR CLEVELAND OH 44143	\$ 10,581	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MRLM, LLC 6011 HEISLEY RD MENTOR OH 44060	\$ 10,240	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

34-1246277

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KENNETH W SCOTT FOUNDATION 4500 ROCKSIDE RD, STE 440 INDEPENDENCE OH 44131	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ROBERT DUBBS 7282 OLDE FARM LN MENTOR OH 44060	\$ 8,309	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ELIZABETH KROHN 421 MAPLEWOOD DR WILLOWICK OH 44095	\$ 8,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KENNETH A SCOTT CHARITABLE TRUST 100 PUBLIC SQUARE, SUITE 600 CLEVELAND OH 44113	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JEANE BEARDSLEY 334 CHESAPEAKE COVE PAINESVILLE OH 44077	\$ 38,814	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	HUMBLE HEART GENTLE SOUL 5735 STATE RD CLEVELAND OH 44134	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

34-1246277

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANONYMOUS 7564 TYLER BLVD MENTOR OH 44060	\$ 43,604	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	SARA KOBELT 7090 MORLEY RD CONCORD OH 44077	\$ 22,647	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	GANLEY VILLAGE, LLC 2215 MENTOR AVE PAINESVILLE OH 44077	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KRISTIN AND SCOTT GREGORY 7564 TYLER BLVD MENTOR OH 44060	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	TITOS HANDMADE VODKA 1406 SMITH RD BLDG C AUSTIN TX 78719	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BERNARD FAMILY FOUNDATION ONE BUCCANEER PLACE TAMPA FL 33607	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LAKE HUMANE SOCIETY

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	A.F & KATHLEEN WEST 8957 PERKINS DR MENTOR OH 44060	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	HAVANAS 29550 WARREN RD WICKLIFFE OH 44092	\$ 39,113	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BANFIELD CORPORATION 36395 EUCLID AVE WILLOUGHBY OH 44094	\$ 14,265	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SUBARU OF AMERICA INC 1 SUBARU DRIVE CAMDEN NJ 08103	\$ 5,384	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JOAN VENALECK 1382 W JACKSON ST PAINESVILLE OH 44077	\$ 5,320	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	RICHARD & BARBARA KWIATEK 9458 COLONY CT MENTOR OH 44060	\$ 5,252	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ZITA KNIFIC 6298 RIVERDALE DR MADISON OH 44057	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JAN STEIGUAF 7537 GOLDENROD DR MENTOR OH 44060	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	NELSON FAMILY FUND PO BOX 365 PRESCOTT WI 54021	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	JAMES WALCH 9492 EUCLID CHARDON RD KIRTLAND OH 44094	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ED BUGOS 5991 CEDARWOOD DR MENTOR OH 44060	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MORSE SALE COMPANY INC 7530 MENTORA AVE MENTOR OH 44060	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	BISSELL PET FOUNDATION 2345 WALKER AVE NW GRAND RAPIDS MI 49544	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	THE SUMMERLEE FOUNDATION 5556 CARUTH HAVEN LANE DALLAS TX 75225	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SARF FAMILY FOUNDATION FUND 330 S STATE RD 7 HOLLYWOOD FL 33023	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,511,932	1,330,486	1,170,371	969,176	1,053,230
b Contributions					
c Net investment earnings, gains, and losses	-208,106	186,751	165,350	206,396	-79,100
d Grants or scholarships					
e Other expenditures for facilities and programs	5,793	5,305	5,235	5,201	4,954
f Administrative expenses					
g End of year balance	1,298,033	1,511,932	1,330,486	1,170,371	969,176

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000		50,000
b Buildings				
c Leasehold improvements				
d Equipment		438,886	230,017	208,869
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				258,869

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	27,543
(3) LEASE LIABILITY	11,582
(4) ACCRUED EXPENSES	4,574
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,699

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,317,553
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-242,242	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-242,242	
3	Subtract line 2e from line 1	3	1,559,795	
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	5,793	
b	Other (Describe in Part XIII.)	4b	-34,986	
c	Add lines 4a and 4b	4c	-29,193	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,530,602	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,464,965
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	1,464,965	
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	5,793	
b	Other (Describe in Part XIII.)	4b	-34,986	
c	Add lines 4a and 4b	4c	-29,193	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,435,772	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE SOCIETY'S ENDOWMENT CONSISTS OF TWO FUNDS ESTABLISHED FOR SUPPORTING THE SOCIETY. THESE FUNDS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. OVER THE LONG TERM, THE SOCIETY EXPECTS THE CURRENT SPENDING POLICY TO PROVIDE FOR ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN AND NEW GIFTS WHICH IS CONSISTENT WITH THE SOCIETY'S OBJECTIVE TO MAINTAIN THE ENDOWMENT ASSETS HELD IN PERPETUITY.

PART X - FIN 48 FOOTNOTE

THE LHS IS INCORPORATED AS A NON-PROFIT ORGANIZATION UNDER THE LAWS OF THE STATE OF OHIO. LHS HAS QUALIFIED FOR A TAX EXEMPTION UNDER SECTION 501(C)

Part XIII Supplemental Information (continued)

(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE SOCIETY FOLLOWS THE PROVISIONS OF "ACCOUNTING FOR INCOME TAXES", WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE CERTAIN CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROVISIONS ALSO PROVIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2021.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

FUNDRAISING EXPENSE \$ -34,986

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

FUNDRAISING EXPENSE \$ -34,986

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

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.....

.....

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>BENEFIT EVENT</u> (event type)	<u>BLACK CAT BALL</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	72,151	44,572	86,263	202,986
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	72,151	44,572	86,263	202,986
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		15,933	3,169	19,102
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,368	5,587	7,929	15,884
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					168,000

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Revenue	1	Gross revenue	190,535		190,535	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		120,454		120,454
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				120,454
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				70,081

9 Enter the state(s) in which the organization conducts gaming activities: OH

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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 other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a		%
b	An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **ALICIA OPALKO**
7564 TYLER BLVD
 Address **MENTOR** **OH 44060**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ **190,535** and the amount of gaming revenue retained by the third party \$ **120,454**
- c If "Yes," enter name and address of the third party:

Name **ALL STAR GAMING**
238 W. MAIN STREET
 Address **RAVENNA** **OH 44266**

16 Gaming manager information:

Name **ALICIA OPALKO**
 Gaming manager compensation \$ _____
 Description of services provided **OVERSEE GAMING ACTIVITY**

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

FORM 990 - ORGANIZATION'S MISSION

MISSION:

**TO PROTECT ANIMALS AND BUILD CONNECTIONS BETWEEN PETS AND PEOPLE THROUGH
ADVOCACY AND EDUCATION.**

VISION:

LEADING AND GUIDING A HUMANE LAKE COUNTY

CORE VALUES:

COMPASSION FOR PETS AND PEOPLE.

ENGAGEMENT THROUGH INNOVATIVE PROGRAMS, PARTNERSHIPS AND ADOPTIONS.

PROTECTION FOR THE VOICELESS ANIMALS THAT NEED HELP.

EDUCATION TO BUILD SAFE AND INFORMED COMMUNITY FOR PEOPLE AND PETS

**FAMILY TO BUILD RELATIONSHIPS WITH ADOPTERS, VOLUNTEERS, EMPLOYEES, DONORS
AND ANIMALS**

FORM 990, PART III - ADDITIONAL INFORMATION

LAKE HUMANE IS THE CONFLUENCE FOR ANIMALS AND PEOPLE WITHIN LAKE COUNTY

OHIO. THE HUMAN BOND IS UNDENIABLE, LHS FOSTERS THESE CONNECTIONS BY

SUPPORTING HOMELESS PETS IN NEED WHILE THEY ARE WAITING TO FIND THEIR

PERSON OR FAMILY. OUR PROFESSIONAL STAFF, AND VOLUNTEERS HELP PLACE ANIMALS

INTO LOVING HOMES MAKING SURE PET ADOPTERS ARE AWARE THAT LHS PROVIDES THE

SUPPORT THEY NEED TO HELP A NEW FOUR-LEGGED FAMILY MEMBER SETTLE INTO THEIR

NEW HOME.

LAKE HUMANE SOCIETY PROVIDES THE ONLY HUMANE AGENT IN THE COUNTY WHOSE DUTY

IS TO ENFORCE LAWS RELATED TO THE HUMANE TREATMENT OF ANIMALS; SHE

INVESTIGATES ALLEGATIONS OF ANIMAL ABUSE AND ENSURE PETS ARE WELL CARED FOR

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

AND PROTECTED. HER ROLE KEEPS THE ANIMALS WITHOUT A VOICE SAFE WITH THE HELP OF GOOD SAMARITANS.

EDUCATIONS PLAYS A LARGE ROLE IN HOW CHILDREN INTERACT AND RELATE TO PETS. SINCE THE HUMAN ANIMAL BOND IS STRONG CHILDREN NEED TO LEARN HOW TO STAY SAFE WITH PETS THEY DO NOT KNOW. LHS PROVIDES FREE DOG BITE PREVENTION PROGRAMS AND PET CARE PROGRAMS TO REINFORCE SAFE INTERACTIONS FOR COMMUNITY MEMBERS ANNUALLY.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

SHELTER MEDICINE:

LAKE HUMANE SOCIETY RUNS AN ON-SITE CLINIC TO PROVIDE MEDICAL CARE AND TREATMENT TO PETS IN OUR COLLECTION. EACH ANIMAL RECEIVED CARE FROM OUR ON-SITE ANIMAL CARE CLINIC WHICH PROVIDES PREVENTATIVE MEDICAL CARE AND EMERGENT TREATMENT TO PETS RELINQUISHED BY OUT COUNTY RESIDENTS. LHS GAVE VACCINES TO THE PETS IN OUR CARE TO PROMOTE SAFELY AND DISEASE PREVENTION WITHIN OUR COMMUNITY; OUR VETERINARIANS PROVIDED SURGERY ON ANIMALS INCLUDING SPAY/NEUTER FOR ALL CATS, DOGS AND RABBITS TO CONTROL PET OVERPOPULATION AND MICROCHIPS FOR ADOPTABLE PETS TO ENSURE THEY ARE RETURNED TO THEIR FAMILY IF EVER LOST. IN ADDITION TO THIS "STANDARD" MEDICAL CARE, LHS ALSO HELPS PETS IN NEED OF MEDICAL TREATMENT, SURGERIES, AND MEDICATION. EACH ANIMAL IS AN INDIVIDUAL, AND THEIR MEDICAL TREATMENT IS PERSONALIZED TO SUIT THEIR CONDITION AND STAGE IN LIFE. TO ASSIST OUR COMMUNITY LHS ALSO OFFERS AND AFTER HOURS HOTLINE TO HELP GOOD SAMARITANS AND OUR LOCAL POLICE WHO HAVE FOUND ABANDONDED OR INJURED ANIMALS IN NEED OF IMMEDIATE ASSISTANCE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

HUMANE INVESTIGATION:

LAKE HUMANE SOCIETY PROVIDES PROTECTION TO THE COMPANION ANIMALS OF LAKE COUNTY THROUGH THEIR HUMANE INVESTIGATIONS DEPARTMENT. LHS EMPLOYS THE ONLY HUMANE AGENT IN THE COUNTY, WHO IS APPOINTED BY THE LAKE COUNTY PROBATE COURT. THE LAKE HUMANE SOCIETY INVESTIGATED REPORTS OF SUSPECTED ANIMAL ABUSE, NEGLECT AND CRUELTY. POST CONVICTIONS FOLLOW UP VISITS ARE NECESSARY TO ENSURE THAT THE INDIVIDUAL CONVICTED IS FOLLOWING THE COURT'S MANDATE WHICH PREVENTS ANY FUTURE ANIMALS FROM BEING HARMED. ANIMAL'S WHICH SUFFER FROM ABUSE AND NEGLECT ARE SOME OF THE MOST FRAGILE ANIMALS WE RECIEVE. SPECIAL CARE IS USED WITH THE ANIMALS THAT ARE SEIZED FROM THEIR OWNERS, THESE PETS RESIDE AT THE SHELTER THE LONGEST AND NEED BOTH MEDICAL AND BEHAVIORAL SUPPORT PRIOR TO ADOPTION. MANY IMPOUNDED PETS HAVE CARE THAT EXCEED \$2,000 PER ANIMAL. TIME IS NOT AN ISSUE FOR OUR COMPASSION AND KINDNESS FOR THESE FRAGILE ANIMALS. IMPOUNDED ANIMALS RECEIVE ALL OF THE SUPPORT THEY NEED TO RECOVER FROM THEIR PREVIOUS ABUSE OR NEGLECT.

VOLUNTEER PROGRAM:

LAKE HUMANE SOCIETY RELIES ON DEDICATED VOLUNTEERS TO HELP MAKE THE MISSION COME TO LIFE. WITH A LIMITED STAFF, THE ORGANIZATION TURNS TO VOLUNTEERS TO ASSIST WITH ANIMAL CARE, ENRICHMENT, CUSTOMER SERVICE, OFF-SITE EVENTS, CLERICAL DUTIES, AND MORE. THE VOLUNTEER PROGRAM AT LHS PROVIDES 250 ANIMAL LOVERS WHO DONATED THEIR TIME WITH THE REWARDING OPPORTUNITY TO HELP HOMELESS PETS IN NEED RIGHT HERE IN THEIR VERY OWN COMMUNITY. FOSTER FAMILIES OPEN THEIR HEARTS AND THEIR HOMES TO ANIMALS IN NEED OF PERSONALIZED CARE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

THE BOARD OF DIRECTORS WILL ELECTRONICALLY REVIEW THE COMPLETED IRS FORM 990 BEFORE SUBMISSION. THE RETURN WILL BE AVAILABLE AT THE SOCIETY'S OFFICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANY POSSIBLE CONFLICT OF INTERESTS ARE DISCLOSED TO THE OTHER BOARD MEMBERS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST BECOMES A MATTER OF BOARD ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI - ADDITIONAL INFORMATION THE UNREALIZED LOSS REPRESENTS AN ADJUSTMENT FOR ACCUMULATED EARNINGS THAT WERE RECORDED EACH YEAR FOR THE APPRECIATION OF INVESTMENTS, BUT WERE SHOWN AS REALIZED IN 2018 DUE TO THE MOVEMENT OF FUNDS TO THE CLEVELAND FOUNDATION.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSE	\$	34,986
FUNDRAISING EXPENSE	\$	-34,986

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2022**

For calendar year 2022, or tax year beginning , and ending

Name

Employer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>MUTT STRUTT</u> (event type)	<u>PUP CRAWL</u> (event type)	<u>RESCUE ROCK OFF</u> (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	28,504	25,840	16,399	86,263
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	28,504	25,840	16,399	86,263
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,950			3,169
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,243	1,847	1,879	7,929

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2022
For calendar year 2022, or tax year beginning _____, and ending _____		

Name LAKE HUMANE SOCIETY	Employer Identification Number 34-1246277
------------------------------------	---

		(a) Other event <u>RAFFLE FOR RESC</u> <small>(event type)</small>	(b) Other event <u>SANTA PAWS</u> <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	10,312	5,208		
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,312	5,208		
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		219		
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	749	211		

Form 990		Two Year Comparison Report		2021 & 2022	
Name		For calendar year 2022, or tax year beginning		, ending	
Taxpayer Identification Number					
LAKE HUMANE SOCIETY				34-1246277	
			2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1.	1,285,245	954,560	-330,685
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	137,606	45,155	-92,451
	4. Program service revenue	4.	222,625	262,567	39,942
	5. Investment income	5.	59,586	39,989	-19,597
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	6,238	-5,790	-12,028
	8. Net income or (loss) from fundraising events	8.	154,656	168,000	13,344
	9. Net income or (loss) from gaming	9.	80,390	70,081	-10,309
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	10,040	-3,960	-14,000
	12. Total revenue. Add lines 1 through 11	12.	1,956,386	1,530,602	-425,784
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	80,052	101,284	21,232
	16. Salaries, other compensation, and employee benefits	16.	757,161	815,641	58,480
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	19,355	22,090	2,735
	19. Occupancy, rent, utilities, and maintenance	19.	85,794	94,043	8,249
	20. Depreciation and Depletion	20.	22,766	45,494	22,728
	21. Other expenses	21.	311,458	357,220	45,762
	22. Total expenses. Add lines 13 through 21	22.	1,276,586	1,435,772	159,186
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	679,800	94,830	-584,970
Other Information	24. Total exempt revenue	24.	1,956,386	1,530,602	-425,784
	25. Total unrelated revenue	25.	80,390		-80,390
	26. Total excludable revenue	26.	298,489	362,887	64,398
	27. Total assets	27.	3,840,021	3,725,664	-114,357
	28. Total liabilities	28.	66,022	99,077	33,055
	29. Retained earnings	29.	3,773,999	3,626,587	-147,412
	30. Number of voting members of governing body	30.	11	13	
	31. Number of independent voting members of governing body	31.	11	13	
	32. Number of employees	32.	27	34	
	33. Number of volunteers	33.	373	250	

Form 990T	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **LAKE HUMANE SOCIETY** Taxpayer Identification Number **34-1246277**

		2021	2022	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1.	1	
	2. Unrelated business taxable income from all trades	2.		
	3. Charitable contributions	3.		
	4. Section 199A deduction (trusts only)	4.		
	5. Taxable income before NOL loss	5.		
	6. Net operating loss (pre-2018)	6.		
	7. Specific deduction	7.	1,000	1,000
	8. Unrelated business taxable income.	8.		
Tax & Credits	9. Income tax (corporate or trust)	9.		
	10. Proxy tax	10.		
	11. Other taxes	11.		
	12. Total taxes	12.		
	13. Other credits	13.		
	14. General business credit	14.		
	15. Credit for prior year minimum tax	15.		
	16. Total credits	16.		
	17. Net tax after credits	17.		
	18. Recapture taxes and 965 tax	18.		
	19. Total Taxes	19.		
Due/Refund	20. Prior year overpayment and estimated tax payments	20.		
	21. Payment made with extension	21.		
	22. Backup withholding and foreign withholding	22.		
	23. Other payments	23.		
	24. Total payments	24.		
	25. Balance due/(Overpayment)	25.		
	26. Overpayment applied to next year	26.		
	27. Penalties	27.		
	28. Total due/(Refund)	28.		
	29. Activity Losses NOL (Post-2017)	29.		

Form SchA (990T)	Two Year Comparison for Unrelated Business Activity	2021 & 2022
Organization Name LAKE HUMANE SOCIETY		Taxpayer Identification Number 34-1246277
For calendar year 2022, or tax year beginning _____, ending _____		

Activity: **UNRELATED BUSINESS ACTIVITY**Unincorporated Business Income Tax Code: **713200**

		2021	2022	Differences
R e v e n u e	1. Gross profit/loss on business activities	1. 230,146		-230,146
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 230,146		-230,146
E x p e n s e s	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Depreciation and Depletion	18.		
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20.		
	21. Other deductions	21. 230,146		-230,146
	22. Total deductions. Add lines 12 through 22	22. 230,146		-230,146
	23. Taxable income before deductions. Subtract line 23 from 11	23.		
	24. Deductible losses	24.		
	25. Unrelated business taxable income (loss)	25.		

Form 990	Tax Return History	2022
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Name LAKE HUMANE SOCIETY	Employer Identification Number 34-1246277
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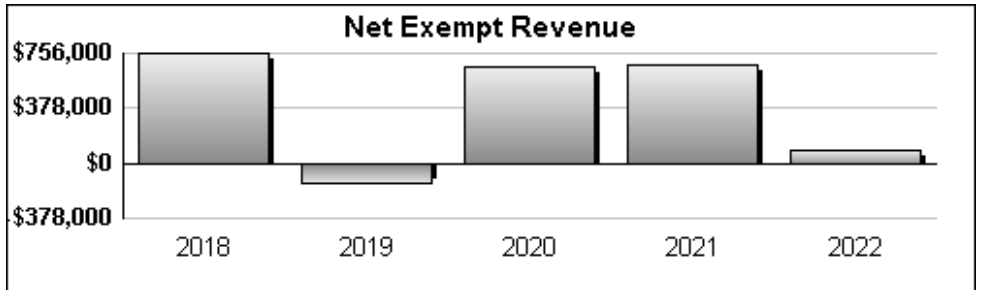
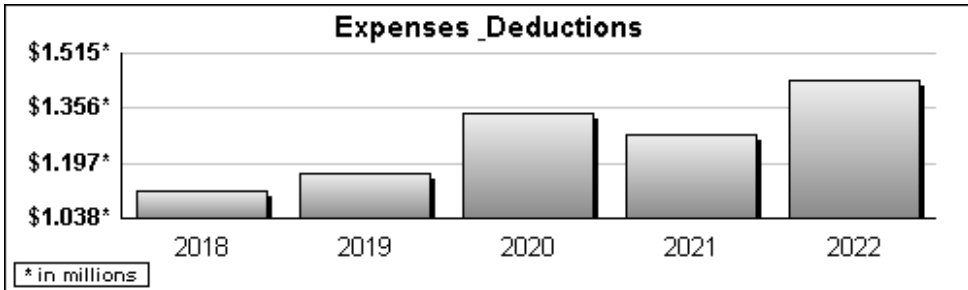
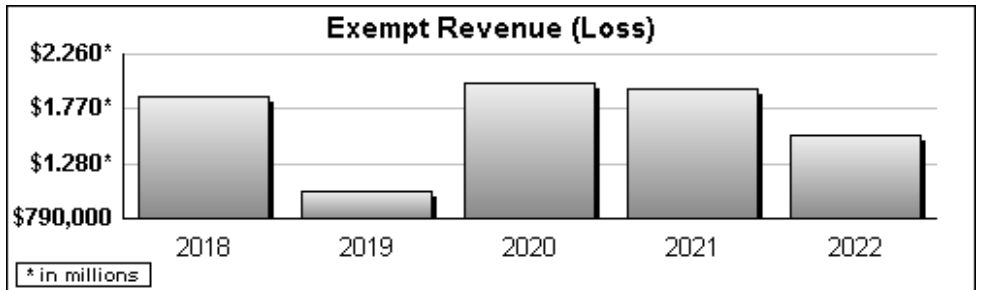
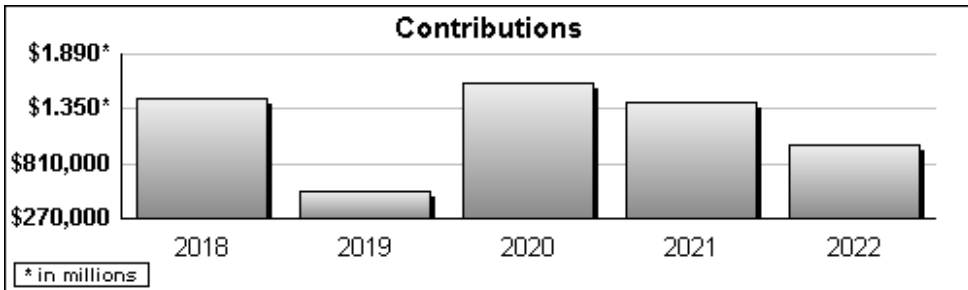
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,449,948	545,558	1,608,004	1,422,851	999,715	
Membership dues						
Program service revenue	163,874	200,287	185,769	222,625	262,567	
Capital gain or loss	3,938	1,137	966	6,238	-5,790	
Investment income	24,569	39,110	47,771	59,586	39,989	
Fundraising revenue (income/loss)	176,855	188,314	113,643	154,656	168,000	
Gaming revenue (income/loss)	56,364	61,810	52,527	80,390	70,081	
Other revenue				10,040	-3,960	
Total revenue	1,875,548	1,036,216	2,008,680	1,956,386	1,530,602	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	76,561	86,254	83,723	80,052	101,284	
Other compensation	571,848	573,998	690,645	757,161	815,641	
Professional fees	17,411	18,615	16,114	19,355	22,090	
Occupancy costs	81,180	83,940	84,726	85,794	94,043	
Depreciation and depletion	4,980	13,311	13,685	22,766	45,494	
Other expenses	365,983	389,499	451,893	311,458	357,220	
Total expenses	1,117,963	1,165,617	1,340,786	1,276,586	1,435,772	
Excess or (Deficit)	757,585	-129,401	667,894	679,800	94,830	
Total exempt revenue	1,875,548	1,036,216	2,008,680	1,956,386	1,530,602	
Total unrelated revenue	56,364	61,810	52,527	80,390		
Total excludable revenue	192,381	240,534	234,506	298,489	362,887	
Total Assets	2,147,367	2,244,947	3,168,758	3,840,021	3,725,664	
Total Liabilities	78,204	121,726	241,459	66,022	99,077	
Net Fund Balances	2,069,163	2,123,221	2,927,299	3,773,999	3,626,587	

Form 990T	Tax Return History	2022
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Name LAKE HUMANE SOCIETY	Employer Identification Number 34-1246277
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* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
Business activity profit/loss	165,813	192,379				
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	165,813	192,379				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Federal Statements**Taxable Dividends from Securities**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 39,989		14			
	TOTAL	\$ 39,989					

34-1246277

Federal Statements

FYE: 12/31/2022

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PETSHOP	\$ 9,747	\$ 7,167	\$	\$ 2,580
MAINTENANCE AND REPAIRS	8,765	4,088	4,651	26
BANK FEES	6,324	54	5,848	422
VEHICLE EXPENSE	4,474	3,331	1,143	
REAL ESTATE TAX	44		44	
ROUDNING	-2		-2	
COGS	-2,580			-2,580
TOTAL	<u>\$ 26,772</u>	<u>\$ 14,640</u>	<u>\$ 11,684</u>	<u>\$ 448</u>

34-1246277

Federal Statements

FYE: 12/31/2022

Schedule A, Part III, Line 1(e)

Description	Amount
PPP LOAN FORGIVENESS	\$
GRANTS	45,155
DONATIONS	565,646
GANLEY SUBARU OF WICKLIFFE	
CASH CONTRIBUTION	13,500
FATMAN'S INVASION	
CASH CONTRIBUTION	5,000
ROBERT YUSEK	
CASH CONTRIBUTION	5,000
PROGRESSIVE INSURANCE FOUNDATION	
CASH CONTRIBUTION	10,193
CYNTHA WALD	
CASH CONTRIBUTION	10,581
MRLM, LLC	
CASH CONTRIBUTION	10,240
KENNETH W SCOTT FOUNDATION	
CASH CONTRIBUTION	25,000
ROBERT DUBBS	
CASH CONTRIBUTION	8,309
ELIZABETH KROHN	
CASH CONTRIBUTION	8,592
KENNETH A SCOTT CHARITABLE TRUST	
CASH CONTRIBUTION	11,000
JEANE BEARDSLEY	
CASH CONTRIBUTION	38,814
HUMBLE HEART GENTLE SOUL	
CASH CONTRIBUTION	25,000
ANONYMOUS	
CASH CONTRIBUTION	43,604
SARA KOBELT	
CASH CONTRIBUTION	22,647
GANLEY VILLAGE, LLC	
CASH CONTRIBUTION	10,000
KRISTIN AND SCOTT GREGORY	
CASH CONTRIBUTION	6,500
TITOS HANDMADE VODKA	
CASH CONTRIBUTION	7,500
BERNARD FAMILY FOUNDATION	

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Federal Statements

FYE: 12/31/2022

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 6,000
A.F & KATHLEEN WEST	
CASH CONTRIBUTION	7,000
HAVANAS	
CASH CONTRIBUTION	39,113
BANFIELD CORPORATION	
CASH CONTRIBUTION	14,265
SUBARU OF AMERICA INC	
CASH CONTRIBUTION	5,384
JOAN VENABLECK	
CASH CONTRIBUTION	5,320
RICHARD & BARBARA KWIATEK	
CASH CONTRIBUTION	5,252
ZITA KNIFIC	
CASH CONTRIBUTION	5,100
JAN STEIGUAF	
CASH CONTRIBUTION	5,000
NELSON FAMILY FUND	
CASH CONTRIBUTION	5,000
JAMES WALCH	
CASH CONTRIBUTION	5,000
ED BUGOS	
CASH CONTRIBUTION	5,000
MORSE SALE COMPANY INC	
CASH CONTRIBUTION	5,000
BISSELL PET FOUNDATION	
CASH CONTRIBUTION	5,000
THE SUMMERLEE FOUNDATION	
CASH CONTRIBUTION	5,000
SARF FAMILY FOUNDATION FUND	
CASH CONTRIBUTION	5,000
TOTAL	\$ <u>999,715</u>

34-1246277

Federal Statements

FYE: 12/31/2022

Schedule A, Part III, Line 2(e)

Description	Amount
ADOPTIONS	\$ 198,760
PET SHOP	19,983
CAGE SPONSORSHIP	43,824
OTHER INCOME	
OTHER	-3,960
BLACK CAT BALL	44,572
MUTT STRUTT	28,504
ALL OTHER 1	
BINGO	190,535
ALL OTHER 2	
ALL OTHER 3	
RESCUE ROCK OFF	16,399
WOOF WAG WINE	
PUP CRAWL	25,840
ALL OTHER 4	
ALL OTHER 5	
RAFFLE FOR RESCUES	10,312
SANTA PAWS	5,208
BENEFIT EVENT	72,151
TOTAL	\$ <u>652,128</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INVESTMENT INCOME	\$ 39,989
TOTAL	\$ <u>39,989</u>

Federal Statements

Schedule A, Part III, Line 11

Description	Amount
FOR EXTENSION	\$ _____
TOTAL	\$ <u>0</u>

Federal Statements**BLACK CAT BALL****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES & MEDICATIONS	\$ 2,328
MERCHANT FEES	1,305
PRINTING	780
OFFICE EXPENSE	605
PROFESSIONAL - LEGAL & AC	
POSTAGE	
ADVERTISING	569
TOTAL	\$ <u>5,587</u>

Federal Statements**MUTT STRUTT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
MARKETING	\$ 519
MERCHANT FEES	253
POSTAGE EXPENSE	12
PRINTING	101
SUPPLIES & MEDICATION	635
OFFICE EXPENSE	1
MERCHANDISE	<u>1,722</u>
TOTAL	<u>\$ 3,243</u>

Federal Statements

ALL OTHER 1

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MARKETING	\$
MEALS & ENTERTAINMENT	
MERCHANT FEES	
PRINTING	
SUPPLIES	
TOTAL	\$ <u>0</u>

Federal Statements**BINGO****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
BINGO EXPENSE	\$ 120,454
LAWFUL OPERATING EXPENSES	
TOTAL	<u>\$ 120,454</u>

Federal Statements**RESCUE ROCK OFF****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
MARKETING	\$
MERCHANT FEES	210
PRINTING	36
SUBCONTRACTORS	660
SUPPLIES & MEDICATIONS	268
POSTAGE	
ADVERTISING	<u>705</u>
TOTAL	\$ <u><u>1,879</u></u>

Federal Statements

WOOF WAG WINE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES AND MEDICATIONS	\$
MERCHANT FEES	
POSTAGE	
TOTAL	\$ <u>0</u>

Federal Statements**PUP CRAWL****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES & MEDICATIONS	\$
PRINTING	36
MERCHANT FEES	423
POSTAGE	
ADVERTISING	530
MERCHANDISE	858
TOTAL	\$ <u>1,847</u>

Federal Statements

Raffle for Rescues

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MERCHANT FEES	\$ 749
TOTAL	\$ 749

Federal Statements

Santa Paws

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OFFICE	\$ 186
MERCHANT FEES	5
VEHICLE	20
TOTAL	\$ <u>211</u>

Federal Statements

BENEFIT EVENT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MERCHANT FEES	\$ 2,346
	22
TOTAL	\$ <u>2,368</u>