**Public D	isclosure Co	ру**
EXTENDED TO	NOVEMBER 15	, 2024
Return of Organizati	on Exempt F	rom Income Tax

OMB No. 1545-0047

Form <b>9</b>	90
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Check if applicable

Address change Name change

Т

Initial

В

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

HUMANE SOCIETY OF SUMMIT COUNTY

C Name of organization

Doing business as

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations Do not enter social security numbers on this form as it may be made public.

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

enue Code (exc rm as it may be and the latest ir	•	2U23 Open to Public Inspection
and ending		
	D Employer identification	on number
	23-7060744	
Room/suite	E Telephone number 330-487-03	33
	G Gross receipts \$	11,552,798.
	H(a) Is this a group return	1

	return Final return		ite E Telephone number	
	termin		G Gross receipts \$	11,552,798.
	Amen return		H(a) Is this a group re	
	Applic		for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE	H(b) Are all subordinates in	
IT	ax-ex			list. See instructions
	Vebsi		H(c) Group exemptio	
_				A State of legal domicile: OH
	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities: <b>ENRICHIN</b>	G THE LIVES OF	F PETS AND
Ce	-	PEOPLE BY CARING AND ADVOCATING FOR VULNERABL		
Governance	2	Check this box if the organization discontinued its operations or disposed of m		sets.
ver	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)		18
s S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		102
itie	6	Total number of volunteers (estimate if necessary)		339
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12	_	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		Current Year 6,576,587.
nue	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	Prior Year	
evenue		Program service revenue (Part VIII, line 2g)	Prior Year 9,814,244.	6,576,587.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year 9,814,244. 288,870.	6,576,587. 272,680.
Revenue	9 10	Program service revenue (Part VIII, line 2g)	Prior Year 9,814,244. 288,870. 144,588.	6,576,587. 272,680. 198,159.
Revenue	9 10 11	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year 9,814,244. 288,870. 144,588. 466,877.	6,576,587. 272,680. 198,159. 403,283.
Revenue	9 10 11 12	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579.	6,576,587. 272,680. 198,159. 403,283. 7,450,709.
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0.
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 0.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 0.
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 0. 2,097,896.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 0. 2,248,681.
Expenses Revenue	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 0. 2,097,896. 132,189. 1,646,744.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 0. 2,248,681.
	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 2,097,896. 132,189.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 0. 2,248,681. 132,850.
	9 10 11 12 13 14 15 16a b 17	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         558, 141.         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 0. 2,097,896. 132,189. 1,646,744.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 2,248,681. 132,850. 1,813,585.
Or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 2,097,896. 132,189. 1,646,744. 3,876,829. 6,837,750. Beginning of Current Year	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 2,248,681. 132,850. 1,813,585. 4,195,116.
Or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 2,097,896. 132,189. 1,646,744. 3,876,829. 6,837,750. Beginning of Current Year 12,418,527.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 2,248,681. 132,850. 1,813,585. 4,195,116. 3,255,593. End of Year 17,001,339.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 18 from line 12	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 2,097,896. 132,189. 1,646,744. 3,876,829. 6,837,750. Beginning of Current Year 12,418,527. 224,538.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 0. 2,248,681. 132,850. 1,813,585. 4,195,116. 3,255,593. End of Year 17,001,339. 1,268,282.
Net Assets or Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program service revenue (Part VIII, line 2g)         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         Benefits paid to or for members (Part IX, column (A), line 4)         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (D), line 25)         558,141.         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 18 from line 12         Total liabilities (Part X, line 16)         Total liabilities (Part X, line 26)         Net assets or fund balances. Subtract line 21 from line 20	Prior Year 9,814,244. 288,870. 144,588. 466,877. 10,714,579. 0. 2,097,896. 132,189. 1,646,744. 3,876,829. 6,837,750. Beginning of Current Year 12,418,527.	6,576,587. 272,680. 198,159. 403,283. 7,450,709. 0. 0. 2,248,681. 132,850. 1,813,585. 4,195,116. 3,255,593. End of Year 17,001,339.

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

Sign	Signature of off	ficer								Date			
Here	NICHOLAS	S BROWNI	NG, PR	ESIDI	ENT/	CEO							
	Type or print na	ame and title											
	Print/Type prep	arer's name			Preparer	's sign	ature		Date		Check	PTIN	
Paid	JILL M.	BOYLE,	CPA		JILL	м.	BOYLE,	CPA	11/11	/24	if self-employed	P0124673	34
Preparer	Firm's name	SIKICH	LLC							Firm's	EIN 36-	3168081	
Use Only	Firm's address	4020 KI	NROSS	LAKE	S PAF	RKWA	Y, SUIT	'E 300					
		RICHFIE	ELD, OH	442	86					Phone	e no. (330	)864-666	51
May the IF	RS discuss this	return with the	e preparer sho	own abo	ve? See	instruc	tions					X Yes	No
LHA For	Paperwork Re	eduction Act N	lotice, see th	e separ	ate instr	uctior	<b>IS.</b> 332001	12-21-23				Form <b>990</b>	(2023)

	PEOPLE
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$3, 445, 395including grants of \$) (Revenue \$327, 686.
40	SINCE 1968, THE HUMANE SOCIETY OF SUMMIT COUNTY (HSSC) HAS BEEN THE
	TRUSTED CARETAKER AND ADVOCATE FOR THEIR COMMUNITY'S VICTIMS OF ANIMAL
	ABUSE, NEGLECT, ABANDONMENT, AND STRAY ANIMALS SUFFERING FROM ILLNESS
	AND INJURY. THE ORGANIZATION EMPLOYS TWO FULL-TIME HUMANE OFFICERS WHO
	RESPOND TO EMERGENCY CALLS, INVESTIGATE ANIMAL CRUELTY, AND, AS
	WARRANTED, PROSECUTE OFFENDERS. HSSC PROTECTS AND CARES FOR THEIR
	COMMUNITY'S DISCARDED, ABUSED, AND FORGOTTEN ANIMALS. WE STRIVE EVERY DAY TO REHABILITATE OUR RESCUED ANIMALS, FIND THEM GREAT HOMES, AND
	PROVIDE THEM WITH BRIGHT FUTURES.
	ONCE AN ANIMAL HAS BEEN RESCUED NOT ONLY DO THEY RECEIVE SHELTER
	ONCE AN ANIMAL HAS BEEN RESCUED, NOT ONLY DO THEY RECEIVE SHELTER, PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
4h	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
4b	
4b	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
4b	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
4b	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
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4b	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b 4c	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$
	PROPER NUTRITION, AND A CLEAN AND SAFE ENVIRONMENT, BUT ALSO NECESSARY         (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Form 990 (			SOCIETY	OF	SUMMIT	COUNTY
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>_</b>		
Ŭ	Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	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	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	-	
120		12a		х
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
20-	complete Schedule G, Part III	<u>19</u>		X X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
332003			<b>990</b> (	(2023)

4

332003 12-21-23

Form	990	(2023)
1 01111	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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 1a19			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 2			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)
	5			

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Form	990 (2023) HUMANE SOCIETY OF SUMMIT COUNTY	23-706	)744	Р	age <b>5</b>
Par	t 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 102	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
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	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (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 transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribution	ons or gifts	1		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

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Form	aan	(2023)
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# HUMANE SOCIETY OF SUMMIT COUNTY

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

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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. X

			18		Yes	N
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	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.		18			
	Enter the number of voting members included on line 1a, above, who are independent		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3				2		x
	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9			3 4		X
4 5	Did the organization make any significant changes to its governing documents since the profile form a Did the organization become aware during the year of a significant diversion of the organization's ass			4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?			5 6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
7a	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, ,				
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
					Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing th	e form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	'es," describe				
	on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independen	it			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section	n 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O		_		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest	policy, and	finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boot <b>HEATHER CRONIN</b> - 234-212-9729	oks and records				
	7996 DARROW ROAD, TWINSBURG, OH 44087					

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	<b>Employees, and Independe</b>	ent Contra	ctors			

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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, 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.

Name and title         Average hours per weak organization into a set electronization into a set electronization into a set electronization from issue organization from related organization from related from related organization from related from	(A)	(B)		(C)		(D)	(E)	(F)			
hours per veck, integround is both an week (list any hours for week (list any hours for related organizations below methods for methods organization below methods for methods organizations below methods for methods for methods organizations below methods for methods for methods for methods organizations below methods for meth	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
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(1)         DIANE JOHNSON-OWENS         40.00         X         116,095.         0.         3,798.           (2)         DIANE TRETER         5.00         X         X         0.         0.         0.           (3)         JOLEEN CICCHINELLI         5.00         X         X         0.         0.         0.           (4)         NICOLE BENDEN         X         X         0.         0.         0.           (4)         NICOLE BENDEN         X         X         0.         0.         0.           (5)         DAN REYNOLDS         5.00         X         X         0.         0.         0.           (6)         MATTHEW BLEWITT         5.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (8)         CINU BROWNING         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         5.00         X         0.         0.         0.         0.         0.         0		week		cer an	dad	irecto	r/trus I	tee)		from related	
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(3) JOLEEN CICCHINELLI         5.00         X         X         0.         0.         0.           VICE CHAIR         5.00         X         X         0.         0.         0.         0.           TREASURER         5.00         X         X         0.         0.         0.         0.           SECENTARY         X         X         0.         0.         0.         0.         0.           OIRECTOR         X         X         0.         0.         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.         0.         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.	(2) DIANE TREIER	5.00									
VICE CHAIR         X         X         X         X         0.         0.         0.           (4) NICOLE BENDEN         5.00         X         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           GI ANTTHEW BLENITT         5.00         X         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.         0.           OIRECTOR         X         0.	CHAIR		Х		Х				0.	0.	0.
(4) NICOLE BENDEN         5.00         X         X         X         0.         0.         0.           (5) DAN REYNOLDS         5.00         X         X         X         0.         0.         0.           (5) DAN REYNOLDS         5.00         X         X         0.         0.         0.           (6) MATTHEW BLEWITT         5.00         X         X         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.         0.         0.         0.           (8) CINDY BROWNING         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) MARCEL CLOPTON         5.00         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.           (10) STEVE COX         5.00         X         0.         0.         0.         0.           (11) GARY GARDNER         5.00         X	(3) JOLEEN CICCHINELLI	5.00									
TREASURER         X         X         X         X         0.         0.         0.           (5) DAN REYNOLDS         5.00         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OIRECTOR         S.00         X         0.         0	VICE CHAIR		Х		Х				0.	0.	0.
(5) DAN REYNOLDS       5.00       X       X       X       0.       0.       0.         SECRETARY       5.00       X       X       0.       0.       0.       0.         (6) MATTHEW BLEWITT       5.00       X       0.       0.       0.       0.       0.         (7) MEGAN BOBULA       5.00       X       0.       0.       0.       0.       0.         (8) CINDY BROWNING       5.00       X       0.       0.       0.       0.       0.         (9) MACCL CLOPTON       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(4) NICOLE BENDEN	5.00									
SECRETARY         X         X         X         X         0.         0.         0.           (6) MATTHEW BLEWITT         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) CINDY BROWNING         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (10) STEVE COX         5.00         X         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.           (11) GARY GARDNER         5.00         X         0.         0.         0.           DIRECTOR         5.00         X         0.         0.         0.           (12) AMY HELD         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.			Х		Х				0.	0.	0.
(6) MATTHEW BLEWITT         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) CINDY BROWNING         5.00         X         0.         0.         0.         0.           DIRECTOR         5.00         X         0.         0.         0.         0.         0.           DIRECTOR         5.00         X         0.         0.         0.         0.         0.           DIRECTOR         5.00         X         0.         0.         0.         0.         0.           (11) GARY GARDNER         5.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.		5.00									
DIRECTOR         X         0.         0.         0.         0.           (7) MEGAN BOBULA         5.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (8) CINDY BROWNING         5.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           01RECTOR         X         0.			Х		Х				0.	0.	0.
(7) MEGAN BOBULA       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) CINDY BROWNING       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.         (10) STEVE COX       5.00       X       0.       0.       0.         DIRECTOR       2.00 X       0.       0.       0.       0.         (11) GARY GARDNER       5.00       X       0.       0.       0.         DIRECTOR       5.00 X       0.       0.       0.       0.         DIRECTOR       5.00 X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.         (13) LISA A. HIBES       5.00       X       0.       0.	(6) MATTHEW BLEWITT	5.00									
DIRECTOR         X         0.         0.         0.           (8) CINDY BROWNING         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (9) MARCEL CLOPTON         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.           (11) GARY GARDNER         5.00         X         0.         0.         0.           DIRECTOR         5.00         X         0.         0.         0.           (12) AMY HELD         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (13) LISA A. HIBBS         5.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(8) CINDY EROWNING       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) MARCEL CLOPTON       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) STEVE COX       5.00       X       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.         (11) STEVE COX       5.00       X       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.         (11) GARY GARDNER       5.00       X       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.	(7) MEGAN BOBULA	5.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(9) MARCEL CLOPTON       5.00       X       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.         (10) STEVE COX       5.00       X       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.         (11) GARY GARDNER       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         (12) AMY HELD       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) BARB RECE       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0. <td>(8) CINDY BROWNING</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) CINDY BROWNING	5.00									
DIRECTOR         X         A         O.         O. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(10) STEVE COX       5.00       X       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.         (11) GARY GARDNER       5.00       X       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         (12) AMY HELD       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00        0.		5.00									
DIRECTOR         2.00         X         0.			Х						0.	0.	0.
(11) GARY GARDNER       5.00       X       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.         (12) AMY HELD       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.	(10) STEVE COX										
DIRECTOR       5.00       X       0.       0.       0.       0.         (12) AMY HELD       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       X       0.       0.       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.       0.       0.         UIRECTOR       X       0.       0.       0.       0.       0.       0.       0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(12) AMY HELD       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       X       0.       0.       0.         DIRECTOR       S.00       X       0.       0.       0.         (16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.											
DIRECTOR       X       0.       0.       0.       0.         (13) LISA A. HIBBS       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) MARY F. SPICER       5.00        0.       0.       0.         DIRECTOR       S.00       X       0.       0.       0.         (16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.			Х						0.	0.	0.
(13) LISA A. HIBBS       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		5.00									
DIRECTOR       X       0.       0.       0.       0.         (14) BARB REECE       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(14) BARB REECE       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		5.00									
DIRECTOR       X       0.       0.       0.       0.         (15) MARY F. SPICER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.			Х						0.	0.	0.
(15) MARY F. SPICER       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.		5.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16) JUDY STEINER       5.00       X       0.       0.       0.         PAST CHAIR       X       0.       0.       0.       0.       0.         (17) KATIE SUTTER       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.	(15) MARY F. SPICER	5.00									
PAST CHAIR         X         0.			Х						0.	0.	0.
(17) KATIE SUTTER         5.00         X         0.	(, ) · · · · · · · · · · · ·	5.00									
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		5.00								_	
	DIRECTOR		Х						0.	0.	

332007 12-21-23

Form 990 (2023)

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	<u>1 990 (2023) HUMANE SO</u>	DCIETY C	)F	SU	MM	ΓI	<u>'</u> C	JO	JNTY	23-7060	744	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck ss per	C) itior more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estir amo	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18)	VALARIE WAWRIN	5.00										
DIRE	CTOR		X						0.	0.		0.
			-									
			-									
			-									
1b	Subtotal								116,095.	0.		,798.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 116,095.	0.		0. ,798.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	- IY	
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,	,	,			,	0	, , , ,	,	3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization	4	X
5	Did any person listed on line 1a receive or a											
See	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	bers	on .				5	X
1	Complete this table for your five highest co the organization. Report compensation for									, ,	ation from	1
	(A) Name and business			ONE					(B) Description of s		<b>(C)</b> Compens	ation
								_				
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	niteo	d to	thos (		ted	above) who received mo	ore than	_	
											Form <b>99</b>	<b>90</b> (2023)

332008 12-21-23

Form	n 990	0 (2			IET	Y OF SUMM	IIT COUNTY		23-7060	744 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	ontains a resp	onse	or note to any lin			(2)	
							<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ts ts	1	а	Federated campaigns	1a						
ran		b	Membership dues	1b						
۵, G		с	Fundraising events	1c		46,575.				
ifts ar A			<b>–</b>	1d						
s, G		е	Government grants (contril			50,350.				
ŝ			All other contributions, gifts, g							
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	above 1f		6,479,662.				
<u>e</u> ti		q	Noncash contributions included in li		\$	572,574.				
Cor		-	Total. Add lines 1a-1f				6,576,587.			
						Business Code				
Ð	2	а	ADOPTIONS/SURRENDERS			900099	200,680.	200,680.		
vice	-	b	CONTRACTS WITH MUNIC	IPALITIES		900099	72,000.	72,000.		
Ser		č					,	,		
n Ser		d								
gra Re		e								
Program Service Revenue			All other program service r							
_			Total. Add lines 2a-2f				272,680.			
	3	9	Investment income (includi				/			
	0						270,894.			270,894.
	4		Income from investment of		roceeds	,				
	- 5				-					
	5		Royalties	(i) Re		(ii) Personal				
	6	_	Cross roots	6a						
	0		Gross rents	6b						
		b	Less: rental expenses Rental income or (loss)	6c						
		C d								
	7		Net rental income or (loss) Gross amount from sales of	(i) Secu	rities	(ii) Other				
	'	а	assets other than inventory							
		L	,	<b>7a</b> 3,136	552.					
ø		D	Less: cost or other basis	<b>7b</b> 3,209	067					
venue		_			,735.					
e a							-72,735.			-72,735.
Other R	~		Net gain or (loss)		····		12,133.			12,133.
ţ	ð	а	Gross income from fundraisin including \$							
0			÷ .	46,575. of						
			contributions reported on I	,		437,658.				
		<b>I</b> -								
			Less: direct expenses			07,040.	349,812.			349,812.
	~		Net income or (loss) from f				545,012.			545,012.
	Э	а	Gross income from gaming							
		k	Part IV, line 19							
			Less: direct expenses			1				
			Net income or (loss) from g		es					
	10	а	Gross sales of inventory, le			803,641.				
		ŀ	and allowances							
			Less: cost of goods sold				-1,535.			-1,535.
-+		C	Net income or (loss) from s	sales of invent	ory	Business Code	-1,555.			-1,555.
sn		_	EXPENSE REIMBURSEMEN	ım		900099	30,000.	30,000.		
ne ol	11	-	OTHER INCOME	11		900099	25,006.	25,006.		
llan (en		b				300033	25,000.	25,000.		
Miscellaneous Revenue		c								
Ϊ			All other revenue							
			Total. Add lines 11a-11d				55,006.	207 606	0.	E46 426
	12		Total revenue. See instruction	IIS			7,450,709.	327,686.	I <sup>0</sup> .	546,436.
332009	9 12-	-21-	23							Form <b>990</b> (2023

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332009 12-21-23

HUMANE SOCIETY OF SUMMIT COUNTY Part IX Statement of Functional Expenses

	Check if Schedule O contains a response nclude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	nts and other assistance to domestic organizations		скрепаса	general expenses	expenses
	domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	ividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	anizations, foreign governments, and foreign				
	ividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,				
	stees, and key employees	119,893.	100,754.	5,278.	13,861
	npensation not included above to disqualified	•			•
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)				
	ner salaries and wages	1,790,146.	1,504,371.	78,810.	206,965
	ision plan accruals and contributions (include	· ·			•
	tion 401(k) and 403(b) employer contributions)				
	her employee benefits	192,058.	161,397.	8,456.	22,205
	yroll taxes	146,584.	123,184.	6,453.	22,205 16,94
	es for services (nonemployees):				
<b>a</b> Ma	nagement				
	gal				
	counting				
	obying				
	fessional fundraising services. See Part IV, line 17	132,850.			132,850
	estment management fees	33,250.		33,250.	
	ner. (If line 11g amount exceeds 10% of line 25,				
colu	umn (A), amount, list line 11g expenses on Sch O.)	199,078.	44,409.	23,391.	131,278
2 Adv	vertising and promotion	19,056.	19,056.		
	ice expenses	21,990.	10,995.	10,995.	
	ormation technology				
5 Roy	yalties				
6 Occ	cupancy	318,002.	313,969.	2,689.	1,344
7 Tra	vel	14,050.	14,050.		
<b>3</b> Pay	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
Or Cor	nferences, conventions, and meetings	8,049.	8,049.		
) Inte	erest				
<b>1</b> Pay	yments to affiliates				
2 Dep	preciation, depletion, and amortization	75,593.	75,593.		
Insu	urance	14,241.	13,814.	285.	142
	er expenses. Itemize expenses not covered				
	ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A),				
amo	ount, list line 24e expenses on Schedule 0.)				
	IRIFT STORE EXPENSES	425,279.	425,279.		
	NIMAL FOOD AND SUPPLIE	309,616.	309,616.		
	EDICAL SERVICES	262,698.	262,698.		
d <u>EÇ</u>	QUIPMENT RENTAL	66,994.	34,445.		32,549
	other expenses	45,689.	23,716.	21,973.	
	al functional expenses. Add lines 1 through 24e	4,195,116.	3,445,395.	191,580.	558,142
	nt costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
Che	eck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

11

14511111 765826 7038142

HUMANE SOCIETY OF SUMMIT COUNTY

23-7060744 Page 11

		Check if Schedule O contains a response or not	o to an	lino in this Part Y			
		Check if Schedule O contains a response or not	e to any		(A)		(B)
					(م) Beginning of year		End of year
	1	Cash - non-interest-bearing			484,311.	1	6,068,697.
	2	Savings and temporary cash investments			883,286.	2	1,575,157.
	3				3,933,268.	3	3,841,493.
	4	Pledges and grants receivable, netAccounts receivable, net			6,537.	4	10,000.
	5	Loans and other receivables from any current or			0,557.		10,000.
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				5	
	Ŭ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use		E E E E E E E E E E E E E E E E E E E	80,047.	8	99 197.
Ass	9	<b>_</b>			49,082.	9	99,197. 51,524.
		Land, buildings, and equipment: cost or other			15,0020	<u> </u>	51,511
	100	basis. Complete Part VI of Schedule D	10a	3,318,044.			
	h	Less: accumulated depreciation		571,652.	712,203.	10c	2,746,392.
	11	Investments - publicly traded securities	· · · ·		4,570,478.	11	2,446,411.
	12	Investments - other securities. See Part IV, line -			1,0,0,1,00	12	
	13	Investments - program-related. See Part IV, line		E E E E E E E E E E E E E E E E E E E		13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11			1,699,315.	15	162,468.
	16	Total assets. Add lines 1 through 15 (must equ			12,418,527.	16	17,001,339.
	17	Accounts payable and accrued expenses	224,538.	17	1,268,282.		
	18	Grants payable	•	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ú	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			224,538.	26	1,268,282.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	5,513,893.	27	7,858,346.		
Ba	28	Net assets with donor restrictions	6,680,096.	28	7,874,711.		
pur		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq	quipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated in		F		31	
Net	32	Total net assets or fund balances			12,193,989.	32	15,733,057.
	33	Total liabilities and net assets/fund balances			12,418,527.	33	17,001,339.

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

	1990 (2023) HUMANE SOCIETY OF SUMMIT COUNTY	23-7	060744	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,19		
5	Net unrealized gains (losses) on investments	5	28	3,4	75.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,73	3,0	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2023)

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

l	OMB No. 1545-0047
	2023
	Open to Public Inspection

Nam	le of t	the organization	NE COOTEEN						r identification number
Pa	rt I	Reason for Public (		OF SUMMIT C		nia nant \ C	an instruction		3-7060744
							ee instruction	IS.	
	organ	ization is not a private found A church, convention of ch		<b>e</b> ,		,	()( A )(;)		
1 2		A school described in sect				)( 1/0(D)(	I)(A)(I).		
2		A hospital or a cooperative				(h)(1)(A)(ii	ii)		
4		A medical research organiz						Viii) Enter	the hospital's name
-		city, and state:			decenibed	00000			the neopital e hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (0		5 ,	•	, 0			
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general	public described in
		section 170(b)(1)(A)(vi). (C			-			-	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:							
10		An organization that norma							
		activities related to its exen							-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Co							
11		An organization organized a							
12		An organization organized a							
		more publicly supported or							Jneck the box on
		lines 12a through 12d that							aivina
а		<b>Type I.</b> A supporting orgative the supported organization	-	-	• • •	-			
		organization. You must o			i majonty c				apporting
b		Type II. A supporting org	•		tion with it	s sunnorte	organizatio	n(s) by hay	vina
		control or management o							
		organization(s). You mus						3	
с		Type III functionally inte	•		in connect	tion with, a	and functional	lly integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete	Part IV, Se	ctions A,	D, and E.	, ,	
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			r
		er the number of supported o	-						
<u> </u>		vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the oro	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	,	organization		(described on lines 1-10	in your govern	ng document?	support (see in	-	support (see instructions)
				above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,
Tota	1								

HUMANE SOCIETY OF SUMMIT COUNTY

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3670918.	2410935.	3996012.	9814244.	6576587.	26468696.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	3670918.	2410935.	3996012.	9814244.	6576587.	26468696.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1770475.
	Public support. Subtract line 5 from line 4.						24698221.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3670918.	2410935.	3996012.	9814244.	6576587.	26468696.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	18,972.	46,666.	87,290.	136,565.	270,894.	560,387.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	245,076.	380,837.	365,901.	384,857.		
11	Total support. Add lines 7 through 10						28755566.
12							,345,017.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
<u></u>	organization, check this box and stor						
	ction C. Computation of Publi		-				0 - 0 0
	Public support percentage for 2023 (I					14	85.89 %
	Public support percentage from 2022					15	86.26 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c	-					
4-	and <b>stop here.</b> The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organizatio	IT UIU HOL CHECK à I		a, 100, 17a, or 17b	, check this box a		<u>s</u> (Form 990) 2023
						Junedule A	1. 0111 330/ 2023

332022 12-21-23

	(Form 990) 2023 Support Schedule	HU for O
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### HUMANE SOCIETY OF SUMMIT COUNTY or 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.)

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orgar	nization,
Sec	check this box and stop here				·····		
	Public support percentage for 2023 (			colump (fl)		15	%
	Public support percentage from 2022 (		•			16	%
	ction D. Computation of Invest						70
	Investment income percentage for 2			ino 13 column (f))		17	%
18	Investment income percentage for					18	%
	33 1/3% support tests - 2023. If the						
134	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						
, N	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23	and not oncort a	<u>207 01 110 14, 10</u>	a, 51 100, 0100K t			dule A (Form 990) 2023
00202			16	5		Jonet	

### HUMANE SOCIETY OF SUMMIT COUNTY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

17

332024 12-21-23

10b Schedule A (Form 990) 2023

### Schedule A (Form 990) 2023 HUMANE SOCIETY OF SUMMIT COUNTY

Yes No

Yes No

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? If "No," describe in <b>Part VI</b> 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.	1		
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? 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.	2		<u> </u>

Sec	ston of type in Supporting Organizations	
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)? 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)	

Section D.	All Typ	e III Su	pporting	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
-----	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.05000 HUMANE SOCIETY OF SUMMIT 70381421

18

_	HUMANE     SOCIETY     OF     SUMM       tt V     Type III Non-Functionally Integrated 509(a)(3) Supportionally			23-7060744 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete	(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		
	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

# HUMANE SOCIETY OF SUMMIT COUNTY

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	ne organization is responsive	•		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022 Excess from 2023				
-					

Schedule A (Form 990) 2023

HUMANE SOCIETY OF SUMMIT COUNTY

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.)

# SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVEN	ITS		
2019 AMOUNT: \$	245,076.		
2020 AMOUNT: \$	262,479.		
2021 AMOUNT: \$	365,901.		
2022 AMOUNT: \$	384,857.		
2023 AMOUNT: \$	349,812.		
MISCELLANEOUS IN	ICOME		
2020 AMOUNT: \$	118,358.		
332028 12-21-23		21	Schedule A (Form 990) 2023

SCHEDULE D	)
------------	---

(Form	990)
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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.



Department of the Treasury

	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions and	l th	e latest informa	ation.		Inspect	ion
Nam	e of the organizati	on HUMANE SOCIETY OF S	SUMMIT COUNT	ΓY				er identificatio 23 – 7060 2	
Pa	rt I Organiza	ations Maintaining Donor Advise				or Ac			
		n answered "Yes" on Form 990, Part IV, lin							
			(a) Donor advi	isec	l funds	(	<b>)</b> Funds a	nd other accou	unts
1	Total number at er	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5		on inform all donors and donor advisors in v	writing that the assets	hel	d in donor advis	sed fund	s		
-	-	on's property, subject to the organization's	-					Yes	No
6		on inform all grantees, donors, and donor a							
		ooses and not for the benefit of the donor o							
	impermissible priv							. Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered	Yes	" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply	/).					
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation o	f a histo	rically impo	ortant land are	а
	Protection o	of natural habitat			Preservation o	f a certif	ied historic	structure	
	Preservation	n of open space							
2		through 2d if the organization held a qualif	ied conservation contr	ribu	tion in the form	of a cor			
	day of the tax year						Held	d at the End of t	he Tax Year
а							2a		
b	-						2b		
С		vation easements on a certified historic stru					2c		
d		vation easements included on line 2c acqui	•						
_		ture listed in the National Register					2d		
3		vation easements modified, transferred, rele	eased, extinguished, o	or te	erminated by the	e organiz	ation durir	ng the tax	
	year		ana ant in la cata d						
4		where property subject to conservation eas tion have a written policy regarding the per		ooti	on handling of				
5		forcement of the conservation easements it						Yes	No
6		er hours devoted to monitoring, inspecting,			d enforcina con				
Ŭ			narialing of violations,	and		oorvation	reaccinen		oui
7	Amount of expens	 ses incurred in monitoring, inspecting, hand	ling of violations, and	enfe	orcing conserva	ation eas	ements du	ring the vear	
			•		C			0 /	
8	Does each conser	vation easement reported on line 2d above	satisfy the requiremer	nts	of section 170(ł	n)(4)(B)(i)			
	and section 170(h)	)(4)(B)(ii)?						Yes	No No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its rev	/eni	ue and expense	stateme	ent and		
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organizatior	n's f	financial statem	ents tha	t describes	s the	
Dei		ounting for conservation easements.	Aut Historiaal T.			har C	miler Ac		
Pa		ations Maintaining Collections of	-	ea	isures, or O	iner Si	milar As	isels.	
4.0		f the organization answered "Yes" on Form							
Ia	U U	elected, as permitted under FASB ASC 95	•						
		easures, or other similar assets held for pub Part XIII the text of the footnote to its finar						C	
h		elected, as permitted under FASB ASC 95					sheet worl	is of	
5	U U	sures, or other similar assets held for public							
		ing amounts relating to these items.	chambriden, education,	0					
	-	ded on Form 990, Part VIII, line 1					\$		
							•		
2		received or held works of art, historical trea							
-		unts required to be reported under FASB A							
а	-	on Form 990, Part VIII, line 1	-				\$		
b		1 Form 990, Part X							

b	Assets	included	in	Form	990,	Part	Х

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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Sche		SOCIETY OF					23-70			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 7	Freasures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	he following that	make sign	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or	exchange progra	m					
b	Scholarly research	е	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	er the organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical t	reasures, or othe	r similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organiza	tion answered "Y	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod						_	_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f		7		<b>.</b>
	Did the organization include an amount on F					?	∟	Yes		_ No
_	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if									
1 41		(a) Current year	(b) Prior year			1) Three v	ears back	(e) Four	vears	hack
10	Paginning of year balance	(a) Guirent year	(b) Horycar						yours	buok
	Beginning of year balance									
b	Contributions Net investment earnings, gains, and losses									
с d	Grants or scholarships									
u	Other expenditures for facilities									
e										
f	Administrative expenses									
' g										
2	Provide the estimated percentage of the curr		e (line 1 a. columr	) (a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c		%								
-	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse		ation that are held	d and administer	ed for the					
	organization by:	0						Γ	Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11	a. See Form 990,	Part X, lin	ie 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		ost or other sis (other)	• •	umulate	d	( <b>d)</b> Bool	value	e
1a	Land			371,877.				371	,8	77.
	Buildings			24,866.	1	L <b>4,</b> 81	9.	1(	),04	47.
	Leasehold improvements			50,934.		34,47			5,40	
	Equipment			703,033.	51	L5,26			7,70	
	Other		2,	167,334.		7,09		2,160		
	. Add lines 1a through 1e. (Column (d) must e							2,746	5 30	92.

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Complete if the organizati		on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (inc		(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X				
Part VIII Investments - Prog				
			11c. See Form 990, Part X, line 13.	
(a) Description of investi	nent	(b) Book value	(c) Method of valuation: Cost or e	na-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	( line 10, eel (D))			
otal. (Col. (b) must equal Form 990, Part X Part IX Other Assets	., IIIIe 13, COI. (B))			
	on answered "Yes" (	on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990	). Part X. line 15. col.	<i>(B</i> ))		
Part X Other Liabilities				•
Complete if the organizati	on answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
(a) Descript	ion of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) Part X line 25 col	<i>(</i> B))		
Total. (Column (b) must equal Form 99( 2. Liability for uncertain tax positions.			the organization's financial statements	that reports the

Schedule D (Form 990) 2023

332053 09-28-23

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	dule D (Form 990) 2023 HUMANE SOCIETY OF SUMMI		23-7060744 Page 4				
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ie per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.					
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)						
c Add lines 4a and 4b 4c							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,	)					
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.					
1	Total expenses and losses per audited financial statements						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
с	Other losses	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)						
с	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18						
Pa	t 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 X, LINE 2:

THE SOCIETY (WHICH INCLUDES THE THRIFT SHOP) AND THE FOUNDATION ARE

NONPROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE CURRENT

PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THESE

ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ON ACCOUNTING FOR INCOME TAXES, AND HAS EVALUATED

ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED

SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS, AND

BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY TO COVER

UNCERTAIN TAX POSITIONS. THE ORGANIZATIONS' RETURNS FOR TAX YEARS 2020 AND 332054 09-28-23 Schedule D (Form 990) 2023 31

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Part XIII Supplemental Information (continued)

LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

Schedule D (Form 990) 2023

332055 09-28-23

(Form 990)       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.       2023         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ.       Open to Public Inspection         Name of the organization       Go to www.irs.gov/Form990 for instructions and the latest information.       Employer identification number 23 - 7060744         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         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.
Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.       Open to Public Inspection         Name of the organization       Employer identification number 2 3 - 7 0 6 0 7 4 4         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.
Dependention the measury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection         Name of the organization       HUMANE SOCIETY OF SUMMIT COUNTY       23 – 7060744         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         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       2
HUMANE       SOCIETY       OF       SUMMIT       COUNTY       23-7060744         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.
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.
required to complete this part.  I Indicate whether the organization raised funds through any of the following activities. Check all that apply.
<ul> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>g X Special fundraising events</li> <li>d X In-person solicitations</li> <li>2 a 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?</li> <li>X Yes</li> <li>No</li> <li>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.</li> </ul>
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) 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) (v) Amount paid to (or retained by) fundraiser listed in col. (i)
NEWPORT ONE - 21 RAILROAD     Yes     No       AVE, DUXBURY, MA 02332     DIRECT MAIL CAMPAIGNS     X     429,245.     132,850.     296,35
Total 429,245. 132,850. 296,35
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
OH
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990) 2

LHA 332081 09-13-23

HUMANE SOCIETY OF SUMMIT COUNTY 23-7060744 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PAWSIBILITY	SUBARU		
			BALL	RAFFLE	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	306,979.	59,018.	118,236.	484,233
	2	Less: Contributions	46,575.			46,575
	3	Gross income (line 1 minus line 2)	260,404.	59,018.	118,236.	437,658
	4	Cash prizes				
s	5	Noncash prizes		26,446.		26,446
Ulrect Expenses	6	Rent/facility costs				
Irect Ex	7	Food and beverages	35,270.			35,270
	8	Entertainment				
		Other direct expenses			26,130.	26,130
.		Direct expense summary. Add lines 4 through		L		87,846
		Net income summary. Subtract line 10 from I				349,812
שבאבווחם			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. <b>(a)</b> through col. <b>(c</b>
	1	Gross revenue				
ses	2	Cash prizes				
DIrect Expenses	3	Noncash prizes				
nireci	4	Rent/facility costs				
	5	Other direct expenses				
$\downarrow$			I V	<b>Yes</b> %	Yes %	
+		Volunteer labor	Yes%			
	6	Volunteer labor Direct expense summary. Add lines 2 throug		No	No	
	6 7	Direct expense summary. Add lines 2 throug	<b>No</b>	□ No	No	
	6 7		<b>No</b>	□ No	No	
	6 7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	h 5 in column (d)	No	No No	
а	6 7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No N	No	No No	Yes No
a b	6 7 Ent Is ti	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> er the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No	states?	□ No	
a b a	6 7 Ent Is ti If "I We	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu- he organization licensed to conduct gaming a	No	states?	□ No	
a b a	6 7 Ent Is ti If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> er the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No	states?	□ No	

Sch	edule G (Form 990) 2023	HUMANE	SOCIETY OF SUMMIT COUNTY	23-70	60744	Page <b>3</b>
11	Does the organization conduct g	aming activities	th nonmembers?	[	Yes	No
			of a trust, or a member of a partnership or other en			
	to administer charitable gaming?			[	Yes	No No
13	Indicate the percentage of gamin					
a	The organization's facility				13a	%
b	An outside facility				13b	%
			pares the organization's gaming/special events boo			
	Name					
	Address					
				г		<u> </u>
15a	Does the organization have a cor	ntract with a thi	party from whom the organization receives gaming i	revenue?	Yes	No
C	If "Yes," enter the amount of gam			and the amount		
_	of gaming revenue retained by th					
c	: If "Yes," enter name and address	of the third pa				
	Nama					
	Name					
	Addross					
	Address					
16	Gaming manager information:					
10	Gaming manager mormation.					
	Name					
	Gaming manager compensation	\$				
	daming manager compensation	Ψ				
	Description of services provided					
	F F					
	Director/officer	Employe	Independent contractor			
17	Mandatory distributions:					
a	Is the organization required unde	r state law to m	e charitable distributions from the gaming proceeds	s to		
	retain the state gaming license?			[	Yes	No
b	Enter the amount of distributions	required under	ate law to be distributed to other exempt organization	ons or spent in the		
_	organization's own exempt activi					
Pa			e the explanations required by Part I, line 2b, colum		II, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Al	provide any additional information. See instructions	i.		
3320	83 09-13-23			Schedule	G (Form	990) 2023
_ 520			35	Somedure	- ,- 31.11	, _020

		(Form	
0	-	-	

Part IV	Supplemental Information	(continued)	
			Schedule G (Form 990)

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SCHEDUI	.е м
(Form 990	))

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

3

ſ

Employer identification number

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

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

Name of the organization

# HUMANE SOCIETY OF SUMMIT COUNTY

	HUMANE SOCIE	TY OF	SUMMIT CO	JNTY	23	-7060'	744	
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont		•	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		431,871.	FAIR MARKI	ET VAI	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PET FOOD/SUPPLI)	X	0	140,703.	FMV			
26	Other ( )							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			Yes	No
302	During the year, did the organization receive b	v contributio	n any property rep	orted in Part L lines 1 throug	ıh 28 that it		169	110
550	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period'					30a		х
b	If "Yes," describe the arrangement in Part II.	•						
31	Does the organization have a gift acceptance	oolicy that re	auires the review	of any nonstandard contribut	rions?	31	x	
	Does the organization have a girt acceptance Does the organization hire or use third parties		•	•				
520	contributions?					32a		х

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

LHA 332141 09-11-23

b If "Yes," describe in Part II.

describe in Part II.

Schedule M	I (Form 990) 2023		SOCIETY O				23-7060744	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ad	l Information t I, column (b), th dditional informa	<ul> <li>Provide the info ne number of cont tion.</li> </ul>	ormation requi tributions, the	red by Part I, I number of iter	ines 30b, 32b, and 33 ns received, or a com	3, and whether the organiza abination of both. Also comp	tion olete
332142 09-11-2	23						Schedule M (Form	990) 2023
				20				

38 2023.05000 HUMANE SOCIETY OF SUMMIT 70381421

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SCHEDULE O (Form 990)

### Department of the Treasury Internal Revenue Service

Name of the organization

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.



HUMANE SOCIETY OF SUMMIT COUNTY

Employer identification number 23 - 7060744

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL TREATMENT AND PROCEDURES, BEHAVIORAL ASSESSMENT TRAINING,

SOCIALIZATION, AND KINDNESS FROM DEDICATED HSSC STAFF AND VOLUNTEERS.

IN 2023. WE RESCUED 2,032 ANIMALS, AND ADOPTED 1,573 ANIMALS INTO THEIR

FOREVER HOMES. OUR SHELTER VETERINARIAN PERFORMED 1,460 SPAY/NUETERS,

158 OTHER SURGERIES, AND 14,413 EXAMS. 50,362 POUNDS OF PET FOOD WERE

DISTRIBUTED AND 2,134 STUDENTS PARTICIPATED IN CLASSROOM PROGRAMMING.

322 VOLUNTEERS DONATED 21,263 HOURS OF SERVICE AND 217 FAMILIES SERVE

AS FOSTER HOMES FOR 830 ANIMALS.

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

THE BOARD REVIEWS THE FORM 990 PRIOR TO FILING.

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

THE ORGANIZATION REVIEWS ITS POLICY ANNUALLY.

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

COMPENSATION IS DETERMINED USING THE DATA FROM THE COMPENSATION SURVEY DONE

BY THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

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# SCHEDULE R

(Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 23 - 7060744

Department of the Treasury Internal Revenue Service

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

Name of the organization

### HUMANE SOCIETY OF SUMMIT COUNTY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
HAPPY TAILS THRIFT SHOP LLC - 82-4457428	RETAIL STORE WITH PURPOSE				
7996 DARROW ROAD	OF RAISING FUNDS TO PROMOTE				HUMANE SOCIETY OF
TWINSBURG, OH 44087	THE SOCIETY'S MISSION	оніо	462,801.	186,189.	SUMMIT COUNTY
	-				

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HUMANE SOCIETY OF SUMMIT COUNTY FOUNDATION -							
34-1970452, 7996 DARROW ROAD, TWINSBURG, OH	SUPPORT HUMANE SOCIETY OF			LINE 12C,			
44087	SUMMIT COUNTY	оніо	501(C)(3)	III-FI	N/A		х
	-						
	-						

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

Schedule R (Form 990) 2023

# Schedule R (Form 990) 2023 HUMANE SOCIETY OF SUMMIT COUNTY

23-7060744 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)Share of total incomeShare of end-of-year assetsDisproportionate allocations?Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Genera manag partn	<sup>ll or</sup> Percentage <sup>jing</sup> ownership				
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	<b>i)</b> b)(13) rolled iity?
		country)				400010		Yes	No

# Schedule R (Form 990) 2023 HUMANE SOCIETY OF SUMMIT COUNTY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	L
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10	X	L
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	L
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2023 HUMANE SOCIETY OF SUMMIT COUNTY

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total income	(h Dispro tiona allocati <b>Yes</b>	) ate ons? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2023

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

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