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Return of Organization Exempt From Income Tax

2017 Open to Public

OMB No. 1545-0047

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. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection , and ending For the 2017 calendar year, or tax year beginning Check if applicable: **C** Name of organization D Employer identification number LAKE HUMANE SOCIETY Address change 34-1246277 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 440-951-6122 7564 TYLER BLVD BLDG E Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated MENTOR он 44060 2,055,458 G Gross receipts \$ Amended return F Name and address of principal officer: X **H(a)** Is this a group return for subordinates? Yes Application pending LEE NESLER 7564 TYLER BLVD BLDG E H(b) Are all subordinates included? If "No," attach a list. (see instructions) **MENTOR** OH 44060 **X** 501(c)(3) 4947(a)(1) or 501(c) (insert no.) Tax-exempt status: WWW.LAKEHUMANE.ORG Website: H(c) Group exemption number L Year of formation: 1937 X Corporation Trust Association M State of legal domicile: **OH** Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A GENTLE AND CARING HAVEN FOR THE HOMELESS, ABANDONED, AND Activities & Governance INJURED ANIMALS OF LAKE COUNTY AND PERSEVERE IN DEFENDING AND PROTECTING ANIMAL LIFE THROUGH EDUCATION, INTEGRITY, AND LEADERSHIP. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 31 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 535 6 Total number of volunteers (estimate if necessary) 63,221 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 928,788 566,343 9 Program service revenue (Part VIII, line 2g) 99,663 95,556 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,061 341,475 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ______ 132,251 208,625 1,196,763 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,211,999 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 509,651 632,246 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 205,929 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 377,788 507,155

20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 887,439 1,139,401 309,324 72,598 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 1,596,079 1,570,886 60,301 151,221 22 Net assets or fund balances. Subtract line 21 from line 20 1,535,778 1,419,665

Signature Block

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

	· ·		-	•	•				-	
Sign Here	RI	re of office CHAF print name	RD HAI	RMON			PRESIDENT	•	Date	
	Print/Type prepared	arer's name	Э		Preparer's si	gnature		Date	Check	if PTIN
Paid	JOSEPH R.	MICHA	LSKI CPA	A.	JOSEPH I	R. MICHALSKI CPA		10/2	5/18 self-emp	bloyed P00738093
Preparer	Firm's name	•	NMS,	INC.					Firm's EIN	34-1909930
Use Only	Firm's address	,		MENTOR OR, OH	AVENUE 44060				Phone no.	440-286-5222
May the IR	S discuss this	s return	with the p	reparer showr	above? (see ins	structions)				X Yes No
For Paperv	vork Reduction	n Act No	tice, see th	ne separate ins	structions.					Form 990 (2017)

00910NONPFT 10/25/2018 12:36 PM 34-1246277 Form 990 (2017) LAKE HUMANE SOCIETY Page 2 **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: TO PROVIDE A GENTLE AND CARING HAVEN FOR THE HOMELESS, ABANDONED, AND INJURED ANIMALS OF LAKE COUNTY AND PERSEVERE IN DEFENDING AND PROTECTING ANIMAL LIFE THROUGH EDUCATION, INTEGRITY, AND LEADERSHIP. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **371,830** including grants of \$ ______) (Revenue \$ _____) 4a (Code:) (Expenses \$ ANIMAL HUSBANDRY AND PET ADOPTION: LAKE HUMANE SOCIETY PROVIDES A GENTLE AND CARING HAVEN FOR OVER 1,200 HOMELESS, ABANDONED, AND INJURED ANIMALS OF LAKE COUNTY AND THE SURROUNDING COMMUNITIES ANNUALLY. NOT ONLY DOES LHS PROVIDE CARE FOR CATS AND DOGS, BUT THE ORGANIZATION ALSO CARES FOR, DEFENDS, REHABILITATES, AND REHOMES RABBITS, CHICKENS, POCKET PETS, AND OTHER DOMESTIC ANIMALS. SPECIAL CARE IS USED WITH THE ANIMALS THAT ARE SEIZED FROM THEIR OWNERS AND LACK THE SOCIAL SKILLS AND TRAINING TO FEEL COMFORTABLE IN A NEW HOME. TIME IS NOT AN ISSUE FOR OUR COMPASSION AND KINDNESS FOR THESE FRAGILE ANIMALS. 68,078 including grants of \$) (Revenue \$)) (Expenses \$ **OUTREACH & EDUCATION:** LAKE HUMANE SOCIETY STRIVES TO SERVE AS AN INVALUABLE RESOURCE TO THEIR COMMUNITY BY ASSISTING PET OWNERS AND THEIR PETS. LHS EDUCATES THE COMMUNITY ON THE PROPER TREATMENT OF ANIMALS AND PROVIDES LOW-COST VACCINE CLINICS AND OBEDIENCE TRAINING FOR ADOPTERS AND COMMUNITY MEMBERS. LHS OFFERS ASSISTANCE AND ADVICE TO PET OWNERS IN ORDER TO KEEP PETS IN THEIR) (Expenses \$ 226,057 including grants of \$) (Revenue \$ 4c (Code: SHELTER MEDICINE: LAKE HUMANE SOCIETY RUNS AN ON-SITE CLINIC TO PROVIDE MEDICAL CARE AND TREATMENT TO PETS IN OUR COLLECTION. ALL PETS ARE VACCINATED TO PROMOTE SAFETY AND DISEASE PREVENTION WITHIN OUR COMMUNITY; THEY SPAY/NEUTER ALL CATS, DOGS AND RABBITS TO CONTROL PET OVERPOPULATION; MICROCHIP ADOPTABLE PETS TO ENSURE THEY ARE RETURNED TO THEIR FAMILY IF EVER LOST. IN ADDITION

TO THIS "STANDARD" MEDICAL CARE, LHS ALSO HELPS PETS IN NEED OF MEDICAL TREATMENT, SURGERIES, AND MEDICATION. EACH ANIMAL IS AN INDIVIDUAL, AND THEIR MEDICAL TREATMENT IS PERSONALIZED TO SUIT THEIR CONDITION AND STAGE IN LIFE. LHS ALSO OFFERS AN AFTER HOURS HOTLINE TO HELP GOOD SAMARITANS AND

OUR LOCAL POLICE WHO HAVE FOUND INJURED ANIMALS IN NEED OF CARE.

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

134,170 including grants of \$

) (Revenue \$

4e Total program service expenses ▶

)

34-1246277

Page 3

Form 990 (2017) LAKE HUMANE SOCIETY 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 <i>Schedule B, Schedule of Contributors</i> (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 public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? 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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	A	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		21
13	for any favoire apprinting 2 If (1) (a. " apprellate Calculula E. Darte Hand IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	• • •		
	Doub VIII Fings As and Oct 16 IVes II assumed to Calcadido C. Doub II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-	
	If "Yes," complete Schedule G, Part III	19	X	
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34-1246277

Form 990 (2017) LAKE HUMANE SOCIETY

Part IV Checklist of Required Schedules (continued)

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			
	omployooo? If "Voo." complete Schodule I	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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?			
	M. W. Carlles and J. Carlandella L. Dant L.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	_0.0		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schadula Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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? <i>If</i> "Yes," <i>complete Schedule N</i> ,			
•	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		X
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		X
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? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
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			_	. ,

Form 990 (2017) LAKE HUMANE SOCIETY

34-1246277

Page 5

Form **990** (2017)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable _____ 15 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 31 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3а If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O X 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

00910NONPFT 10/25/2018 12:36 PM 34-1246277 Form 990 (2017) LAKE HUMANE SOCIETY Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 9 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 X 14 14

Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶ OH 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)

organization's exempt status with respect to such arrangements?

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: >

ALICIA SMYCHYNSKY MENTOR

7564 TYLER BLVD. BKDG E

440-951-6122

DAA

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Form 990 (2017) LAKE HUMANE SOCIETY Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle	(C) Position check more than one ess person is both an nd a director/trustee) Former Officer Officer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAWN PLANTE			<u>.</u>			
	0.00					
TRUSTEE (2) RON TRAUB	0.00	X		C	0	0
	0.00					
TRUSTEE	0.00	X		C	0	0
(3) SUSAN FASSO						
(-)	0.00					
SECRETARY	0.00	x	x	C	0	0
(4) KARIN HENSCHEL				_	•	•
(-)	0.00					
TRUSTEE		X		C	0	0
(5) TERRI MILLER				_	_	
(-)	0.00					
TREASURER	0.00	X	X	C	0	0
(6) RICHARD HARMON					_	•
	0.00					
PRESIDENT (7) JAMES SCHLEICHER	0.00	X	X	C	0	0
•	0.00					
TRUSTEE (8) BRYAN JOHNSON	0.00	X		C	0	0
(6) BRIMY COMMENT	0.00					
TRUSTEE	0.00	X		C	0	0
(9) LORI CASZATT	0.00	Λ			0	U
	0.00					
VICE PRESIDENT	0.00	X	X	C	0	0
(10) LEE NESLER						
	50.00					
EXECUTIVE DIRECTOR (11)	0.00		X	77,605	0	11,565

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, u	Po ot chec inless p	erson directo	than or is both is both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimate amount other compense from th organizate and relate organizate	of ation e tion ted
										_	
1b c	Sub-total Total from continuation sh	eets to Part VII.	Section	 1 A			>	77,605		1	1,565
d	Total (add lines 1b and 1c)						•	77,605		1	1,565
2	Total number of individuals (reportable compensation from				se lis	sted al	bove	e) who received more than	\$100,000 of		
3	Did the organization list any	former officer dir	ector (or trus	stee	kev ei	mnlc	ovee or highest compensat	ted		Yes No
4	employee on line 1a? If "Yes For any individual listed on li organization and related orga	s," complete Sche ne 1a, is the sum	dule J i	for su ortable	<i>ch in</i> e con	dividu npens	al atior	n and other compensation f	rom the	3	X
_	individual									4	X
5	Did any person listed on line for services rendered to the	1a receive or acc	rue co	mpen	satio	n from	n any	y unrelated organization or	individual		x
Sect	ion B. Independent Contrac	=	, 30	,				p			
1	Complete this table for your	five highest comp	ensate	d inde	epend	dent c	ontra	actors that received more the	han \$100,000 of		

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

(A) Name and business address

(B) Description of services

(C) Compensation

Form 990 (2017) LAKE HUMANE SOCIETY

Par	t VI	Statement of Revenue Check if Schedule O contains a response of	or note to any line in	this Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 566,343 Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f	566,343			
Program Service Revenue	_	Busn. Code	70.220	E0 220		
Seve	2a	ADOPTIONS 900099 CAGE SPONSORSHIP 900099	70,339 14,250	70,339		
Ge F	b	DDE 570D 00000	10,916	14,250 10,916		
eZi	C C	00000	10,916	51		
ر ک	d	• • • • • • • • • • • • • • • • • • • •	21	21		
grar	e f	All other program service revenue				
Pro		Total. Add lines 2a–2f	95,556			
	_	Investment income (including dividends, interest,	20,000			
	•	and other similar amounts)	19,135			19,135
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental exps.				
	С	Rental inc. or (loss)				
		Net rental income or (loss)				
	/a	Gross amount from (i) Securities (ii) Other sales of assets				
		other than inventory 995,794				
	b	Less: cost or other				
		basis & sales exps. 673,454				
		Gain or (loss) 322,340	200 240	200 240		
		Net gain or (loss)	322,340	322,340		
ne		Gross income from fundraising events				
/en		(not including \$				
Re		of contributions reported on line 1c). See Part IV. line 18 a 187,367				
Other Revenue						
ਰੋ			145 404			
		Net income or (loss) from fundraising events	145,404			
		Gross income from gaming activities. See Part IV, line 19 a 191,263				
		Less: direct expenses b 128,042				
		Net income or (loss) from gaming activities	63,221		63,221	
		Gross sales of inventory, less	03,221		05,221	
		returns and alloweness				
		Less: cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Busn. Code				
	11a					
	b					
	С					
	d	All other revenue				
		Total. Add lines 11a–11d				
	12	Total revenue. See instructions.	1,211,999	417,896	63,221	19,135 Form 990 (2017)

LAKE HUMANE SOCIETY Form 990 (2017)

Statement of Functional Expenses Part IX

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

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

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
_	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	77 605	46 E63	15 501	15 501					
6	trustees, and key employees	77,605	46,563	15,521	15,521					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	466,252	364,438	53,475	48,339					
8	Pension plan accruals and contributions (include	100,232	301,130	33,173	10,555					
Ü	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	38,548	18,105	18,067	2,376					
10	Payroll taxes	49,841	37,569	6,840	5,432					
11	Fees for services (non-employees):	,	,	.,	.,					
	Management									
	Legal	35,984	30,654	5,277	53					
	Accounting									
d										
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	9,909	39	2,391	7,479					
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	110,121	1,892	50	108,179					
13	Office expenses	34,388	15,922	12,073	6,393					
14	Information technology									
15	Royalties	87,492	71 607	11 520	4,357					
16	Occupancy	3,451	71,607 2,236	11,528 1,170	4,357 45					
17	Travel	3,431	2,230	1,170	40					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	6,882	4,916	983	983					
23	Insurance	6,507	4,647	930	930					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	SUPPLIES	125,419	125,394	25						
b	SUBCONTRACTOR	56,191	55,897	293	1					
C	PETSHOP	12,178	12,178	4 000	4 456					
d	DUES AND SUBSCRIPTIONS	7,401	1,694	1,228	4,479					
e	All other expenses	11,232	6,384	3,486	1,362					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,139,401	800,135	133,337	205,929					
20	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)									
DAA					5 QQQ (004 7)					

34-1246277

Form 990 (2017) LAKE HUMANE SOCIETY

Part X Balance Sheet

Page **11**

	Check if Schedule O contains a response or	note to any line in	this Part X			
		,		(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			552,128	1	399,932
2	Savings and temporary cash investments			•	2	•
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			800	-	1,950
5	Loans and other receivables from current and form				•	_,,,,,
Ū	trustees, key employees, and highest compensated	•	10,			
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified					
·	4958(f)(1)), persons described in section 4958(c)(3					
	sponsoring organizations of section 501(c)(9) volum					
	organizations (see instructions). Complete Part II o				6	
Assets 2 2					7	
SSA 7	Notes and loans receivable, net			11,860	0	1,421
. 0	Inventories for sale or use			2,047	0	152
9	Prepaid expenses and deferred charges			2,01/	9	132
10a	Land, buildings, and equipment: cost or	40	207 425			
_	other basis. Complete Part VI of Schedule D		297,435	100 101		02 200
	Less: accumulated depreciation		204,137	100,181		93,298
11	Investments—publicly traded securities			920,603	11	1,065,673
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets			0.460	14	0.460
15	Other assets. See Part IV, line 11			8,460	15	8,460
16	Total assets. Add lines 1 through 15 (must equal li			1,596,079	16	1,570,886
17	Accounts payable and accrued expenses			47,279	17	133,670
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part	t IV of Schedule D			21	
တ္က 22	Loans and other payables to current and former off	icers, directors,				
Liabilities	trustees, key employees, highest compensated em					
<u>a</u>	disqualified persons. Complete Part II of Schedule	L			22	
ے 23	Secured mortgages and notes payable to unrelated	third parties			23	
24	Unsecured notes and loans payable to unrelated th	ird parties		2,899	24	566
25	Other liabilities (including federal income tax, payab	oles to related third	t			
	parties, and other liabilities not included on lines 17	'-24). Complete Pa	art X			
	of Schedule D			10,123		16,985
26	Total liabilities. Add lines 17 through 25			60,301	26	151,221
	Organizations that follow SFAS 117 (ASC 958), or	check here 🕨 🛚	X and			
es	complete lines 27 through 29, and lines 33 and					
E 27	Unrestricted net assets			607,198	27	366,435
g 28	Temporarily restricted net assets				28	124,650
Net Assets or Fund Balances 2	Permanently restricted net assets			928,580	29	928,580
Į	Organizations that do not follow SFAS 117 (ASC	2 958), check here	e ▶ and			
ō	complete lines 30 through 34.					
30 8	Conital atack on twent principal on accomment from the				30	
SS 31	Paid-in or capital surplus, or land, building, or equip	ment fund			31	
ซี 32	Retained earnings, endowment, accumulated incor				32	
		, 5. 56. 14.146		1 525 550		1 410 665
	Total net assets or fund balances			1,535.//8	.5.5	1,419,000
33 34	Total net assets or fund balances Total liabilities and net assets/fund balances			1,535,778 1,596,079	33 34	1,419,665 1,570,886

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

the Single Audit Act and OMB Circular A-133?

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Х

Form **990** (2017)

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public Inspection

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.

Name of the organization

2

3

5

Employer identification number LAKE HUMANE SOCIETY 34-1246277 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (D)

(E)

LAKE HUMANE SOCIETY

34-1246277

Page 2

Schedule A (Form 990 or 990-EZ) 2017 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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(-) 0040	(1-) 0044	(-) 0045	(4) 0040	(-) 0047	(O T
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, 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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.						
13	First five years. If the Form 990 is for the						. .
Sec	organization, check this box and stop her tion C. Computation of Public So						
14	Public support percentage for 2017 (line 6		_	n (f))		14	%
15	Public support percentage from 2016 Sch						%
16a	33 1/3% support test—2017. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this	
	box and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			▶ □
b	33 1/3% support test—2016. If the organ			or 16a, and line	15 is 33 1/3% or m	ore, check	▶ □
170	this box and stop here. The organization 10%-facts-and-circumstances test—20						
17 a	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa				-		
	organization			•			▶ □
b	10%-facts-and-circumstances test—20						··········· - ⊔
-	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization me				•		
	augnorted argonization						▶ □
18	Private foundation. If the organization di						······································
	instructions						▶ □
	****						' 🗀

34-1246277

Page 3

LAKE HUMANE SOCIETY

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

(Complete only if you checked the box of fine 10 of Fart For if the organization falled to qualify under Fart it.
If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

	etion A. Public Support Indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	841,312	554,167	587,475	928,788	566,343	3,478,085
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	251,561	232,949	256,550	203,189	282,923	1,227,172
3	Gross receipts from activities that are not an unrelated trade or business under section 513	14,028	14,965	13,206	24,016		66,215
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,106,901	802,081	857,231	1,155,993	849,266	4,771,472
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						4,771,472
Sec	tion B. Total Support						1,,,1,1,2
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,106,901	802,081	857,231	1,155,993	849,266	4,771,472
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,272	68,766	56,604	36,061	19,135	221,838
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-5,		22,222	51,112		222,323
С	Add lines 10a and 10b	41,272	68,766	56,604	36,061	19,135	221,838
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,148,173	870,847	913,835	1,192,054	868,401	4,993,310
14	First five years. If the Form 990 is for the organization, check this box and stop her	e					▶ 🗌
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8						95.56%
16 Sec	Public support percentage from 2016 Schettion D. Computation of Investme	nt Income Perc	entage				95.31%
17	Investment income percentage for 2017 (li	ne 10c, column (f) d	livided by line 13, o	column (f))		17	4%
18	Investment income percentage from 2016	Schedule A, Part III	, line 17			18	5%
19a	33 1/3% support tests—2017. If the organ						. 37
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2016. If the organ	-					> X
	line 18 is not more than 33 1/3%, check th	is box and stop her	e. The organization	n qualifies as a pu	blicly supported or	ganization	
20	Private foundation. If the organization did	a not check a box on	i iine 14, 19a, or 19	D, cneck this box	and see instruction	18	······· P

34-1246277

Schedule A (Form 990 or 990-EZ) 2017

Part IV **Supporting Organizations**

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

Se

Secti	on A. All Supporting Organizations	,		
OCCI	on A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	110
	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		

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.)

10b Schedule A (Form 990 or 990-EZ) 2017 Schedule A (Form 990 or 990-EZ) 2017 LAK

Part 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
	Did the discount for the second problem of t		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
coeti	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ionel		
·	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see instruct	10113).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	. 20, 1970	(explain in Part VI). See	•
	instructions. All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
ma	ntenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated T		porting organization (se	ee

instructions).

34-1246277

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

Section D - Distributions Current Year

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required)
- 6 Other distributions (describe in Part VI). See instructions.
- 7 Total annual distributions. Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.
- 9 Distributable amount for 2017 from Section C, line 6
- 10 Line 8 amount divided by line 9 amount

		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a	Face 2040			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	, , , , , , , , , , , , , , , , , , , ,			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
_	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017		Schodulo	A (Form 990 or 990-EZ) 2017
			Soliedule I	· (. 5 555 6. 555 LZ) 2017

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.)
•	
•	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	

LAKE HUMANE SOCIETY

34-1246277

Page 8

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

34-1246277

LAKE HUMANE SOCIETY

Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.						
Special Rules							
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the y	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the or this organization because it received nonexclusively religious, charitable, etc., contributions aduring the year.						
Caution: An organization that is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,						

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

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

LAKE HUMANE SOCIETY

Employer identification number 34-1246277

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHARON E. BATHRUST REV LIVING TRUST 6984 SPINACH DRIVE MENTOR OH 44060	\$ 25,011	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GANLEY SUBARU OF WICKLIFFE 28840 EUCLID AVE WICKLIFFE OH 44092	\$ 11,999	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PETSMART CHARITIES 19601 N 27TH AVE PHOENIX AZ 85027	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FATMAN'S INVAISION 5040 MARIGOLD RD MENTOR OH 44060	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

DAA

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.

Inspection

OMB No. 1545-0047

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

LAKE HUMANE SOCIETY

34-1246277

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	·	Funds and other accounts
1	Total number at end of year	
2		
3		
4		
5		
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6		Ш
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	Part II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land a	nrea
	Protection of natural habitat Preservation of a certified historic structure	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
	easement on the last day of the tax year.	eld at the End of the Tax Year
а	a Total number of conservation easements 2a	
b		
С	c Number of conservation easements on a certified historic structure included in (a) 2c	
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register 2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	he
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5		
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements d	uring the year
		
7	' Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during	the year
	▶ \$	
8	B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	!
_	organization's accounting for conservation easements.	
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ast Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ssets.
1a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she	et
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	a Revenue included on Form 990, Part VIII, line 1	\$
b	b Assets included in Form 990, Part X	\$
For I	r Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

34-1246277

Schedule D (Form 990) 2017 LAKE HUMANE SOCIETY

Page 2

Pa	rt III Organizations Maintaining	Collections of Ar	t, Historical Tre	asures, or Other	Similar Assets	continued)	
3	Using the organization's acquisition, accession collection items (check all that apply):		•	•	,	,	
а	Public exhibition	d Loa	n or exchange progra	ams			
b	Scholarly research	e Oth	er				
С	Preservation for future generations						
4	Provide a description of the organization's coll XIII.	ections and explain ho	w they further the org	ganization's exempt p	urpose in Part		
5	During the year, did the organization solicit or	receive donations of a	rt, historical treasures	s, or other similar			
	assets to be sold to raise funds rather than to	be maintained as part	of the organization's	collection?		Yes No)
Pa	rt IV Escrow and Custodial Arra		•				
	Complete if the organization 990, Part X, line 21.	answered "Yes" or	n Form 990, Part	IV, line 9, or repo	orted an amount o	n Form	
1a	Is the organization an agent, trustee, custodia	n or other intermediary	for contributions or o	other assets not			
	included on Form 990, Part X?					Yes No)
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	ing table:			Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
	Distributions during the year						
f	Ending balance				1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custod	dial account liability?		Yes No)
	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	nation has been prov	vided on Part XIII			
Pa	rt V Endowment Funds.						
	Complete if the organization						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	_
	Beginning of year balance	908,883	838,283	900,281	907,793	785,538	3
	Contributions						
С	Net investment earnings, gains, and	151 004	00 510	1 010	45 440	186 22	_
	losses	151,094	80,519	-1,810	47,442	176,33	/
	Grants or scholarships						
е	Other expenditures for facilities and	6,747	0.010	60,188	54,954	E4 00°	2
	programs	0,/4/	9,919	60,100	34,934	54,082	4
	Administrative expenses	1,053,230	908,883	838,283	900,281	907,793	3
_	End of year balance		=		300,201	507,75.	,
2		•	ne rg, column (a)) ne	eiu as.			
	Permanent endowment ► 88.00 %	%					
	Temporarily restricted endowment 12	.00%					
·	The percentages on lines 2a, 2b, and 2c shou						
32	Are there endowment funds not in the possess		that are held and ac	lministared for the			
Ja	organization by:	sion of the organization	i triat are ricia aria ac	animistered for the		Yes No	
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations					3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required	on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the						
Pa	rt VI Land, Buildings, and Equip	-					
	Complete if the organization		Form 990, Part	IV, line 11a. See	Form 990, Part X	, line 10.	
	Description of property	(a) Cost or other basis			ccumulated	(d) Book value	
		(investment)	(other)	• • • • • • • • • • • • • • • • • • • •	preciation		
1a	Land		5	0,000		50,000)
	Buildings		_	-		- •	
	Leasehold improvements						
	Equipment				204,137	-204,137	7
	Other		24	7,435	-	247,435	
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X,		-		93,298	
						le D (Form 990) 201	

LAKE HUMANE SOCIETY Schedule D (Form 990) 2017

Part VII	Investments-	_Other	Securities

Complete if the organization answered	l "Voc" o	n Form 000	Dart I\/	line 11h	Soo Form 000	Dart Y I	ino 12
Complete if the organization answered	i res o	m Form 990,	Part IV,	line 11b.	See Form 990	, Part X, I	ine 12.

	Complete if the organization answered "Yes" or		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial d			Coot of one of year market talke
(2) Closely-he	lerivatives Id equity interests		
(O) Other			
(F)			
/ 山 \			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" or (a) Description of investment	Form 990, Part IV, line 11c. (b) Book value	See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(7) (8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 11d.	See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(6) (7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" or line 25.		or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
` '	ncome taxes	10 101	
` ′	ED PAYROLL ED EXPENSES	12,131 4,854	
(-)	ED ENTERIORS	4,034	
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,985	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII DAA

00910NONPFT 10/25/2018 12:36 PM Schedule D (Form 990) 2017 LAKE HUMANE SOCIETY 34-1246277 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,065,251 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments -188,711 **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) -188,711Add lines 2a through 2d Subtract line 2e from line 1 1,253,962 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -41,963 Other (Describe in Part XIII.) Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) -41,963 1,211,999 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,181,364 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments b 2b 2c c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 1,181,364 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -41,963 4b **b** Other (Describe in Part XIII.) Add lines 4a and 4b -41,963 1,139,401 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS THE SOCIETY'S ENDOWMENT CONSISTS OF TWO FUNDS ESTABLISHED FOR SUPPORTING THESE FUNDS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF

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

PART X - FIN 48 FOOTNOTE

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

Schedule D (Form 990) 2017 LAKE HUMANE SOCIETY

Part XIII Supplemental Information (continued)

TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL ST		
THE SOCIETY FOLLOWS THE PROVISIONS OF "ACCOUNTING FOR INCLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROPROCIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTERPOLOGOUS ACCOUNTING IN INTERIM PERIODS, DECLOSURE AND TRANSITION. UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2017.	RECOGNIZ CERTAIN OF A TA OVISIONS REST AND	ED IN AN CRITERIA X POSITION ALSO PENALTIES,
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN -	OTHER	
FUNDRAISING EXPENSE	\$	-41,963
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - FUNDRAISING EXPENSE		-41,963

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	LAKE HUMANE SOCI	ETY				34-12462	277
Pa	Fundraising Activities. Comple Form 990-EZ filers are not requir				d "Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization raised funds thro	ugh any of t	the following	g activities. Ch	neck all that apply.		
а	Mail solicitations	е 🔛	Solicitation	of non-govern	nment grants		
b	Internet and email solicitations	f	Solicitation	of governmen	nt grants		
С	Phone solicitations	g	Special fur	draising even	ts		
d	In-person solicitations						
2a	Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or el						Yes No
b	If "Yes," list the 10 highest paid individuals or entitie	es (fundrais	ers) pursua	nt to agreeme	ents under which the	fundraiser is to be	
	compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser)	(i	ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes No			
1							
_							
2							
3							
1							
•							
5							
6							
7							
3							
9							
0							
otal				•			
	List all states in which the organization is registered registration or licensing.				r has been notified i	t is exempt from	

Schedule G (Form 990 or 990-EZ) 2017 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(2) 210.11.11		(5) 215111 112	(5) 5 5 . 5 5	4 D = 1 1
en			BLACK CAT (event type)	BALL	MUTT STRUTT (event type)	8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts		52,526	28,985	105,8	187,367
		Less: Contributions Gross income (line 1 minus line 2)		52,526	28,985	5 105,8	187,367
	4	Cash prizes					
	5	Noncash prizes					
nses	6	Rent/facility costs		20,020			20,020
Direct Expenses	7	Food and beverages					
Dire	8	Entertainment					
	9	Other direct expenses		2,368	7,389	12,1	21,943
Pa		Net income summary. Sub III Gaming. Comp	otract line 10 from line	e 3, column (d zation answ) vered "Yes" on Form 990, I		► 41,963 ► 145,404 Poorted more
anı		. ,	(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			191,263	3	191,263
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses	□ voo	0/	128,042		128,042
	6	Volunteer labor	X No	70	Yes % X No	X No	76
	7	Direct expense summary.	Add lines 2 through	5 in column (d)		128,042
	8	Net gaming income summ	ary. Subtract line 7 f	rom line 1, col	umn (d)		63,221
а	ls t	No," explain:	conduct gaming acti	vities in each	of these states?		X Yes No
		ere any of the organization's	gaming licenses rev	oked, suspen	ded, or terminated during the tax	year?	Yes X No

Sche	edule G (Form 990 or 990-EZ) 2017 LAKE HUMANE SOCIETY 34-124627	7		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility 13a			%
b	*	10	0.0	00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ LEE NESLER			
	7564 TYLER BLVD			
	Address ► MENTOR OH 44060			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	X	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 191,263 and the			
	amount of gaming revenue retained by the third party ▶ \$ 215,691			
С	If "Yes," enter name and address of the third party:			
	Name ▶ ALL STAR GAMING			
	238 W. MAIN STREET			
	Address ► RAVENNA OH 44266			
16	Gaming manager information:			
	Name ▶ LEE NESLER			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶ OVERSEE GAMING ACTIVITY			
	X Director/officer			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	X	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)		l	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information			
	See instructions.			

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

LAKE HUMANE SOCIETY	34-1246277
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMEN	T
HUMANE INVESTIGATION:	
LAKE HUMANE SOCIETY PROVIDES PROTECTION TO THE COMPAN	ION ANIMALS OF LAKE
COUNTY THROUGH THEIR HUMANE INVESTIGATIONS DEPARTMENT	. LHS EMPLOYS THE ONLY
HUMANE AGENT IN THE COUNTY, WHO WAS APPOINTED BY THE	LAKE COUNTY PROBATE
COURT. THE HUMANE AGENT INVESTIGATES REPORTS OF SUSPE	CTED ANIMAL ABUSE,
NEGLECT, AND CRUELTY, AND ASSISTS IN THE PROSECUTION	OF ANIMAL CRUELTY
CASES.	
VOLUNTEER PROGRAM:	
LAKE HUMANE SOCIETY RELIES ON DEDICATED VOLUNTEERS AN	D FOSTERS TO HELP MAKE
THEIR MISSION COME TO LIFE. WITH A LIMITED STAFF OF J	UST 15 PEOPLE, THE
ORGANIZATION TURNS TO VOLUNTEERS TO ASSIST WITH ANIMA	AIL CARE, ENRICHMENT,
FOSTER CARE, CUSTOMER SERVICE, OFF-SITE EVENTS, CLERI	CAL DUTIES, AND MORE.
THE VOLUNTEER PROGRAM AT LHS PROVIDES ANIMAL LOVERS W	ITH THE REWARDING
OPPORTUNITY TO HELP HOMELESS PETS IN NEED RIGHT HERE	IN THEIR VERY OWN
COMMUNITY.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
THE BOARD OF DIRECTORS WILL ELECTRONICALLY REVIEW THE	COMPLETED IRS FORM
990 BEFORE SUBMISSION. THE RETURN WILL BE AVAILABLE A	AT THE SOCIETY'S
OFFICE.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT	'S POLICY
ANY POSSIBLE CONFLICT OF INTERESTS ARE DISCLOSED TO T	HE OTHER BOARD MEMBERS

AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE

INTEREST BECOMES A MATTER OF BOARD ACTION.								
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.								
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTERPOLATION OF THE PROPERTY OF T								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASS		TION 41,963						
FUNDRAISING EXPENSE		-41,963						

OMB No. 1545-0687

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

_	_	_	
7	N	1	7
	v		•

Dena	For calendar year 2017 or other tax year beginning For calendar year 2017 or other tax year beginning Go to www.irs.gov/Form990T for instruct	, a	nd ending		mon to Dublic Inconstion for
	al Revenue Service Do not enter SSN numbers on this form as it may be n				pen to Public Inspection for 01(c)(3) Organizations Only
Δ	Check box if address changed Name of organization (Check box if name changed			D Employer identifie	
BE	exempt under section		,	(Employees' trust, s	
_	K 501(C)(3) Print LAKE HUMANE SOCIETY				
Ī	408(e) 220(e) or Number, street, and room or suite no. If a P.O. box, see instruction	S.		34-124	6277
Ī	408A 530(a) Type 7564 TYLER BLVD BLDG E			E Unrelated busines	ss activity codes
Ī	529(a) City or town, state or province, country, and ZIP or foreign pos	tal code		(See instructions.)	• • • • • • • • • • • • • • • • • • • •
CE	MENTOR		44060	713200	531110
-	t end of year F Group exemption number (See instructions.)				
	1,570,886 G Check organization type ► X 501(c) corpora	ition	501(c) trust	401(a) trust	Other trust
Н [Describe the organization's primary unrelated business activity.		(1)		
	PULL TAB BINGO				
-	During the tax year, was the corporation a subsidiary in an affiliated group or a pa	rent-su	bsidiary controlled grou		Yes X No
	f "Yes," enter the name and identifying number of the parent corporation.		zoranary commonica gree	~p·	,
)	•				
J	The books are in care of ALICIA SMYCHYNSKY		Telep	hone number > '	440-951-6122
Pa	irt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 191,263				
b	Less returns and allowances c Balance	1c	191,263		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	191,263		191,263
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	191,263		191,263
	irt II Deductions Not Taken Elsewhere (See instructions fo			ns.) (Except for	contributions.
	deductions must be directly connected with the unrelate	d busi	ness income.)	- , (,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts				
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	0
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)				
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)		SEE STATEM	ENT 1 28	191,263
29	lotal deductions. Add lines 14 through 28				191,263
30	Unrelated business taxable income before net operating loss deduction. Subtra	ct line 2	29 from line 13	30	
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 f	rom line	e 30	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions				1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is				
	enter the smaller of zero or line 32			34	0
DAA	For Paperwork Reduction Act Notice, see instructions.				Form 990-T (2017)

Pa	rt III Tax Computation	
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group	
	members (sections 1561 and 1563) check here ▶ See instructions and:	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
	(1) \$ (2) \$ (3) \$	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	
	(2) Additional 3% tax (not more than \$100,000) \$	
С	Income tax on the amount on line 34	35c
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36
37	Proxy tax. See instructions	37
38	Alternative minimum tax	38
39	Tax on Non-Compliant Facility Income. See instructions	39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40
Pa	rt IV Tax and Payments	_
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	
b	Other credits (see instructions) 41b	
С	General business credit. Attach Form 3800 (see instructions) 41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
е	Total credits. Add lines 41a through 41d	41e
42	Subtract line 41e from line 40	42
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)	43
44	Total tax. Add lines 42 and 43	440
45a	Payments: A 2016 overpayment credited to 2017 45a	
b	2017 estimated tax payments 45b	
С	Tax deposited with Form 8868 45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	
е	Backup withholding (see instructions) 45e	
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g	Other credits and payments: Form 2439	
	Form 4136 Other Total ▶ 45g	
46	Total payments. Add lines 45a through 45g	46
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49
50_	Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶	50
Pa	rt V Statements Regarding Certain Activities and Other Information (see instructions)	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	v
	here •	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true	ust?
	If YES, see instructions for other forms the organization may have to file.	
53	Enter the amount of tax-exempt interest received or accrued during the tax year \(\) \$ 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 belie	of it is
Ci~	true correct, and complete Declaration of propagar (other than taypayer) is based an all information of which propagar has any knowledge	May the IRS discuss this return
Sig	- N	with the preparer shown below (see instructions)?
Her		(See Instructions)? X Yes No
	Signature of officer Date Title	D DIN
D-··	Print/Type preparer's name Preparer's signature Date	Check if PTIN
Paid		self-employed P00738093
		EIN → 34-1909930
Use	· ·	440 006 5000
	Firm's address MENTOR, OH 44060	
		Form 990-T (2017)

Forr	m 990-T (2017) LAKE	HUMANE SOCIE	ΓY		34-1246277		Page 3			
Scl	hedule A – Cost of Go	oods Sold. Enter met	hod of inventor	ry valuation ▶			· ·			
1	Inventory at beginning of		6	•	year	6				
2	Purchases		7	Cost of goods sol						
3	Cost of labor			line 6 from line 5. E						
4a	Additional sec. 263A costs					7				
	(attach schodula)	4a	8		tion 263A (with respect to		Yes No			
b		46	_		or acquired for resale) apply		100			
5	(attach schedule)				?					
-	· ·		erty and Perso		eased With Real Prop					
	ee instructions)	(,			, ,				
1. De	scription of property N/A									
(1)	M/ A									
(2)										
(3)										
(4)		2. Rent received or a								
	(a) From personal property (if the for personal property is more t more than 50%	han 10% but not	percentage of rent for	I personal property (if the or personal property exceed based on profit or income	ds in columns	s directly connected with the 2(a) and 2(b) (attach sche				
(1)										
(2)										
(3)										
(4)										
Tota	al	Tota	al		(b) Total deduction	ons.				
(c) There	Fotal income. Add totals of and on page 1, Part I, line	columns 2(a) and 2(b). En 6, column (A)	ter	•	Enter here and on p Part I, line 6, colum	page 1,				
	hedule E – Unrelated			tions)		• •				
					3. Deductions directly	connected with or allocab	le to			
	1. Description of debt	-financed property		income from or to debt-financed	debt-fi	nanced property				
	1. Decemption of debt	manoca property		property	(a) Straight line depreciation	(b) Other de	(b) Other deductions			
					(attach schedule)	(attach sc	hedule)			
(1)	N/A									
(2)										
(3)										
(4)										
	4. Amount of average	5. Average adjusted basis	6	. Column		8. Allocable of	deductions			
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed property	4	1 divided	Gross income reportable (column 2 x column 6)	(column 6 x tota	al of columns			
	property (attach schedule)	(attach schedule)	by	column 5	(column 2 x column o)	3(a) and	3(b))			
(1)				o,	6					
(2)				o,	6					
(3)				o,	6					
(4)					6					
. ,					Enter here and on page					
					Part I, line 7, column (A).	Part I, line 7, o	column (B).			
Tota				>						
Tota	al dividends-received ded	uctions included in column	18			•				

Form **990-T** (2017)

Form 990-T (2017) LAKE HUMANE SOCIETY

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations

## Add columns 5 and 10. Clinic here and on page 1, Part I, line 9, column (A). Consider Part I, line 9, column (organization		employer ation number		elated income e instructions)	4. Total of paymen	specified ts made	Part of columns included in the organization's g	controlling	Deductions directly connected with income in column 5
Nonexempt Controlled Organizations B. Net varieties income (read) place instructions B. Total of specified programs make Total of specified programs	(1) N/A										
Nonexempt Controlled Organizations 7. Taxable income (loss) (see instructions) 8. Net unrelated income (loss) (see instructions) 9. Total of apselled pegments made 10. Part of roturns if that is introduction grean recover great recovering grean recover 10. Part of roturns if that is introduction grean recover great recovering grean recover 10. Part I, line 6, column (i) that is introduction (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Total of apselled pegments made 3. Total of apselled pegments made 4. Servasides (parts schedule instructions) 5. Total of column (ii). Part I, line 9, column (iii). Part I	(2)										
Nonexempt Controlled Organizations 7. Taxable income 8. Net unveiled none Body (see Prefunctions) 9. Total of specified payments made 10. Part of oxioms 6 and 10. Einer here and on page 1, Fall Line 9, column (8) Fall Columns 1. Description of income 1. Description of income 2. Amount of none 2. Amount of none 2. Amount of none 3. Description of income 3. Description of income 4. Sec saidos. (Bissish schedule) Finer here and on page 1, Part Line 9, column (8) Finer here and on page 1, Part Line 9, col	(3)										
1. Description of explosited activity 2. Grass 3. Explosited activity 2. Grass 3. Explosited activity 2. Grass 3. Explosited activity 3. Explosited activity 4. Also explosited activity 5. Grass income 6.	(4)										
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(2) (3) (4)	(1) N/A										
(3) (4)											
(4)											
Totals (carry to Part II, line (5)) •	(4)										
	Totals (carry	to Part II. line (5))									

Form 990-T (2017) LAKE HUMANE SOCIETY

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Reader costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K – Compensation	on of Officers, Di	rectors, and Ti	r ustees (see instru	ctions)		
1. Nam	е		2. Title		3. Percent of me devoted to business	ensation attributable to nrelated business
(1) N/A					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Pa	art II, line 14				>	
						Form 990-T (2017)

Federal Statements

FYE: 12/31/2017

34-1246277

10/25/2018 12:36 PM

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
OTHER DIRECT FUNDRAISING/GAMING LAWFUL OPERATING EXEPENSES	\$ 128,042 63,221
TOTAL	\$ 191,263

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

DAA

(99)

LAKE HUMANE SOCIETY 34-1246277

	ess or activity to which this form relates NDIRECT DEPRECIAT	TION					
			erty Under Section	179			
	•	-	, complete Part V b		omplete Part	I.	
1	Maximum amount (see instruction		•	•	•		510,000
2	Total cost of section 179 propert	y placed in service (se	e instructions)			2	•
3	Threshold cost of section 179 pr						2,030,000
4	Reduction in limitation. Subtract	line 3 from line 2. If ze	ro or less, enter -0-			4	
5	Dollar limitation for tax year. Subtract						
6	(a) Descripti	on of property	(b) C	ost (business use	only) (c)	Elected cost	
7	Listed property. Enter the amour	nt from line 29			7		
8	Total elected cost of section 179	property. Add amoun	ts in column (c), lines 6 a	nd 7		8	
9	Tentative deduction. Enter the si	maller of line 5 or line	8			9	
10	Carryover of disallowed deduction	on from line 13 of your	2016 Form 4562			10	
11	Business income limitation. Ente						
12	Section 179 expense deduction.	Add lines 9 and 10, but	ut don't enter more than l	ine 11		12	
13	Carryover of disallowed deduction				13		
	e: Don't use Part II or Part III below						
Pa			nd Other Depreciat	•		d property.) (S	See instructions.)
14	Special depreciation allowance for			•			
	during the tax year (see instruction	ons)				14	
15	Property subject to section 168(f	(1) election				15	c 001
16	Other depreciation (including AC	,				16	6,881
Pa	art III MACRS Deprecia	ition (Don't includ	le listed property.) (S	see instruct	ions.)		
			Section A				^
17	MACRS deductions for assets pl						0
18	If you are electing to group any assets place						
	Section B—	(b) Month and year	rvice During 2017 Tax Y (c) Basis for depreciation	_	e General Depre	ciation System	ı
	(a) Classification of property	placed in service	(business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
	property				MM	S/L	
	Section C—A	ssets Placed in Serv	ice During 2017 Tax Ye	ar Using the	Alternative Dep	reciation Syste	m
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	40-year			40 yrs.	MM	S/L	
Pa	art IV Summary (See in	•					
21	Listed property. Enter amount fro					21	
22	Total. Add amounts from line 12	, lines 14 through 17,	ines 19 and 20 in columr	n (g), and line	21. Enter		
	here and on the appropriate lines	-			ctions	22	6,881
23	For assets shown above and pla	=	· ·				
	portion of the basis attributable to				23		4=
For	Paperwork Reduction Act Notice	e, see separate instru	ictions.				Form 4562 (2017)

10/25/2018 12:36 PM

FYE: 12/31/2017

00910NONPFT LAKE HUMANE SOCIETY 34-1246277 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1	Land	1/01/93	50,000		50,000		0	0
8	Various	1/01/93	2,203		2,203	7 MO150DB	2,203	0
9 10	Kennel Cages	4/15/95 8/20/05	2,254		2,254		2,254	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
10 11	Kennel Cages Equipment Various	8/29/95 1/01/93	2,136 68,513		2,136 68,513		2,136 68,513	0
12	Surgical Supplies	11/19/98	15,262		15,262		15,262	0
17	Furniture and Fixtures	9/14/00	1,100		1,100		1,100	0
19	Narcotic Safes	10/27/00	506		506		506	0
21	Canine Scale/Table Stand 2 Five Unit Banks	10/29/01	2,680		2,680		2,680	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
22 23	Canine Scale	9/10/01 11/13/01	4,795 764		4,795 764		4,795 764	0
34	Cages	7/31/04	5,216		5,216		5,216	ŏ
37	Furnance	12/13/06	16,500		16,500		4,248	423
39	Rooftop Heating Units	2/13/08	7,500		7,500		1,706	193
41 42	Equipment Boncha Insulation	2/26/07 1/24/07	1,311 2,400		1,311 2,400	7 MO200DB 39 MO S/L	1,311 613	0 62
43	Equipment	6/27/07	790		790		790	0
45	2008 Chevy Van	10/30/07	24,800		24,800		24,800	0
46	2004 Cargo Van	10/31/12	6,911		6,911	5 MO200DB	6,279	632
49 50	Washer Dryer	2/08/07	15,889		15,889		15,889	0
50 51	Dell-Bookeeper File Cabients	5/27/08 8/04/08	1,116 622		1,116 622		1,116 622	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
52	Security Systems	7/03/08	3,427		3,427		3,427	0
55	Computer-Investigation	8/26/10	642		642	5 MO200DB	642	0
56	2 Laundry Carts on Wheels	9/12/13	518		518		518	0
58 59	Linksys Router Flooring	1/31/13 2/13/08	810 6,266		810 6,266		714 6,266	89
60	2 ipads, pp proj & screen	7/01/12	1,800		1,800		1,800	0
61	Table and Chairs	3/27/08	879		879		879	0
62	Bingo Machine #1	11/01/13	2,650		2,650	7 MO200DB	1,730	263
63	Bingo Machine #2	11/01/13	2,650		2,650	3.60 A00DD	1,730	263
64 65	Bingo Machine #3 TV Wall Mounts and coat rack	11/01/13 2/17/14	2,650 184		2,650 184		1,730 140	263 21
65 66	Groomers Tub, Stairs, Sprayer	7/23/14	811		811	7 MO200DB	446	104
67	5 wooden desks	9/23/14	1,000		1,000		526	136
68	4 swivel office chairs	9/23/14	120		120		81	16
69	4 vertical file cabinets	9/23/14	200		200		105	27
70 71	2 wooden side chairs 4 Dell Latitude E6410 Notesbookss	9/23/14 3/31/14	80 1,440		80 1,440		54 1,077	10 161
	NATIONAL SHRINKWRAP???	3/11/14	419		419		319	46
73	Washer replacement of valves and bearings		3,605		3,605		2,654	408
74	Z lift Hydraulic Table for Groomer	8/01/14	406		406		223	52
75 76	Bingo Machine #4 Bingo Machine #5	3/01/14 8/01/14	2,650 2,875		2,650 2,875	7 MO200DB 7 MO200DB	1,620 1,583	294 369
70 77	office wall addition	2/10/14	800		800	39 MO200DB	1,363	35
78	materials annex buildout, tube heater, plates	5 7/16/14	500		500	39 MO200DB	60	22
79	7560 LHS Annex	9/05/14	4,300		4,300	3.60 A00DD	496	195
80 81	Tile Installation LHS Annex Groomer Cabinets in Annex	9/08/14 9/09/14	300 150		300 150		162 81	39 20
		10/23/14	300		300		154	42
83	Shelving for Marketing Dept	10/01/15	271		271	7 MO200DB	91	51
84	Dell latitude E6410 Core i5 Windows 7 lap	top6/08/15	400		400		216	74
	Firewall - Fortigate 60D-BLD	6/09/15	775		775		419	142
	2 tower computers,monitors IMAC for marketing/design dept	8/03/15 8/25/15	807 2,201		807 2,201	5 MO200DB 5 MO200DB	403 1,057	162 457
88	Goodman 5 Ton HVAC System	6/25/15	8,450		8,450		639	400
89	Electric Exam Table	11/14/15	839		839	7 MO200DB	268	163
	Bingo Machine #6	4/16/15	2,875		2,875		1,213	475
91 92	Bingo Cabinet - Highwater Apoxy Coating for Visiting Rooms	4/16/15 4/15/15	450 619		450 619		190 271	74 100
	Mosaic Chip Flooring	12/04/15	2,668		2,668		148	129
	Dell computer	8/02/16	690		690		115	230
	Dell Computer	8/30/16	690		690		92	239
	Total Other Depreciation		297,435		297,435		197,256	6,881
	Total ACRS and Other Depre	riation	297,435		297,435		197,256	6,881
	Tom ACRO and Other Depter		471,+33		471, 4 33		171,230	0,001

34-1246277

FYE: 12/31/2017

Federal Asset Report Form 990, Page 1 10/25/2018 12:36 PM

Asset	Description	Date In Service	Cost	Bus Sec % 179	Basis Bonus for Depr	PerConv Meth Prior	Current
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense	ers	297,435 0 0		297,435 0 0	197,256 0 0	6,881 0 0
	Net Grand Totals		297,435		297,435	197,256	6,881

10/25/2018 12:36 PM

34-1246277 FYE: 12/31/2017

AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonu	Basis s for Depr	PerConv Meth	Prior	Current
	Depreciation: Land	1/01/02	0		0	0 HY	0	0
1 8	Various	1/01/93 1/01/93	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
9	Kennel Cages	4/15/95	0		0		0	0
10 11	Kennel Cages Equipment Various	8/29/95 1/01/93	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
12	Surgical Supplies	1/01/93	0		0		0	0
17	Furniture and Fixtures	9/14/00	0		0	0 HY	0	0
19	Narcotic Safes	10/27/00	0		0		0	0
21 22	Canine Scale/Table Stand 2 Five Unit Banks	10/29/01 9/10/01	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
23	Canine Scale	11/13/01	0		ő		0	ő
34	Cages	7/31/04	0		0		0	0
37 39	Furnance Rooftop Heating Units	12/13/06 2/13/08	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
41	Equipment	2/13/08 2/26/07	0		0		0	0
42	Boncha Insulation	1/24/07	0		0	0 HY	0	0
43	Equipment	6/27/07	0		0		0	0
45 46	2008 Chevy Van 2004 Cargo Van	10/30/07 10/31/12	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
49	Washer Dryer	2/08/07	0		0	0 HY	0	0
	Dell-Bookeeper	5/27/08	0		0		0	0
51 52	File Cabients Security Systems	8/04/08 7/03/08	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
55 55	Computer-Investigation	8/26/10	0		0		0	0
	2 Laundry Carts on Wheels	9/12/13	0		0		0	0
	Linksys Router	1/31/13	$0 \\ 0$		0		0	0
59 60	Flooring 2 ipads, pp proj & screen	2/13/08 7/01/12	0		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
61	Table and Chairs	3/27/08	0		0	0 HY	0	$\overset{\circ}{0}$
62	Bingo Machine #1	11/01/13	2,650		2,650		1,730	263
63 64	Bingo Machine #2 Bingo Machine #3	11/01/13 11/01/13	2,650 2,650		2,650 2,650		1,730 1,730	263 263
	TV Wall Mounts and coat rack	2/17/14	2,030		2,030		1,730	0
66	Groomers Tub, Stairs, Sprayer	7/23/14	ő		ő	0 HY	Ö	ő
67	5 wooden desks	9/23/14	0		0		0	0
68 69	4 swivel office chairs 4 vertical file cabinets	9/23/14 9/23/14	$0 \\ 0$		0	·	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
	2 wooden side chairs	9/23/14	0		ő	0 HY	Ö	ő
71	4 Dell Latitude E6410 Notesbookss	3/31/14	0		0		0	0
72 73	NATIONAL SHRINKWRAP??? Washer replacement of valves and bearings	3/11/14 4/22/14	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
73 74	Z lift Hydraulic Table for Groomer	8/01/14	0		0	·	0	0
75	Bingo Machine #4	3/01/14	0		0	0 HY	0	0
	Bingo Machine #5 office wall addition	8/01/14	0		0		0	0
77 78	materials annex buildout, tube heater, plates	2/10/14 7/16/14	$0 \\ 0$		0	110 07	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
	7560 LHS Annex	9/05/14	0		ő	3.50.05	Ö	ő
00	Tile Installation LHS Annex	9/08/14	0		0		0	0
	Groomer Cabinets in Annex Carpeting for Annex	9/09/14 10/23/14	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
83	Shelving for Marketing Dept	10/01/15	0		0		0	0
84	Dell latitude E6410 Core i5 Windows 7 lapt	op6/08/15	0		0	0 HY	0	0
	Firewall - Fortigate 60D-BLD	6/09/15	0		0		0	0
	2 tower computers,monitors IMAC for marketing/design dept	8/03/15 8/25/15	0		0	*	0	0
88	Goodman 5 Ton HVAC System	6/25/15	0		0	39 MO S/L	0	0
	Electric Exam Table	11/14/15	0		0		0	0
	Bingo Machine #6 Bingo Cabinet - Highwater	4/16/15 4/16/15	$0 \\ 0$		0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
92	Apoxy Coating for Visiting Rooms	4/15/15	0		0		0	0
93	Mosaic Chip Flooring	12/04/15	0		0	39 MO S/L	0	0
	Dell Computer	8/02/16	690 690		690 690		86 02	181 239
93	Dell Computer	8/30/16	690				92 5 268	
	Total Other Depreciation		9,330		9,330		5,368	1,209
	Total ACRS and Other Deprec	iation	9,330		9,330		5,368	1,209

34-1246277

AMT Asset Report

10/25/2018 12:36 PM

FYF: 12/31/2017

71VI 1 /	330	. IXCPOI
Form	990,	Page 1

1 1 1 . 14	2/31/2011	1 01111 930, 1 age 1						
Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals Less: Dispositions and T	ransfers	9,330 0		9,330 0		5,368 0	1,209 0
	Net Grand Totals		9,330		9,330		5,368	1,209

34-1246277 FYE: 12/31/2017

Depreciation Adjustment Report All Business Activities

10/25/2018 12:36 PM

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report $% \left(x\right) =\left(x\right) +\left(x\right) +$

10/25/2018 12:36 PM **FYE: 12/31/18**

00910NONPFT LAKE HUMANE SOCIETY 34-1246277 Future Depreciation Report FYE: 12/31/2017 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other :	Depreciation:				
1 8	Land Various	1/01/93	50,000	0	0
8	Kennel Cages	1/01/93 4/15/95	2,203 2,254	$0 \\ 0$	0
10	Kennel Cages	8/29/95	2,136	0	0
11	Equipment Various	1/01/93	68,513	0	0
12 17	Surgical Supplies Furniture and Fixtures	11/19/98 9/14/00	15,262 1,100	$0 \\ 0$	$0 \\ 0$
19	Narcotic Safes	10/27/00	506	ő	0
21	Canine Scale/Table Stand	10/29/01	2,680	0	0
22 23	2 Five Unit Banks Canine Scale	9/10/01 11/13/01	4,795 764	$0 \\ 0$	$0 \\ 0$
34	Cages	7/31/04	5,216	0	0
37	Furnance	12/13/06	16,500	423	0
39	Rooftop Heating Units	2/13/08	7,500	192	0
41 42	Equipment Boncha Insulation	2/26/07 1/24/07	1,311 2,400	0 61	$0 \\ 0$
43	Equipment	6/27/07	2,400 790	0	0
45	2008 Chevy Van	10/30/07	24,800	0	0
46	2004 Cargo Van	10/31/12	6,911	0	0
49 50	Washer Dryer Dell-Bookeeper	2/08/07 5/27/08	15,889 1,116	$0 \\ 0$	$0 \\ 0$
51	File Cabients	8/04/08	622	ő	ő
52	Security Systems	7/03/08	3,427	0	0
55 56	Computer-Investigation 2 Laundry Carts on Wheels	8/26/10 9/12/13	642 518	$0 \\ 0$	$0 \\ 0$
58	Linksys Router	1/31/13	810	7	0
59	Flooring	2/13/08	6,266	0	0
60	2 ipads, pp proj & screen	7/01/12	1,800	0	0
61 62	Table and Chairs Bingo Machine #1	3/27/08 11/01/13	879 2,650	0 232	0 232
63	Bingo Machine #2	11/01/13	2,650 2,650	232	232
64	Bingo Machine #3	11/01/13	2,650	232	232
65	TV Wall Mounts and coat rack	2/17/14	184	20	0
66 67	Groomers Tub, Stairs, Sprayer 5 wooden desks	7/23/14 9/23/14	811 1,000	75 96	$0 \\ 0$
68	4 swivel office chairs	9/23/14	120	13	0
69	4 vertical file cabinets	9/23/14	200	20	0
70	2 wooden side chairs 4 Dell Latitude E6410 Notesbookss	9/23/14	80	9	0
71 72	NATIONAL SHRINKWRAP???	3/31/14 3/11/14	1,440 419	162 47	$0 \\ 0$
73	Washer replacement of valves and bearings	4/22/14	3,605	407	ő
74	Z lift Hydraulic Table for Groomer	8/01/14	406	38	0
75 76	Bingo Machine #4 Bingo Machine #5	3/01/14 8/01/14	2,650 2,875	233 264	$0 \\ 0$
76 77	office wall addition	2/10/14	2,873 800	33	0
78	materials annex buildout, tube heater, plates	7/16/14	500	22	0
79	7560 LHS Annex	9/05/14	4,300	185	0
80 81	Tile Installation LHS Annex Groomer Cabinets in Annex	9/08/14 9/09/14	300 150	28 14	$0 \\ 0$
82	Carpeting for Annex	10/23/14	300	30	0
83	Shelving for Marketing Dept	10/01/15	271	37	0
84	Dell latitude E6410 Core i5 Windows 7 laptop	6/08/15 6/09/15	400	45	0
85 86	Firewall - Fortigate 60D-BLD 2 tower computers,monitors	8/03/15	775 807	89 97	$0 \\ 0$
87	IMAC for marketing/design dept	8/25/15	2,201	275	ő
88	Goodman 5 Ton HVAC System	6/25/15	8,450	380	0
89 90	Electric Exam Table Bingo Machine #6	11/14/15 4/16/15	839 2,875	117 339	$0 \\ 0$
90 91	Bingo Cabinet - Highwater	4/16/15	2,873 450	53	0
92	Apoxy Coating for Visiting Rooms	4/15/15	619	71	0
93	Mosaic Chip Flooring	12/04/15	2,668	123	0
94 95	Dell computer Dell Computer	8/02/16 8/30/16	690 690	138 144	127 144
73	Den computer	0/30/10	090	144	144

10/25/2018 12:36 PM **FYE: 12/31/18**

00910NONPFT LAKE HUMANE SOCIETY
34-1246277 Future Depreciation Report
FYE: 12/31/2017 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		297,435	4,983	967
	Total ACRS and Other Depreciation		297,435	4,983	967
	Grand Totals		297,435	4,983	967

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning

, and ending

Name

Employer Identification Number

34-1246277

(a) Other event (b) Other event (c) Other event

en			RESCUE (even		OFF I	PUP	CRAWL (event type)	ALL	OTHER (event type)	1	(d) Total other events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable contributions		16,	659		15,875		1:	2,984	105,856
	3	Gross income (line 1 minus line 2)		16,	659		15,875		1:	2,984	105,856
	4	Cash prizes									
	5	Noncash prizes									
nses	6	Rent/facility costs									
Direct Expenses	7	Food/beverages									
Direc	8	Entertainment									
	9	Other expenses		5,3	325		2,561			507	12,186

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning

, and ending

Name

Employer Identification Number

34-1246277

LAKE	HUMANE	SOCIETY
------	--------	---------

_											J	102//
				(a) Other event			(b) Other event			(c) Other ever	nt	40 . 7
anı			ALL	OTHER (event type)	2	ALL	OTHER 3 (event type)		ALL	OTHER (event type)	4	(d) Total other events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable contributions Gross income		12	2,984		12,	984		1	.2,984	
	J	(line 1 minus line 2)		12	2,984		12,	984		1	2,984	
	4	Cash prizes										
	5	Noncash prizes										
sesue	6	Rent/facility costs										
Direct Expenses	7	Food/beverages										
Dire	8	Entertainment										
	9	Other expenses			664			664			664	

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning

664

, and ending

Name

Direct Expenses

9 Other expenses

Employer Identification Number

MANE	SOCIETY
	MANE

Y 34-1246277
(a) Other event (b) Other event (c) Other event

(d) Total other events ALL OTHER 5 WOOF WAG WINE (add col. (a) through (event type) (event type) (event type) col. (c)) 12,984 8,402 1 Gross receipts 2 Less: Charitable contributions **3** Gross income 12,984 8,402 (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food/beverages 8 Entertainment

1,137

Form **990**

Name

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning

, ending

Taxpayer Identification Number

]	L A I	KE HUMANE SOCIETY			34-1	246277
				2016	2017	Differences
	1.	Contributions, gifts, grants	1.	928,788	566,343	-362,445
Ð	2.	Membership dues and assessments	2.			
		Government contributions and grants	3.			
n e		Program service revenue	4.	99,663	95,556	-4,107
_		Investment income	5.	36,061	19,135	-16,926
>	6.	Proceeds from tax exempt bonds	6.			
Re	7.	Net gain or (loss) from sale of assets other than inventory	7.		322,340	322,340
	8.	Net income or (loss) from fundraising events	8.	61,723	145,404	83,681
		Net income or (loss) from gaming	9.	70,528	63,221	-7,307
	10.	Net gain or (loss) on sales of inventory	10.			
		Other revenue	11.			
		Total revenue. Add lines 1 through 11	12.	1,196,763	1,211,999	15,236
	13.	Grants and similar amounts paid	13.			
	14.	Benefits paid to or for members	14.			
S	15.	Compensation of officers, directors, trustees, etc.	15.	74 , 179	77,605	-
ŝ	16.	Salaries, other compensation, and employee benefits	16.	435,472	554,641	119,169
	17.	Professional fundraising fees	17.			
χ α	18.	Other professional fees	18.	23,937	45,893	
Ш	19.	Occupancy, rent, utilities, and maintenance	19.	79 , 790	87 , 492	-
	20.	Depreciation and Depletion	20.	8,834	6,882	-
	21.	Other expenses	21.	265,227	366 , 888	101,661
	22.	Total expenses. Add lines 13 through 21	22.	887,439	1,139,401	
		Excess or (Deficit). Subtract line 22 from line 12	23.	309,324	72,598	_
	24.	Total exempt revenue	24.	1,196,763	1,211,999	
_	25.	Total unrelated revenue	25.	70,528	63,221	-
ij	26.	Total excludable revenue	26.	135,724	437,031	301,307
mai	27.	Total assets	27.	1,596,079	1,570,886	
fo	28.	Total liabilities	28.	60,301	151,221	90,920
든	29.	Retained earnings	29.	1,535,778	1,419,665	-116,113
Othe	30.	Number of voting members of governing body	30.	9	9	
0	٠	Number of independent voting members of governing body $_{\dots\dots}$	31.	9	9	
	32.	Number of employees	32.	26	31	
	33.	Number of volunteers	33.	298	535	

Form **990T**

Name

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning

, ending

Taxpayer Identification Number

]	LAI	KE HUMANE SOCIETY		34-1246277		
				2016	2017	Differences
	1.	Gross profit/loss on business activities	1.	184,231	191,263	7,032
		Capital gains/losses	2.	•	•	•
e	3.	Income/loss from partnerships and S corporations	3.			
venu		Rental income (net of expense)				
e >		Unrelated debt-financed income (net of expense)	5.			
e e		Interest, and other income from controlled organizations (net of expense)	6.			
_		Investment income of specific organizations (net of expense)	7.			
		Exploited exempt activity income (net of expense)	8.			
		Advertising income (net of expense)	9.			
		Other income	10.			
		Total trade or business income. Combine lines 1 through 10	11.	184,231	191,263	7,032
		Compensation of officers, directors, and trustees	12.		,	,
		Other salaries and wages	13.			
	14.	Repairs and maintenance	14.			
		Bad debts	15.			
		Interest	16.			
Φ,	17	Taxes and licenses	17.			
n S	18	Charitable contributions	18.			
9 0	10.	Depreciation and Depletion	19.			
×	20	Contributions to deferred compensation plans	20.			
ш		Employee benefit programs	21.			
			22.	184,231	191,263	7,032
		Other deductions Total deductions. Add lines 12 through 22	23.	184,231	191,263	7,032
		Taxable income before NOL. Subtract line 23 from 11	24.	101,201	131,203	,,032
		Net operating loss deduction	25.			
			26.	1,000	1,000	
		Specific deduction Unrelated business taxable income.	20. 27.	-1,000	-1,000	
		Income tax (corporate or trust)	28.	2,000	1,000	
t s			29.			
. <u>–</u>	29. 30	Proxy tax Other taxes	30.			
Ē	30.	Other taxes				
ပ	31.	Total taxes Other credits	32.			
•ŏ	32.	Other credits General business credit	32. 33.			
ä	33. 31	Credit for prior year minimum tax	33. 34.			
-		Total gradita	35.			
			36.			
		Net tax after credits	30. 37.			
		Recapture taxes Total Taxes	37. 38.			
		Prior year overpayment and estimated tax payments	39.			
			40.			
n d	40.	Payment made with extension Backup withholding and foreign withholding	40. 41.			
Į n			41. 42.			
ě	42.	Other payments Total payments	42. 43.			
e/F	43.	Total payments	43. 44.			
3	44.	Balance due/(Overpayment)				
Ω	40.	Overpayment applied to next year	45. 46			
		Penalties Total disa((Petingd))	46.			
	47.	Total due/(Refund)	47.			

Form 990 Tax Return History 2017

Name

LAKE HUMANE SOCIETY

Employer Identification Number 34-1246277

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	834,673	553,067	587 , 475	928,788	566,343	
Membership dues	6,639	1,100				
Program service revenue	99,192	88,409	104,319	99 , 663	95 , 556	
Capital gain or loss	4,669	27,890	7,010		322,340	
Investment income	41,272	68,766	56,604	36,061	19,135	
Fundraising revenue (income/loss)	75,167	96,126	107,586	61,723	145,404	
Gaming revenue (income/loss)	40,967	47,111	60,801	70,528	63,221	
Other revenue						
Total revenue	1,102,579	882,469	923,795	1,196,763	1,211,999	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			40,052	74,179	77,605	
Other compensation	575,902	639,671	429,580	435,472	554,641	
Professional fees	21,331	26,486	26,494	23,937	45,893	
Occupancy costs	56,195	70,799	80,722	79 , 790	87,492	
Depreciation and depletion	12,888	8,392	9,445	8,834	6,882	
Other expenses	258,743	253,386	202,918	265,227	366,888	
Total expenses	925,059	998,734	789,211	887,439	1,139,401	
Excess or (Deficit)	177,520	-116,265	134,584	309,324	72,598	
Total exempt revenue	1,102,579	882,469	923,795	1,196,763	1,211,999	
Total unrelated revenue	40,967	47,111	60,801	70,528	63,221	
Total excludable revenue	145,133	185,065	167,933	135,724	437,031	
Total Assets	1,319,760	1,191,888	1,227,085	1,596,079	1,570,886	
Total Liabilities	43,666	81,494	47,827	60,301	151,221	
Net Fund Balances	1,276,094	1,110,394	1,179,258	1,535,778	1,419,665	

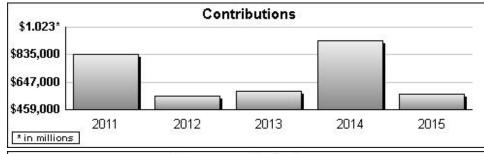
Form 990T Tax Return History 2017

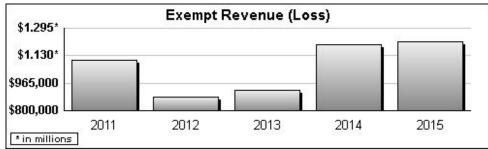
Name

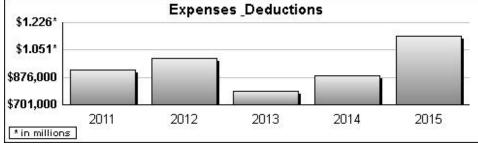
LAKE HUMANE SOCIETY

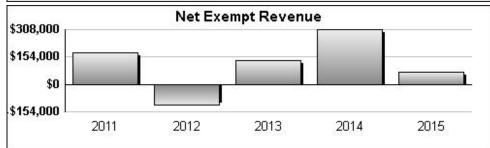
Employer Identification Number 34-1246277

Business activity profit/loss	²⁰¹³ 75,564	²⁰¹⁴ 115,791	²⁰¹⁵ 152,072	²⁰¹⁶ 184,231	²⁰¹⁷ 191,263	2018
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	75,564	115,791	152,072	184,231	191,263	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









Form **990T** 2017 **Tax Return History**

Name

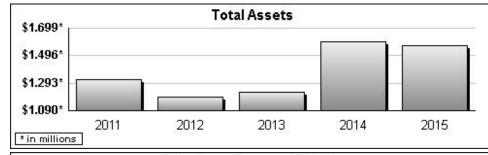
LAKE HUMANE SOCIETY

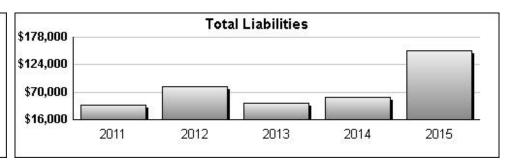
Employer Identification Number 34-1246277

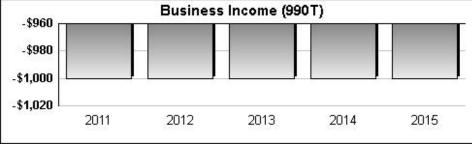
2018

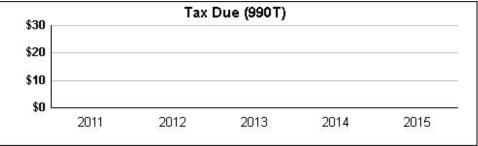
	2013	2014	2015	2016	2017
Other deductions	75 , 564	115,791	152,072	184,231	191,263
Net operating loss deduction					
Specific deduction	1,000	1,000	1,000	1,000	1,000
Income after expense and deductions	-1,000	-1,000	-1,000	-1,000	-1,000
Income tax (corporate or trust)					
Other taxes					
Total taxes					
General business credit					
Other credits					
Net tax after credits					
Estimated tax payments					
Other payments	5,004				
Balance due/Overpayment	-5,004				

^{*} Income shown net of expenses









Federal Statements

FYE: 12/31/2017

34-1246277

Taxable Dividends from Securities

Description

Unrelated Exclusion Postal Acquired after US
Amount Business Code Code Code 6/30/75 Obs (\$ or %)

10/25/2018 12:36 PM

\$ 19,135 14

TOTAL \$ 19,135

Federal Statements

10/25/2018 12:36 PM

34-1246277

FYE: 12/31/2017

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

Description	E	Total xpenses	Program Service	agement & General	I	Fund Raising
MERCHANT FEES VEHICLE EXPENSE MAINTENANCE AND REPAIRS REAL ESTATE TAX	\$	4,244 3,527 3,419 42	\$ 695 3,451 2,238	\$ 2,387 1,057 42	\$	1,162 76 124
TOTAL	\$	11,232	\$ 6,384	\$ 3,486	\$	1,362

Federal Statements

10/25/2018 12:36 PM

34-1246277 FYE: 12/31/2017

Schedule A. Part III. Line 1(e)

Description	Amount
DONATIONS	\$ 456,783
GRANTS	32,550
SHARON E. BATHRUST REV LIVING TRUST	
CASH CONTRIBUTION	25,011
GANLEY SUBARU OF WICKLIFFE	
CASH CONTRIBUTION	11,999
PETSMART CHARITIES	
CASH CONTRIBUTION	25,000
MS. LEDA LINDERMAN	
CHEVY VAN	
FATMAN'S INVAISION	
CASH CONTRIBUTION	15,000
TOTAL	\$ 566,343

Schedule A. Part III. Line 2(e)

Description	Amount	
ADOPTIONS	\$ 70,3	339
PET SHOP	10,9	16
CAGE SPONSORSHIP	14,2	250
OTHER INCOME		51
BLACK CAT BALL	52,5	26
MUTT STRUTT	28,9	85
ALL OTHER 1	12,9	
ALL OTHER 2	12,9	84
ALL OTHER 3	12,9	
RESCUE ROCK OFF	16,6	
WOOF WAG WINE	8,4	
PUP CRAWL	15,8	
ALL OTHER 4	12,9	
ALL OTHER 5	12,9	84
TOTAL	\$ 282,9	23

00910NONPFT LAKE HUMANE SOCIETY **Federal Statements** 34-1246277

FYE: 12/31/2017

TOTAL

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

Description Amount \$ 19,135 19,135

10/25/2018 12:36 PM

Schedule A, Part III, Line 11

	Description		Amount
BINGO		\$	63,221
FOR EXTENSION LESS: DEDUCTIONS			-64,221
TOTAL		Ś	-1.000

Federal Statements

10/25/2018 12:36 PM

FYE: 12/31/2017

34-1246277

BLACK CAT BALL

Other Direct Fundraising or Gaming Expenses

Description	Aı	mount
OTHER EXPENSE	\$	1,805
ADVERTISING		563
TOTAL	\$	2,368

Federal Statements

10/25/2018 12:36 PM

FYE: 12/31/2017

34-1246277

BINGO

Other Direct Fundraising or Gaming Expenses

Description	Amount
DUES POSTAGE	\$
INTEREST	32
	127,975
PROFESSIONAL	35
TOTAL	\$ 128,042

Federal Statements

10/25/2018 12:36 PM

FYE: 12/31/2017

34-1246277

Form 990-T - Other Deductions Not Taken Elsewhere

Description	Amount				
LAWFUL OPERATING EXEPENSES	\$	63,221			
TOTAL	\$	63,221			

Changes

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning , and ending

34-1246277

1,419,665

LAKE HUMANE SOCIETY

Net Asset / Fund Balance at End of Year

1,535,778 Net Asset / Fund Balance at Beginning of Year Revenue 566,343 Contributions Program service revenue 95,556 19,135 Investment income 322,340 Capital gain / loss Fundraising / Gaming: 378,630 Gross revenue 170,005 Direct expenses 208,625 Net income Other income 1,211,999 Total revenue **Expenses** 800,135 Program services 133,337 Management and general 205,929 Fundraising 1,139,401 **Total expenses** 72,598 Excess / (deficit) -188,711

> Reconciliation of Revenue **Reconciliation of Expenses**

1,065,251 1,181,364 Total revenue per financial statements Total expenses per financial statements Less: -188,711 Unrealized gains Donated services Donated services Prior year adjustments Recoveries Losses Other Other Plus: Plus: Investment expenses Investment expenses

-41,963 -41,963 1,211,999 1,139,401 Total expenses per return Total revenue per return

Balance Sheet

Beginning Ending Differences 1,596,079 1,570,886 Assets 60,301 151,221 Liabilities 1,535,778 -116,113 1,419,665 Net assets

Miscellaneous Information

Amended return

11/15/18 Return / extended due date

Failure to file penalty

Form 990-T Return Summary

For calendar year 2017, or tax year beginning , and ending

34-1246277

Miscellaneous Information

11/15/18

LAKE HUMANE SOCIETY

Income

Gross profit 191,263

Capital gain / loss

Unrelated debt-financed income

All other income

Total income 191, 263

Deductions

Officer compensation

Salaries

All other deductions 191, 263

Net operating loss

Specific deduction 1,000

Total deductions 192,263

Unrelated business taxable income -1,000

Taxes / Credits / Payments

Regular tax

Proxy tax

Alternative minimum tax

Tax

Foreign tax credit

Other credits

General business credits

Prior year minimum tax credit

Total nonrefundable credits

Other taxes

Total tax

Estimated tax payments

Paid with extension

Tax withheld

Other credits / payments

Estimated tax penalty

Overpayment applied to next year's tax

Payments / penalty / application

Net tax due

Additions to Tax

Interest on late payments

Failure to file penalty

Failure to pay penalty

Total additions

Balance due

Refund

Next Year's Estimates

1st quarter Amended return

2nd quarter Return / extended due date

3rd quarter 4th quarter

Total

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _______, 2017, and ending ______, 20

▶ Do not send to the IRS. Keep for your records.▶ Go to www.irs.gov/Form8879EO for the latest information.

2017

Employer identification number

34-1246277

Department of the Treasury Internal Revenue Service Name of exempt organization

Name and title of officer

LAKE HUMANE SOCIETY RICHARD HARMON

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,211,999
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3а	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b L b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

ERO firm name

Officer's PIN: check one box only

X lauthorize NMS, INC.

to enter my PIN

00910

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

07/30/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34540838093

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

JOSEPH R. MICHALSKI CPA

Date 07/30/18

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

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Form

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

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

, and ending

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

2017 Open to Public Inspection

OMB No. 1545-0047

В	Check if a	ipplicable: C Name of organi	ization					D Employer	r identification number
	Address	change	LAKI	E HUMANE	SOCIETY				
\equiv		Doing business	s as					34-1	246277
Щ	Name ch	ange Number and str	treet (or P.O. box if mail	is not delivered to	o street address)		Room/suite	E Telephone	e number
	Initial retu	ım 7564 TY	YLER BLVD I	BLDG E				440-	951-6122
	Final retu		tate or province, country	y, and ZIP or forei	gn postal code				
	terminate	d MENTOR		O	н 44060			G Gross rece	eipts \$ 2,055,458
	Amended	Iroturn	lress of principal officer:	_				G 010331000	
	Annlicatio	on pending LEE NI					H(a) Is this a gr	roup return for su	ubordinates? Yes X No
	пррисанс	. •			_				uded? Yes No
			TYLER BLV	D BLDG			. ,	bordinates inclu	
		MENTOR			ОН 44060		If "No	," attach a list. ((see instructions)
1	Tax-exe	mpt status: X 501(c)(3	(3) 501(c) () 	sert no.) 4947(a)(1)	or 527			
J	Website	▶ WWW.LAKE	EHUMANE . O	RG			H(c) Group ex	emption number	r 🕨
ĸ	Form of o	organization: X Corporation	on Trust	Association	Other >	1 Y	ear of formation:	L937	M State of legal domicile: OH
	art I	Summary	ii Iiust	Association	Outer P		ear or rormation.		iii State of legal dofficile.
	1	Briefly describe the orga							
Se					HAVEN FOR TH				
an		INJURED ANIMA	ALS OF LAK	E COUNTY	AND PERSEVER	E IN DEFEND	ING AND P	ROTECTI	ING
ern		ANIMAL LIFE T	THROUGH ED	UCATION,	INTEGRITY, A	ND LEADERSHI	IP.		
Activities & Governance	2	Check this box ▶ if	f the organization	discontinued	its operations or dispo	sed of more than 25			
Ō		Number of voting memb	•						9
ŝ		Number of independent							9
itie									31
€		Total number of individu			r 2017 (Part V, line 2a)				
Ac		Total number of volunte							535
	7a	Total unrelated business	s revenue from P	art VIII, colun	nn (C), line 12			7a	63,221
	b	Net unrelated business	taxable income fr	rom Form 990	O-T, line 34			7b	0
							Prior Ye		Current Year
ø	8	Contributions and grants	ts (Part VIII, line 1	h)				28 , 788	566,343
Revenue		Program service revenu		2 \			9	9,663	95,556
Š	10	Investment income (Par	rt VIII. column (A)		nd 7d)		3	6,061	341,475
æ		Other revenue (Part VIII				2,251	208,625		
		Total revenue – add line				6,763	1,211,999		
					,,	0,705	1,211,000		
		Grants and similar amou							0
		Benefits paid to or for m							522.245
es		Salaries, other compens					50	9,651	632,246
us	16a	Professional fundraising	g fees (Part IX, co	olumn (A), line	e 11e)				0
Expenses		Total fundraising expens							
Ш	17	Other expenses (Part IX	X, column (A), line	es 11a–11d, 1	l 1f–24e)		37	7,788	507 , 155
	18	Total expenses. Add line	nes 13–17 (must e	equal Part IX,	column (A), line 25)		88	7,439	1,139,401
		Revenue less expenses						9,324	72,598
or es			J. G ubilast				Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line	ne 16)					6,079	1,570,886
ASS	21	Total liabilities (Part X, I	line 26)				_	0,301	151,221
Net	22	Net assets or fund balar	nces Subtract lin		 20			5,778	1,419,665
		Signature Blo		e z i nom mie	5 20		1,55	3,770	1,113,003
	art II	_							
		nalties of perjury, I declare						•	owledge and belief, it is
tro	ue, corr	ect, and complete. Declara	ation of preparer (of	ner than officer	r) is based on all informat	ion of which preparer r	nas any knowled	ge.	
Sig	yn 💮	Signature of officer						Date	
He	re	RICHARI	D HARMON			PRESI	DENT		
-		Type or print name a							
		Print/Type preparer's name		P	reparer's signature		Date	Check	if PTIN
Pai	d	JOSEPH R. MICHALS	CKI CDY		-	T CDA			L "
_	parer	. 1			OSEPH R. MICHALSK	L CFM		5/18 self-em	34-1909930
	Only		NMS, INC.		ATTTZ			Firm's EIN	フェーエラリラブコリ
USE	. Only		8383 MENT						440 006 5000
			MENTOR, C					Phone no.	440-286-5222
		RS discuss this return wi							
		vork Reduction Act Notic	ce, see the separat	te instructions	S.				Form 990 (2017)
DAA									

34-1246277 Form 990 (2017) LAKE HUMANE SOCIETY Page 2 **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: TO PROVIDE A GENTLE AND CARING HAVEN FOR THE HOMELESS, ABANDONED, AND INJURED ANIMALS OF LAKE COUNTY AND PERSEVERE IN DEFENDING AND PROTECTING ANIMAL LIFE THROUGH EDUCATION, INTEGRITY, AND LEADERSHIP. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **371,830** including grants of \$ ______) (Revenue \$ _____) 4a (Code:) (Expenses \$ ANIMAL HUSBANDRY AND PET ADOPTION: LAKE HUMANE SOCIETY PROVIDES A GENTLE AND CARING HAVEN FOR OVER 1,200 HOMELESS, ABANDONED, AND INJURED ANIMALS OF LAKE COUNTY AND THE SURROUNDING COMMUNITIES ANNUALLY. NOT ONLY DOES LHS PROVIDE CARE FOR CATS AND DOGS, BUT THE ORGANIZATION ALSO CARES FOR, DEFENDS, REHABILITATES, AND REHOMES RABBITS, CHICKENS, POCKET PETS, AND OTHER DOMESTIC ANIMALS. SPECIAL CARE IS USED WITH THE ANIMALS THAT ARE SEIZED FROM THEIR OWNERS AND LACK THE SOCIAL SKILLS AND TRAINING TO FEEL COMFORTABLE IN A NEW HOME. TIME IS NOT AN ISSUE FOR OUR COMPASSION AND KINDNESS FOR THESE FRAGILE ANIMALS. 68,078 including grants of \$) (Revenue \$)) (Expenses \$ **OUTREACH & EDUCATION:** LAKE HUMANE SOCIETY STRIVES TO SERVE AS AN INVALUABLE RESOURCE TO THEIR COMMUNITY BY ASSISTING PET OWNERS AND THEIR PETS. LHS EDUCATES THE COMMUNITY ON THE PROPER TREATMENT OF ANIMALS AND PROVIDES LOW-COST VACCINE CLINICS AND OBEDIENCE TRAINING FOR ADOPTERS AND COMMUNITY MEMBERS. LHS OFFERS ASSISTANCE AND ADVICE TO PET OWNERS IN ORDER TO KEEP PETS IN THEIR) (Expenses \$ 226,057 including grants of \$) (Revenue \$ 4c (Code: SHELTER MEDICINE: LAKE HUMANE SOCIETY RUNS AN ON-SITE CLINIC TO PROVIDE MEDICAL CARE AND TREATMENT TO PETS IN OUR COLLECTION. ALL PETS ARE VACCINATED TO PROMOTE SAFETY AND DISEASE PREVENTION WITHIN OUR COMMUNITY; THEY SPAY/NEUTER ALL CATS, DOGS AND RABBITS TO CONTROL PET OVERPOPULATION; MICROCHIP ADOPTABLE PETS TO ENSURE THEY ARE RETURNED TO THEIR FAMILY IF EVER LOST. IN ADDITION TO THIS "STANDARD" MEDICAL CARE, LHS ALSO HELPS PETS IN NEED OF MEDICAL TREATMENT, SURGERIES, AND MEDICATION. EACH ANIMAL IS AN INDIVIDUAL, AND THEIR MEDICAL TREATMENT IS PERSONALIZED TO SUIT THEIR CONDITION AND STAGE IN LIFE. LHS ALSO OFFERS AN AFTER HOURS HOTLINE TO HELP GOOD SAMARITANS AND OUR LOCAL POLICE WHO HAVE FOUND INJURED ANIMALS IN NEED OF CARE.

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

134,170 including grants of \$

) (Revenue \$

4e Total program service expenses ▶

)

34-1246277 Page 3

Form 990 (2017) LAKE HUMANE SOCIETY Part IV Checklist of Required Schedules

complete Schedule A grant amount in Part X is the organization required to complete Schedule 6, Schedule of Contributors (see instructions)? 2 Is the organization regign in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices PV reve*, complete Schedule C, Part II 4 Section 801(C)3 organizations. Did the organization reagage in lobbying activities on have a section 501(N) 5 Is the organization as section 07(C)(A). 501(C)(B) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 (PVes*, complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? PI "Yes." complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures PI "Yes," complete Schedule D, Part II 8 Did the organization menitoric local conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures PI "Yes," complete Schedule D, Part II 9 Did the organization menitoric local conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures PI "Yes," complete Schedule D, Part II 9 Did the organization menitoric local collections of vorks of all, historicial treatures, or other similar assess? If "Yes," complete Schedule D, Part II 10 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, iro provide credit counseling, debt management, credit repair, or debt negatization report an amount for Part X, iro escrow or custodial assess in hemporarity restricted 10 Did the organization report an amount				Yes	No
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 19 X	18	Port VIII lines 4e and 9e2 If "Vee " complete Schedule C. Port II	40	v	
If "Yes," complete Schedule G, Part III	40		18	Λ	
It "Yes," complete Schedule G, Part III	19		40	v	
Form 990 (2017)		II теs, complete schedule G, Pan III			n
			For	m 99 (J (2017)

Form 990 (2017) LAKE HUMANE SOCIETY

Part IV Checklist of Required Schedules (continued)

20a bit the cognization operate one or more hospital facilities? If "Yes", complete Schedule I 20b				Yes	No
b If Vest to line 20a, did the organization ratio A copy of its audited financial statements to this return? 20 bil the organization report more than \$5.000 of grants or other assistance to any domestic organization or organization or part IX, column (A), line 17 If Vest, "complete Schedule, Parts I and II 22 X Z Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on 22 If Vest, "complete Schedule, I Parts I and III 23 Did the organization answer "refor 50 Part IVI. Section A. Iii as 3, 4 or 5 should compensation of the organization answer "refor 50 Part IVI. Section A. Iii as 3, 4 or 5 should compensation of the organization areas or the set did not be parts of the set day of the set of the set day of the year. In the set is set of the set day of the year, that was sisted after December 31, 2002? If "Yes," complete Schedule I/ 24 X believe the set of the set day of the year, that was sisted after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If Wh, "go to line 25e the body of the organization meeting in year, that was sisted after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If Wh, "go to line 25e the body of the organization and an extra organization and a set of the set day of the year. It is also sisted after December 31, 2002? If "Yes," complete Schedule II Part I as 25e to 10 bil the organization and an extra or both and stranger the year and year and the three organization and an extra organization and year and year and the three organization and the three organization and year if "West, complete Schedule II Part I as 25e to 2	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		
10 bit the organization report more than \$5.000 of grants or other assistance to any demostic organization or domestic powerment on Part IX, Column (A), Intel 2** IX 1** X2** Did the organization support more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, Column (A), Intel 2** IX** Sometime Schedule (*) Parts I and III 2** X2** X3** Did the organization answer "Yes" to Part IX, Socion A, Iine 3.4, or 5 about compensation of the organization answer "Yes" to Part IXI, Socion A, Iine 3.4, or 5 about compensation of the employees? If "Yes," complete Schedule (*) Parts I and III 3** X4** Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$150,000 as of the last day of the year, that was issued after December 31, 2002; If "Yes," <i>answer lines</i> 240 Intel 2** Intel 2					
domestic government on Part IX, column (A), line 17 If "Pes", complete Schedule I, Parts I and III 2 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Pes", complete Schedule I, Parts I and III 2 Did the organization answer "Pes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization accurrent and former officers, directors, rustsess, key employees, and highest compensated or the part of the section of the organization accurrent and former officers, directors, rustsess, key employees, and highest compensated or part of the section of the last day of the year, that was issued after December 31, 2002? If "Yes," arrawer lines 240 through 24d and complete Schedule IX II "No." go to line 25e 24a X by the organization invest any proceeds of tax-exempt bonds as the part of the organization invest any proceeds of tax-exempt bonds as the part of the organization invest any proceeds of tax-exempt bonds? 24d Obd the organization makes and an escrow account other than an efforting oscion via any time during the year 2 do diffease any tax-exempt bonds? 24d Obd the organization and as an in on behalf of issuer for bonds outstanding at any time during the year 3 do Did the organization and as an in one behalf of issuer for bonds outstanding at any time during the year 3 do Did the organization and as an in one behalf of issuer for bonds outstanding at any time during the year 3 do Did the organization and as an in one behalf of issuer for bonds outstanding at any time during the year 3 do Did the organization and as an in one behalf of issuer for bonds outstanding at any time during the year 3 do the organization and as an in one behalf of issuer for bonds outstanding at any time during the year 3 do Did the organization and the analyse of the organization engage in an excess benefit transaction with a disqualified person in a proof year and that the reagage in an excess benefit transaction with a disqualified					
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Part X. column (A), line 27 if "res," complete Schedule I, Parts I and III 22 IX 20 Did the organization answer "yes" to Part IVI, Sciolon A, line 3.4 or 58 sout compensation of the organization sourcers and former officers, directors, furestors, furest	22				
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or \$ about compensation of the organization seument and former officies, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 a Did the organization have at an exceeped 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 "Yos," on time 25a. 24c Did the organization minimation in escrow account other than a returnding escrow at any time during the year to defease any tax-except bonds? 24c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(5)(3), 501(6)(4), and 501(6)(20) and 501(20) and 501(2			22		x
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28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 5 Schedule L, Part IV 28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28b X 5 A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X 5 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 5 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 5 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, 31 X 5 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 5 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 5 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I II 18 X 5 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or II, and Part V, line 1 34 X 5 Did the organization related to any tax-exempt 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 S Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 X 5 Did the organ		substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
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Form 990 (2017			Forr	n 990	(2017)

Form 990 (2017) LAKE HUMANE SOCIETY

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Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

Yes N

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
-	(FBAR).	-		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		21
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	vu		
~	niffs were not toy deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a 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:			
	Cross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 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			
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	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_
DAA		For	m 990) (2017)

34-1246277

Page 6

Form 990 (2017) LAKE HUMANE SOCIETY

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 in Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1	а	9			
	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 in Schedule O.		•			
b	Enter the number of voting members included in line 1a, above, who are independent1	b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		37
	one or more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					v
_	stockholders, or persons other than the governing body?					X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the	followin		v	
a	The governing body?				X X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			•		х
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					Λ
Jeu	tion B. Policies (This Section B requests information about policies not required by the Internal	Λe	venue	Code.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			IVa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the					Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 1011				
12a	Did the experiencian have a written conflict of interest notice? If "No." as to line 12			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	0011				
	describe in Cabadida O have this was done			12c	X	
13	Did the organization have a written whistleblower policy?			. 40	X	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approval by					
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization					Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			•		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	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 evaluate its			•		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c					
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest process of the conflict of interest process.	olic	y, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•				

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Form 990 (2017) LAKE HUMANE SOCIETY Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle	(C) Position check more than one ess person is both an end a director/trustee) Former Officer Officer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAWN PLANTE			<u>.</u>			
	0.00			_		
TRUSTEE (2) RON TRAUB	0.00	X		C		0
	0.00					
TRUSTEE	0.00	X		C	(0
(3) SUSAN FASSO						
	0.00					
SECRETARY	0.00	X	X	C		0
(4) KARIN HENSCHEL						
	0.00			_		_
TRUSTEE	0.00	X		C		0
(5) TERRI MILLER						
	0.00			•		
TREASURER (6) RICHARD HARMON	0.00	Х	X	C		0
	0.00					
PRESIDENT (7) JAMES SCHLEICHER	0.00	X	X	C	•	0
	0.00					
TRUSTEE (8) BRYAN JOHNSON	0.00	X		C	(0
(6)	0.00					
TRUSTEE	0.00	X		C		0
(9) LORI CASZATT				_		-
()	0.00					
VICE PRESIDENT	0.00	X	X	C	(0
(10) LEE NESLER						
	50.00					
EXECUTIVE DIRECTOR (11)	0.00		X	77,605	(11,565
		-				

Га	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Positio (do not check mo box, unless perso officer and a Officer Individual trustee	n re than one in is both an ctor/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			tee	nsated			
1b c	Sub-total	eets to Part VII.			77,605		11,565
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to those I	▶	77,605 who received more than		11,565
	reportable compensation from	-					Yes No
3	Did the organization list any employee on line 1a? If "Yes For any individual listed on li	," complete Sche	edule J for such i	ndividual			3 Х
•	organization and related orga	anizations greate	r than \$150,000?	of "Yes," co	mplete Schedule J for su	ch	4 X
5	individual Did any person listed on line	1a receive or ac	crue compensati	on from any	unrelated organization or	· individual	
Sect	for services rendered to the cition B. Independent Contract	-	res, complete S	scriedule J f	or such person		5 X
1	Complete this table for your		ensated indeper	ndent contra	ctors that received more	than \$100,000 of	

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

(A) Name and business address

(B) Description of services

(C) Compensation

Form 990 (2017) LAKE HUMANE SOCIETY

Par	t VI	Statement of Revenue Check if Schedule O contai	ns a response o	r note to any line in	this Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
d Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	566,343		Toveride		312-314
and	h	Total. Add lines 1a–1f	>	566,343			
Program Service Revenue	2a b c d	ADOPTIONS CAGE SPONSORSHIP PET SHOP OTHER INCOME	900099	70,339 14,250 10,916 51	70,339 14,250 10,916 51		
am	е						
rogr		All other program service revenue					
<u> </u>	_	Total. Add lines 2a–2f		95,556			
	3 4 5	and other similar amounts) Income from investment of tax-exempt b	oond proceeds ▶	19,135			19,135
		(i) Real	(ii) Personal				
	b c	Gross rents Less: rental exps. Rental inc. or (loss)					
	d 7a	Net rental income or (loss)	(ii) Other				
		Less: cost or other basis & sales exps. 673,454 Gain or (loss) 322,340					
	d	Net gain or (loss)	>	322,340	322,340		
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	187,367				
)the		Less: direct expenses b	41,963				
O		Net income or (loss) from fundraising ex- Gross income from gaming activities.		145,404			
	h	See Part IV, line 19 a Less: direct expenses b	191,263 128,042				
		Net income or (loss) from gaming activit		63,221		63,221	
		Gross sales of inventory, less				,	
		returns and allowances a					
		Less: cost of goods sold b Net income or (loss) from sales of inven Miscellaneous Revenue	tory b				
	11a						
	b c d	All other revenue					
		Total. Add lines 11a–11d					
,		Total revenue. See instructions		1,211,999	417,896	63,221	19,135 Form 990 (2017)

34-1246277

Page **10**

LAKE HUMANE SOCIETY Form 990 (2017)

Statement of Functional Expenses Part IX

 $Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations \ must \ complete \ all \ columns. \ All \ other \ organizations \ must \ complete \ column \ (A).$ Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
2 3 4	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members						
5 6	Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	77,605	46,563	15,521	15,521		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	466,252	364,438	53,475	48,339		
9 10 11	Other employee benefits Payroll taxes Fees for services (non-employees):	38,548 49,841	18,105 37,569	18,067 6,840	2,376 5,432		
b c d	Accounting	35,984	30,654	5,277	53		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	9,909	39	2,391	7,479		
12 13 14	Office expenses Information technology	110,121 34,388	1,892 15,922	50 12,073	108,179 6,393		
15 16 17 18	Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	87,492 3,451	71,607 2,236	11,528 1,170	4,357 45		
19 20 21	Conferences, conventions, and meetings Interest						
22 23 24	Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	6,882 6,507	4,916 4,647	983 930	983 930		
a b c	SUBCONTRACTOR PETSHOP	125,419 56,191 12,178	125,394 55,897 12,178	25 293	1		
d e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [In the content of the column of the	7,401 11,232 1,139,401	1,694 6,384 800,135	1,228 3,486 133,337	4,479 1,362 205,929		

34-1246277

Form 990 (2017) LAKE HUMANE SOCIETY

Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 552,128 1 399,932 Cash—non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 1,950 800 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 11,860 1,421 Prepaid expenses and deferred charges 2,047 152 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 297,435 204,137 100,181 10c 93,298 10b **b** Less: accumulated depreciation Investments—publicly traded securities 920,603 11 1,065,673 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 8,460 8,460 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,596,079 1,570,886 16 47,279 Accounts payable and accrued expenses _____ 133,670 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties _____ 23 2,899 566 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 10,123 16,985 25 of Schedule D 60,301 ₂₆ 151,221 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 607,198 27 366,435 27 Temporarily restricted net assets 124,650 Permanently restricted net assets 928,580 928,580 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,419,665 1,535,778 1,596,079 1,570,886 34 Total liabilities and net assets/fund balances Form **990** (2017)

Liabilities

Net Assets or Fund Balances

Schedule O.

	990 (2017) LAKE HUMANE SOCIETY 34-1246277			Pag	је 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	1,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	7	2,5	598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,53	5,7	778
5	Net unrealized gains (losses) on investments	5	-18	8,7	711
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 in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,41	9,6	65
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
					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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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 basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	or the addit, review, or complication or its infancial statements and selection of an independent accountant?		20		

If the organization changed either its oversight process or selection process during the tax year, explain in

the Single Audit Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X

Form **990** (2017)

3a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public Inspection

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.

2

3

5

Name of the organization Employer identification number LAKE HUMANE SOCIETY 34-1246277 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (D) (E)

Schedule A (Form 990 or 990-EZ) 2017 LAKE HUMANE SOCIETY

34-1246277

Page 2

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 II 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	tion A. Public Support	lion ia	iio to quaiity	dilder the tests	noted below, p	olease somplet	or arrining	
Caler	ndar year (or fiscal year beginning in)	>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to th organization without charge							
4	Total. Add lines 1 through 3							
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)							
6 Sec	Public support. Subtract line 5 from line 4. tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends payments received on securities loans rents, royalties, and income from similar sources	S,						
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.)							
11	Total support. Add lines 7 through 10)						
12	Gross receipts from related activities,	•	· ·					
13	First five years. If the Form 990 is for	-					. , . ,	, _
Sec	organization, check this box and stop tion C. Computation of Public	Supp	oort Percent	age				
14	Public support percentage for 2017 (lin	ne 6, co	olumn (f) divided	by line 11, colum	n (f))		14	%
15	Public support percentage from 2016		•					%
I6a	33 1/3% support test—2017. If the or	-				33 1/3% or more, o	heck this	
	box and stop here. The organization of							▶ ∟
b	33 1/3% support test—2016. If the or	-				15 is 33 1/3% or m	ore, check	
17-	this box and stop here. The organizat							
ı/a	10%-facts-and-circumstances test—		_					
	10% or more, and if the organization neart VI how the organization meets the							. —
								▶ ∟
b	10%-facts-and-circumstances test—		•					
	15 is 10% or more, and if the organiza					-		
	Explain in Part VI how the organization supported organization			circumstances" te	•		ublicly	> [
18	Private foundation. If the organizatio						е	

Schedule A (Form 990 or 990-EZ) 2017

34-1246277

LAKE HUMANE SOCIETY

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

_	If the organization fails to q					quality diluci	art III.
	tion A. Public Support				(1) 00.40	()	(n =)
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	841,312	554,167	587,475	928,788	566,343	3,478,085
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	251,561	232,949	256,550	203,189	282,923	1,227,172
3	Gross receipts from activities that are not an unrelated trade or business under section 513	14,028	14,965	13,206	24,016		66,215
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,106,901	802,081	857,231	1,155,993	849,266	4,771,472
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						4,771,472
Sec	tion B. Total Support						4,//1,4/2
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,106,901	802,081	857,231	1,155,993	849,266	4,771,472
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	41,272	68,766	56,604	36,061	19,135	221,838
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	41,272	68,766	56,604	36,061	19,135	221,838
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,148,173	870,847	913,835	1,192,054	868,401	4,993,310
14	First five years. If the Form 990 is for the c						
900	organization, check this box and stop here tion C. Computation of Public Su	nort Percente					
	-	•	-	(f))		15	05 56%
15 16	Public support percentage for 2017 (line 8, Public support percentage from 2016 Scher						95.56% 95.31%
	tion D. Computation of Investmen						95.31 /0
17	Investment income percentage for 2017 (lir		-	column (f))		17	4%
18	Investment income percentage from 2016 S						5%
19a	33 1/3% support tests—2017. If the organ			4, and line 15 is m	nore than 33 1/3%,		
	17 is not more than 33 1/3%, check this box						> X
b	33 1/3% support tests—2016. If the organ					33 1/3%, and	. \square

line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

34-1246277

Page 4

Part IV **Supporting Organizations**

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

Secti	on A. All Supporting Organizations	,		
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	01-		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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	10-		
L	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b Schedule A (Form 990 or 990-EZ) 2017

determine whether the organization had excess business holdings.)

34-1246277

LAKE HUMANE SOCIETY

Page 5

Schedule A (Form 990 or 990-EZ) 2017 Part 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
04	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	Many a majority of the approximation to discount on the state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	'		
0000	on 217 in Type in Supperining Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
-	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons).		
•	Nativities Test Angewer (a) and (b) below		Vas	NI-
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

LAKE HUMANE SOCIETY 34-1246277 Schedule A (Form 990 or 990-EZ) 2017

Schedu	ule A (Form 990 or 990-EZ) 2017 LAKE HUMANE SOCIETY		34-12462	277	Page 6		
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janizati (ons				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 19	70 (explain in Part VI). See	•			
	instructions. All other Type III non-functionally integrated supporting organizations mu	ıst comple	ete Sections A through E.				
Sect	Section A - Adjusted Net Income (A) Prior Year						
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						
co	llection of gross income or for management, conservation, or						
ma	aintenance 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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Curre (optio			
1	Aggregate fair market value of all non-exempt-use assets (see						
ins	structions for short tax year or assets held for part of year):						
	a Average monthly value of securities	1a					
	b Average monthly cash balances	1b					
	c Fair market value of other non-exempt-use assets	1c					
	d Total (add lines 1a, 1b, and 1c)	1d					
	e Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
se	e instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Curren	t Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
em	nergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated	Type III s	supporting organization (se	ee			

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017

34-1246277

LAKE HUMANE SOCIETY

Page 7

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

Section D - Distributions Current Year

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required)
- 6 Other distributions (describe in Part VI). See instructions.
- 7 Total annual distributions. Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.
- 9 Distributable amount for 2017 from Section C, line 6
- 10 Line 8 amount divided by line 9 amount

		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a	Face 0040			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	,			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017		0.1. 1.1	A (F 000 000 FT) 001
			Schedule /	A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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.)					
•						
•						
•						
•						

LAKE HUMANE SOCIETY

34-1246277

Page 8

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization Employer identification number

LAKE HUMANE SOCIETY

Organization type (check one):

34-1246277

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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

PAGE 1 OF 1

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

LAKE HUMANE SOCIETY

Employer identification number 34-1246277

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHARON E. BATHRUST REV LIVING TRUST 6984 SPINACH DRIVE MENTOR OH 44060	\$ 25,011	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GANLEY SUBARU OF WICKLIFFE 28840 EUCLID AVE WICKLIFFE OH 44092	\$ 11,999	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PETSMART CHARITIES 19601 N 27TH AVE PHOENIX AZ 85027	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FATMAN'S INVAISION 5040 MARIGOLD RD MENTOR OH 44060	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

DAA

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.

Inspection

OMB No. 1545-0047

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

Employer identification number

34-1246277

LAKE HUMANE SOCIETY

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asse		
	funds are the organization's property, subject to the organization's exclusive legal	I control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	at grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor,	or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on Form 99	0, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that ap	pply).	
	Preservation of land for public use (e.g., recreation or education)	reservation of a historically importa	nt land area
	Protection of natural habitat	reservation of a certified historic st	ructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a conserva	tion
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	***************************************		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and no	ot on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished	I, or terminated by the organization	during the
	tax year ▶		
4	Number of states where property subject to conservation easement is located >		
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation. •	s, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, an	d enforcing conservation easemen	ts during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the require	ements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its	revenue and expense statement, a	nd
	balance sheet, and include, if applicable, the text of the footnote to the organizati	on's financial statements that desc	ribes the
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Historic Complete if the organization answered "Yes" on Form 99	cal Treasures, or Other Sin 0, Part IV, line 8.	nilar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report	rt in its revenue statement and bala	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherar	nce of
	public service, provide, in Part XIII, the text of the footnote to its financial statement	ents that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	its revenue statement and balance	sheet
	works of art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherar	nce of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or other sim	ilar assets for financial gain, provid	e the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to		
а	Revenue included on Form 990, Part VIII, line 1		. \$
	Assets included in Form 990, Part X		▶ \$
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017

34-1246277

Page 2

3	Using the organization's acquisition, accession collection items (check all that apply):	, and other reco	ords, check a	ny of the follov	ving that are a signif	cant use of its	
а	Public exhibition	d	Loan or ex	change progra	ams		
b	Scholarly research	е	=				
С	Preservation for future generations	_					
4	Provide a description of the organization's colle	ections and exp	lain how they	further the org	ganization's exempt	ourpose in Part	
_	XIII.	:					
	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	e maintained a					Yes No
Pa	rt IV Escrow and Custodial Arrar						
	Complete if the organization a 990, Part X, line 21.	answered "Ye	es" on Forn	n 990, Part	IV, line 9, or rep	orted an amount o	n Form
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?		•				Yes No
b	If "Yes," explain the arrangement in Part XIII an						
_	res, explain the analygement in rail rail	.a cop.c.cc					Amount
c	Beginning balance					1c	
d	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance						
	Did the organization include an amount on Forr	m 990. Part X. I	ine 21. for es	crow or custoo	dial account liability?		Yes No
	If "Yes," explain the arrangement in Part XIII. C						
	rt V Endowment Funds.						
	Complete if the organization a	nswered "Ye	es" on Forn	n 990, Part	IV, line 10.		
	,	(a) Current year		ior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	908,88	33	338,283	900,281	907,793	785,538
	Contributions						
	Net investment earnings, gains, and						
	losses	151,09	94	80,519	-1,810	47,442	176,337
d	Grants or scholarships						
	Other expenditures for facilities and						
	programs	6,74	1 7	9,919	60,188	54,954	54,082
f	Administrative expenses						
	End of year balance	1,053,23	30 9	908,883	838,283	900,281	907,793
	Provide the estimated percentage of the current	nt year end bala	nce (line 1g,	column (a)) he	eld as:		
а	Board designated or quasi-endowment ▶	%	, ,	. , ,			
b	Permanent endowment ► 88.00 %						
С	Temporarily restricted endowment ▶ 12	.00%					
	The percentages on lines 2a, 2b, and 2c should						
3a	Are there endowment funds not in the possessi	ion of the orgar	nization that a	re held and ad	Iministered for the		
	organization by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as re	quired on Sch	edule R?			3b
4	Describe in Part XIII the intended uses of the o						
Pa	rt VI Land, Buildings, and Equipi	ment.					
	Complete if the organization a	inswered "Ye	es" on Forn	n 990, Part	IV, line 11a. See	Form 990, Part X	, line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost or other	er basis (c) A	Accumulated	(d) Book value
		(investme	ent)	(other)		epreciation	
1a	Land			5	0,000		50,000
b	Buildings						
	Leasehold improvements						
	Equipment					204,137	-204,137
е	Other				7,435		247,435
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, F	Part X, columr	(B), line 10c.,)		93,298
						Schedu	le D (Form 990) 2017

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

LAKE HUMANE SOCIETY Schedule D (Form 990) 2017

Part VII	Investments-	_Other	Securities
rait vii	mvesimenis-	-Omer	Securities.

Complete if the orga	nization answered	"Vas" on	Form 990	Part IV/ line	م 11h کم	Form 990	Part X II	ina 12
Complete ii the orga	inization answered	162 011	FUIIII 990,	raitiv, iiiit	e iib. See	;	rail A, ii	iiie iz

(a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) <u>(F)</u> (G) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (5)(6)(7)(8) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5)(6) (7)(8)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes ACCRUED PAYROLL 12,131 ACCRUED EXPENSES 4,854 (3)(4)(5)(6)(7)(8)(9)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

16,985

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

00910NONPFT 10/25/2018 2:41 PM Schedule D (Form 990) 2017 LAKE HUMANE SOCIETY 34-1246277 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,065,251 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments -188,711 **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) -188,711Add lines 2a through 2d Subtract line 2e from line 1 1,253,962 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -41,963 Other (Describe in Part XIII.) Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) -41,963 1,211,999 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,181,364 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments b 2b 2c c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 1,181,364 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -41,963 4b **b** Other (Describe in Part XIII.) Add lines 4a and 4b -41,963 1,139,401 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS THE SOCIETY'S ENDOWMENT CONSISTS OF TWO FUNDS ESTABLISHED FOR SUPPORTING THE SOCIETY. THESE FUNDS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. OVER THE LONG TERM, THE

SOCIETY EXPECTS THE CURRENT SPENDING POLICY TO PROVIDE FOR ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN AND NEW GIFTS WHICH IS CONSISTENT WITH THE SOCIETY'S OBJECTIVE TO MAINTAIN THE ENDOWMENT ASSETS HELD IN PERPETUITY.

PART X - FIN 48 FOOTNOTE

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

Schedule D (Form 990) 2017 LAKE HUMANE SOCIETY

Part XIII Supplemental Information (continued)

TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL ST		
THE SOCIETY FOLLOWS THE PROVISIONS OF "ACCOUNTING FOR INCLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROPROCIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTERPOLOGOUS ACCOUNTING IN INTERIM PERIODS, DECLOSURE AND TRANSITION. UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2017.	RECOGNIZ CERTAIN OF A TA OVISIONS REST AND	ED IN AN CRITERIA X POSITION ALSO PENALTIES,
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN -	OTHER	
FUNDRAISING EXPENSE	\$	-41,963
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - FUNDRAISING EXPENSE		-41,963

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Department of the Treasury Name of the organization

Internal Revenue Service

Employer identification number LAKE HUMANE SOCIETY 34-1246277

Pa	Fundraising Activities. Complete Form 990-EZ filers are not required				d "Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization raised funds throug	h any of th	he follow	ng activities. Cl	heck all that apply.		
а	Mail solicitations	e	Solicitati	on of non-gover	nment grants		
b	Internet and email solicitations	f	Solicitati	on of governme	nt grants		
С	Phone solicitations	g \square	Special f	undraising ever	nts		
d	In-person solicitations						
2a	Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or enti						Yes No
b	If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraise	ers) pursi		ents under which the	fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser)	(ii	i) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes No			
1							
2							
2							
3							
4							
_							
5							
6							
7							
•							
8							
9							
n							
•							
ota							
3	List all states in which the organization is registered or registration or licensing.	or licensed	l to solici	contributions c	or has been notified i	t is exempt from	

LAKE HUMANE SOCIETY 34-1246277 Schedule G (Form 990 or 990-EZ) 2017 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BLACK CAT BALL 8 MUTT STRUTT (add col. (a) through (event type) col. (c)) (event type) (total number) Revenue 52,526 28,985 105,856 187,367 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 52,526 28,985 105,856 187,367 Cash prizes Noncash prizes 6 Rent/facility costs 20,020 20,020 Direct Expenses 7 Food and beverages 8 Entertainment 7,389 2,368 12,186 21,943 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 41,963 145,404 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 191,263 191,263 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 128,042 128,042 5 Other direct expenses Yes 6 Volunteer labor 128,042 7 Direct expense summary. Add lines 2 through 5 in column (d)

Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states?

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

.....

63,221

b If "No," explain:

b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2017 LAKE HUMANE SOCIETY	34-124627	7	Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			X No
	formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:	425		0/
a b	The organization's facility	13a	100.	% ^^ %
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	100.	00 %
	Name ► LEE NESLER 7564 TYLER BLVD			
	Address MENTOR	ОН 44060		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		X Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 191,263 and	the		
	amount of gaming revenue retained by the third party ▶ \$ 107,907			
С	If "Yes," enter name and address of the third party:			
	NAME OF A COMPANY			
	Name ALL STAR GAMING 238 W. MAIN STREET			
	Address RAVENNA	ОН 44266		
16	Gaming manager information:			
	Name ▶ LEE NESLER			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶ OVERSEE GAMING ACTIVITY			
	X Director/officer			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		X Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Par	spent in the organization's own exempt activities during the tax year ► \$ **rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu	mns (iii) and (v):	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	See instructions.			
• • • • •				

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

LAKE HUMANE SOCIETY	34-1246277
FORM 990, PART III, LINE 4D - ALL OTHER ACCOM	MPLISHMENT
HUMANE INVESTIGATION:	
LAKE HUMANE SOCIETY PROVIDES PROTECTION TO THE	HE COMPANION ANIMALS OF LAKE
COUNTY THROUGH THEIR HUMANE INVESTIGATIONS DE	EPARTMENT. LHS EMPLOYS THE ONLY
HUMANE AGENT IN THE COUNTY, WHO WAS APPOINTED	BY THE LAKE COUNTY PROBATE
COURT. THE HUMANE AGENT INVESTIGATES REPORTS	OF SUSPECTED ANIMAL ABUSE,
NEGLECT, AND CRUELTY, AND ASSISTS IN THE PROS	SECUTION OF ANIMAL CRUELTY
CASES.	
VOLUNTEER PROGRAM:	
LAKE HUMANE SOCIETY RELIES ON DEDICATED VOLUM	TEERS AND FOSTERS TO HELP MAKE
THEIR MISSION COME TO LIFE. WITH A LIMITED ST	TAFF OF JUST 15 PEOPLE, THE
ORGANIZATION TURNS TO VOLUNTEERS TO ASSIST WI	TH ANIMAIL CARE, ENRICHMENT,
FOSTER CARE, CUSTOMER SERVICE, OFF-SITE EVENT	TS, CLERICAL DUTIES, AND MORE.
THE VOLUNTEER PROGRAM AT LHS PROVIDES ANIMAL	LOVERS WITH THE REWARDING
OPPORTUNITY TO HELP HOMELESS PETS IN NEED RIG	SHT HERE IN THEIR VERY OWN
COMMUNITY.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S	PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS WILL ELECTRONICALLY RE	EVIEW THE COMPLETED IRS FORM
990 BEFORE SUBMISSION. THE RETURN WILL BE AVA	AILABLE AT THE SOCIETY'S
OFFICE.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF	CONFLICTS POLICY

ANY POSSIBLE CONFLICT OF INTERESTS ARE DISCLOSED TO THE OTHER BOARD MEMBERS

AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE

LAKE HUMANE SOCIETY

34-	10	4 -	\sim \sim	
< 4 –		46	<i></i>	-/

INTEREST BECOMES A MATTER OF BOARD ACTION.					
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIREC					
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS I	DISCLOSURE EXP	LANATION			
THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF	F INTEREST POL	ICY AND			
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET A	ASSETS EXPLANA	TION			
FUNDRAISING EXPENSE		41,963			
FUNDRAISING EXPENSE	\$	-41,963			
•					

OMB No. 1545-0687

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

_	_	_	
7	N	1	7
Z	v	•	

D	For calendar year 2017 or other tax year beginning	, a	nd ending		
	Introduction of the Treasury In the Tre				Open to Public Inspection for 501(c)(3) Organizations Only
	Check box if	•		D Employer iden	
A L	address changed Name of organization (Check box if name changed Exempt under section	and see	instructions.)		st, see instructions.)
_	X 501(C)(3) Print LAKE HUMANE SOCIETY				
ľ	408(e) 220(e) Or Number, street, and room or suite no. If a P.O. box, see instructions	c		34-12	46277
	408A 530(a) Type 7564 TYLER BLVD BLDG E	3.		_	ness activity codes
<u> </u>	529(a) City or town, state or province, country, and ZIP or foreign post	tal aada		(See instruction	•
_	MENTOR		44060	71320	0 531110
_	Book value of all assets at end of year F Group exemption number (See instructions.)			,1320	0 331110
	1,570,886 G Check organization type ► X 501(c) corporate	tion	501(c) trust	401(a) trust	Other trust
н	Describe the organization's primary unrelated business activity.	llon	501(c) trust	401(a) trast	Other trust
••	► PULL TAB BINGO				
	During the tax year, was the corporation a subsidiary in an affiliated group or a par	rent-si	shsidiary controlled a	roun?	> Yes X No
	f "Yes," enter the name and identifying number of the parent corporation.		socialary controlled g	. Сорт	
	•				
J	The books are in care of ► ALICIA SMYCHYNSKY		Tel	ephone number >	440-951-6122
P	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 191,263				
b	Less returns and allowances c Balance	1c	191,263		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	191,263		191,263
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	191,263	3	191,263
P	art II Deductions Not Taken Elsewhere (See instructions for	r limit	ations on deduct	ions.) (Except fo	or contributions,
	deductions must be directly connected with the unrelated				
14	Compensation of officers, directors, and trustees (Schedule K)				14
15	Salaries and wages				15
16	Repairs and maintenance				16
17	Bad debts				17
18	Interest (attach schedule)				18
19	Taxes and licenses				19
20	Charitable contributions (See instructions for limitation rules)				20
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return				2b 0
23	Depletion				23
24	Contributions to deferred compensation plans				24
25	Employee benefit programs				25
26	Excess exempt expenses (Schedule I)				26
27	Excess readership costs (Schedule J)		פרר פייאיים		27
28	Other deductions (attach schedule)		SEE SIMIE		28 191,263
29	Total deductions. Add lines 14 through 28				29 191,263
30	Unrelated business taxable income before net operating loss deduction. Subtract				30 31
31	Net operating loss deduction (limited to the amount on line 30)	rom II.			31 22
32	Unrelated business taxable income before specific deduction. Subtract line 31 fr				32 33 1,000
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions				33 1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is	-			34 0
D^ ^	enter the smaller of zero or line 32				34 0 Form 990-T (2017)
DAA	For Paperwork Reduction Act Notice, see instructions.				1 01111 330-1 (2017)

Form	990-T (2017) LAKE HUMANE SOCIETY		34-1246277		Page 2
Pa	rt III Tax Computation				
35	Organizations Taxable as Corporations. See instruct	tions for tax computation. Cont	rolled group		
	members (sections 1561 and 1563) check here ▶	See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,0	000 taxable income brackets (in	n that order):		
	(1) \$ (2) \$	(3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not				
	(2) Additional 3% tax (not more than \$100,000)		\$		
С	Income tax on the amount on line 34			▶ 35c	
36	Trusts Taxable at Trust Rates. See instructions for tax	x computation. Income tax on			
	the amount on line 34 from: Tax rate schedule	or Schedule D (Form	1041)	36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instruction				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whiche	ever applies		40	
Pa	rt IV Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118; trust				
b	Other credits (see instructions)		41b		
С	General business credit. Attach Form 3800 (see instruc	etions)	41c		
d	Credit for prior year minimum tax (attach Form 8801 or				
е	Total credits. Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40				
43			sch.)		•
44	Total tax. Add lines 42 and 43			44	0
45a	Payments: A 2016 overpayment credited to 2017		45a		
b	2017 estimated tax payments				
C	Tax deposited with Form 8868		45c		
d	Foreign organizations: Tax paid or withheld at source (s				
e	Backup withholding (see instructions)		45e		
f	Credit for small employer health insurance premiums (A	Attach Form 8941)	45f		
g	Other credits and payments: Form 2439	T-1-1 N	45		
46	Form 4136 Other	Total ►	45g	46	
46	Total payments. Add lines 45a through 45g	0000:	······	46	
47 40	Estimated tax penalty (see instructions). Check if Form Tax due. If line 46 is less than the total of lines 44 and				
48 49	Overpayment. If line 46 is larger than the total of lines	47, enter amount oweu	ooid	+ 49 + 49	
49	Enter the amount of line 49 you want: Credited to 2018 estima		Refunded >	-	
	rt V Statements Regarding Certain Act			30	
51	At any time during the 2017 calendar year, did the orga				Yes No
31	over a financial account (bank, securities, or other) in a		,		103 110
	FinCEN Form 114, Report of Foreign Bank and Financi	, ,	,		
	here >		•		x
52	During the tax year, did the organization receive a distri				x
-	If YES, see instructions for other forms the organization		,		
53	Enter the amount of tax-exempt interest received or acc		\$		
	Under penalties of perjury, I declare that I have examined this return, incl	uding accompanying schedules and statem	ents, and to the best of my knowledge and be	elief, it is	
Sig	n true, correct, and complete. Declaration of preparer (other than taxpayer)	is based on all information of which prepar	er has any knowledge.	May the IRS	discuss this return
Hei		► PRESIDENT			parer shown below ions)?
	Signature of officer Date	Title		X	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Paid	JOSEPH R. MICHALSKI CPA	JOSEPH R. MICHALSKI CE	PA 10/25/1	L8 self-employed P00	738093
Prep	arer Firm's name > NMS, INC.		Fire	m's EIN ▶ 34-1	1909930
_	Only 8383 MENTOR AVE	NUE			
	Firm's address • MENTOR, OH 440	60	Pho	one no. 440-28	86-5222
				Form 5	990-T (2017)

	n 990-T (2017) LAKE nedule A – Cost of Go	HUMANE SOCIE			34-1246277	Page 3
1	Inventory at beginning of y		6	•	oor	6
			7		ear	
2	Purchases		1	Cost of goods sold.		
3 4a	Cost of labor	3		line 6 from line 5. En		
4 a	Additional sec. 263A costs					7
h	(attach schedule) Other costs	4a	8	Do the rules of section	on 263A (with respect to	Yes No
b	(attach schedule)	4b		property produced or	acquired for resale) apply	
5	Total. Add lines 1 through	4b 5		to the organization?		
Sch	nedule C – Rent Incor	ne (From Real Prop	erty and Perso	onal Property Lea	ased With Real Proper	ty)
	ee instructions)		-		-	
	scription of property N/A					
	,					
(2)						
(3)						
(4)						
		2. Rent received or a	accrued			
	(a) From personal property (if the	·	. ,	d personal property (if the		ectly connected with the income
	for personal property is more th		-	or personal property exceeds	in columns 2(a) and 2(b) (attach schedule)
	more than 50%))	50% or if the rent is	s based on profit or income)		
(1)						
(2)						
(3)						
(4)						
Tota	ıl	To	tal		(b) Total doductions	
(c) T	Total income. Add totals of a and on page 1, Part I, line 6	columns 2(a) and 2(b). Er	nter	_	(b) Total deductions Enter here and on pag Part I, line 6, column (l	e 1,
	nedule E – Unrelated				r art if into of ootariii (a	-, -
361	iedule L – Officialed	Debt-i ilialicea ilico	ille (see ilistiuc	110113)	2 Deducations directly so	مع والمحمل بيناه مع المحمل الم
			2. Gross	s income from or		nnected with or allocable to ced property
	 Description of debt- 	financed property	allocable	to debt-financed		
				property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(4)	N/A				,	,
(1)	N/H					
(2)						
(3)						
(4)						
	 Amount of average acquisition debt on or 	Average adjusted basis of or allocable to		i. Column	7. Cross income reportable	8. Allocable deductions
	allocable to debt-financed	debt-financed property		4 divided	Gross income reportable (column 2 x column 6)	(column 6 x total of columns
	property (attach schedule)	(attach schedule)	Dy	column 5	(44.4	3(a) and 3(b))
(1)				%		
(2)				%		
(3)				%		
(4)				%		
(+)				70	Enter here and on page 1,	Enter here and on page 1,
					Part I. line 7. column (A).	Part I. line 7. column (B).

Totals

Total dividends-received deductions included in column 8

Form **990-T** (2017)

Form 990-T (2017) LAKE HUMANE SOCIETY

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations

Name of controlled organization		mployer ation number		lated income instructions)	I. Total of specified payments made	5. Part of column 4 tha included in the controll organization's gross incompanization.	ng connected with income
(1) N/A							
(2)							
(3)							
(4)							
Nonexempt Controlled Organization	ons						
7. Taxable Income		unrelated income see instructions)	9	Total of specified payments made	included in	column 9 that is the controlling 's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)					Enter here	nns 5 and 10. and on page 1, 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals					>		
Schedule G - Investment Inc	ome of a Sect	ion 501(c)(7), (9),	or (17) Orga	nization (see	instructions)	
1. Description of income		2. Amount of inc	ome	 Deduction directly connected (attach sched) 	ected	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A							
(2)							
(3)							
(4)							
		nter here and on art I, line 9, colu					Enter here and on page 1, Part I, line 9, column (B).
Schedule I – Exploited Exem	m ▶ pt Activity Inc	ome, Othe	r Than	Advertising	Income (see i	nstructions)	
	2. Gross	3. Expense	es	4. Net income (loss)			7. Excess exempt
1. Description of exploited activity	unrelated business income from trade or business	directly connected w production unrelated business inco	vith of I	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	Gross incom from activity th is not unrelate business incon	at attributable to column 5	column 6 minus column 5, but not more than
				3			column 4).
(1) N/A							
(2)							
(3)							
(4)	Enter here and on page 1, Part I,	Enter here an page 1, Par	t I,				Enter here and on page 1,
Totals	line 10, col. (A).	line 10, col.	(D).				Part II, line 26.
Schedule J – Advertising Inc Part I Income From Pe			Consol	idated Basis	.		
	2. Gross			4. Advertising			7. Excess readership
1. Name of periodical	advertising income	3. Direct advertising of		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readershi costs	costs (column 6 minus column 5, but not more than column 4).
(1) N/A							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5)) •							

34-1246277

Page **5**

Form 990-T (2017) LAKE HUMANE SOCIETY

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Reader costs	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A							
(2)							
(3)							
(4)							
Totals from Part I ▶							
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)							
Schedule K – Compensation	on of Officers, Di	rectors, and Ti	r ustees (see instru	ictions)			
1. Nam	ne		2. Title	t	3. Percent of time devoted to business		pensation attributable to prelated business
(1) N/A					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Pa	art II, line 14				>		
							Form 990-T (2017)

Federal Statements

FYE: 12/31/2017

34-1246277

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
OTHER DIRECT FUNDRAISING/GAMING LAWFUL OPERATING EXEPENSES	\$ 128,042 63,221
TOTAL	\$ 191,263

10/25/2018 2:41 PM

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

2017

OMB No. 1545-0172

79

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

► Go to www.irs.gov/Form4562 for instructions and the latest information.

	Z U I	1
on.	Attachment Sequence No.	17
Identifying number	77	

	LAKE	HUMANE SOCIE	71 I			34-IZ4	02//
	ess or activity to which this form relates	ATTON					
	NDIRECT DEPRECIA art I Election To Exp		erty Under Section	170			
Г	•	-	, complete Part V b		omolete Part	ı	
1	Maximum amount (see instruction		•	-	•		510,000
2	Total cost of section 179 prope		e instructions)				310,000
3	Threshold cost of section 179	property before reduction	n in limitation (see instruc	ctions)		3	2,030,000
4	Reduction in limitation. Subtract						, ,
5	Dollar limitation for tax year. Subtra	ct line 4 from line 1. If zero o					
6	(a) Descri	iption of property	(b) C	ost (business use	only) (c)	Elected cost	
7	Listed property. Enter the amo	unt from line 29			7		
8	Total elected cost of section 17						
9	Tentative deduction. Enter the	smaller of line 5 or line	8			9	
10	Carryover of disallowed deduct	ion from line 13 of your	2016 Form 4562		-	10	
11 12	Business income limitation. En Section 179 expense deduction						
13	Carryover of disallowed deduction					12	
	: Don't use Part II or Part III belo				13		
			nd Other Depreciat	tion (Don't	include listed	d property.) (S	See instructions.)
14	Special depreciation allowance			-		. p. op o, (
	during the tax year (see instruc			•		14	
15	Property subject to section 168						
16	Other depreciation (including A	(CRS)				16	6,881
Pa			le listed property.) (S				- -
	·	•	Section A		,		
17	MACRS deductions for assets	placed in service in tax y	years beginning before 2	017		17	0
18	If you are electing to group any assets pl						
	Section B	—Assets Placed in Ser	vice During 2017 Tax Y	ear Using the	General Depre	eciation System	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
		service	only-see instructions)	period			
19a	3-year property						
b	5-year property						
C	7-year property						
d	10-year property						
e	15-year property						
f	20-year property 25-year property			25 yrs.		S/L	
g h	Residential rental			23 yrs. 27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
·	Nonresidential real			39 yrs.	MM	S/L	
•	property			00 yio.	MM	S/L	
	Section C—	-Assets Placed in Serv	ice During 2017 Tax Ye	ar Using the A			m
20a	Class life			3		S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	
	art IV Summary (See	instructions.)		.0 ,10.		- <i>-</i> -	
21	Listed property. Enter amount	from line 20				21	
22	Total. Add amounts from line						
	here and on the appropriate lin	<u> </u>		,,		22	6,881
23	For assets shown above and p	•					
	portion of the basis attributable	to section 263A costs			23		
For I	Paperwork Reduction Act Noti	ce, see separate instru	ctions.				Form 4562 (2017)

10/25/2018 2:41 PM

FYE: 12/31/2017

00910NONPFT LAKE HUMANE SOCIETY 34-1246277 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Depreciation:							
1	Land Various	1/01/93	50,000		50,000	0 Land 7 MO150DB	2 202	0
8 9	Kennel Cages	1/01/93 4/15/95	2,203 2,254		2,203 2,254	•	2,203 2,254	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
10	Kennel Cages	8/29/95	2,136		2,234		2,136	0
11	Equipment Various	1/01/93	68,513		68,513		68,513	Ö
12	Surgical Supplies	11/19/98	15,262		15,262	7 MO200DB	15,262	0
17	Furniture and Fixtures	9/14/00	1,100		1,100		1,100	0
19	Narcotic Safes	10/27/00	506		506		506	0
21 22	Canine Scale/Table Stand 2 Five Unit Banks	10/29/01 9/10/01	2,680 4,795		2,680 4,795	7 MO200DB 7 MO200DB	2,680 4,795	$\begin{array}{c} 0 \\ 0 \end{array}$
23	Canine Scale	11/13/01	764		764		764	0
34	Cages	7/31/04	5,216		5,216		5,216	ŏ
37	Furnance	12/13/06	16,500		16,500	39 MO S/L	4,248	423
39	Rooftop Heating Units	2/13/08	7,500		7,500		1,706	193
41	Equipment	2/26/07	1,311		1,311	7 MO200DB	1,311	0
42	Boncha Insulation	1/24/07	2,400		2,400		613	62
43 45	Equipment 2008 Chevy Van	6/27/07 10/30/07	790 24,800		790 24,800		790 24,800	$\begin{array}{c} 0 \\ 0 \end{array}$
46	2008 Chevy Van 2004 Cargo Van	10/30/07	6,911		6,911	5 MO200DB 5 MO200DB	6,279	632
49	Washer Dryer	2/08/07	15,889		15,889		15,889	0
50	Dell-Bookeeper	5/27/08	1,116		1,116	5 MO200DB	1,116	0
51	File Cabients	8/04/08	622		622		622	0
52	Security Systems	7/03/08	3,427		3,427	7 MO200DB	3,427	0
55 56	Computer-Investigation	8/26/10 9/12/13	642 518		642 518		642 518	$\begin{array}{c} 0 \\ 0 \end{array}$
58	2 Laundry Carts on Wheels Linksys Router	1/31/13	810		810		714	89
59	Flooring	2/13/08	6,266		6,266		6,266	0
60	2 ipads, pp proj & screen	7/01/12	1,800		1,800		1,800	Ö
61	Table and Chairs	3/27/08	879		879	5 MO200DB	879	0
62	Bingo Machine #1	11/01/13	2,650		2,650		1,730	263
63	Bingo Machine #2	11/01/13	2,650		2,650		1,730	263
64	Bingo Machine #3 TV Wall Mounts and coat rack	11/01/13	2,650		2,650		1,730	263
65 66	Groomers Tub, Stairs, Sprayer	2/17/14 7/23/14	184 811		184 811	5 MO200DB 7 MO200DB	140 446	21 104
67	5 wooden desks	9/23/14	1,000		1,000		526	136
68	4 swivel office chairs	9/23/14	120		120		81	16
69	4 vertical file cabinets	9/23/14	200		200		105	27
70	2 wooden side chairs	9/23/14	80		80	5 MO200DB	54	10
71	4 Dell Latitude E6410 Notesbookss	3/31/14	1,440		1,440		1,077	161
72 73	NATIONAL SHRINKWRAP??? Washer replacement of valves and bearings	3/11/14 4/22/14	419 3,605		419 3,605	5 MO200DB 5 MO200DB	319 2,654	46 408
74	Z lift Hydraulic Table for Groomer	8/01/14	406		406	-	2,034	52
75	Bingo Machine #4	3/01/14	2,650		2,650	7 MO200DB	1,620	294
76	Bingo Machine #5	8/01/14	2,875		2,875	7 MO200DB	1,583	369
77	office wall addition	2/10/14	800		800	39 MO200DB	114	35
78	materials annex buildout, tube heater, plates		500		500	39 MO200DB	60	22
79	7560 LHS Annex Tile Installation LHS Annex	9/05/14	4,300		4,300		496 162	195
80 81	Groomer Cabinets in Annex	9/08/14 9/09/14	300 150		300 150		162 81	39 20
82	Carpeting for Annex	10/23/14	300		300	•	154	42
83	Shelving for Marketing Dept	10/01/15	271		271	7 MO200DB	91	51
84	Dell latitude E6410 Core i5 Windows 7 lap		400		400		216	74
	Firewall - Fortigate 60D-BLD	6/09/15	775		775		419	142
	2 tower computers, monitors	8/03/15	807		807		403	162
87 88	IMAC for marketing/design dept Goodman 5 Ton HVAC System	8/25/15 6/25/15	2,201 8,450		2,201 8,450	5 MO200DB 39 MO200DB	1,057 639	457 400
	Electric Exam Table	0/25/15	839		8,430 839		268	400 163
90	Bingo Machine #6	4/16/15	2,875		2,875		1,213	475
91	Bingo Cabinet - Highwater	4/16/15	450		450		190	74
92	Apoxy Coating for Visiting Rooms	4/15/15	619		619	7 MO200DB	271	100
93	Mosaic Chip Flooring	12/04/15	2,668		2,668		148	129
	Dell Computer	8/02/16	690		690		115	230
95	Dell Computer	8/30/16	690		690	5 MO200DB	92	239
	Total Other Depreciation		297,435		297,435		197,256	6,881
	Total ACRS and Other Depre	ciation	297,435		297,435		197,256	6,881

34-1246277

Form 990, Page 1

10/25/2018 2:41 PM

0	
FYE: 12/31/2017	

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense	ers	297,435 0 0		297,435 0 0		197,256 0 0	6,881 0 0
	Net Grand Totals		297.435		297.435		197.256	6.881

10/25/2018 2:41 PM

34-1246277 FYE: 12/31/2017

AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>Other</u>	Depreciation:								
1	Land	1/01/93	0			0		0	0
8 9	Various Kennel Cages	1/01/93 4/15/95	0			0		$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
10	Kennel Cages	8/29/95	0			0	"	ő	ő
11	Equipment Various	1/01/93	0			0		0	0
12 17	Surgical Supplies Furniture and Fixtures	11/19/98 9/14/00	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
17	Narcotic Safes	10/27/00	0			0		0	0
21	Canine Scale/Table Stand	10/29/01	0			0	0 HY	0	0
22	2 Five Unit Banks	9/10/01	0			0		0	0
23 34	Canine Scale Cages	11/13/01 7/31/04	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
37	Furnance	12/13/06	ő			Ö		Ö	ő
39	Rooftop Heating Units	2/13/08	0			0		0	0
41 42	Equipment Boncha Insulation	2/26/07 1/24/07	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
42	Equipment	6/27/07	0			0		0	0
45	2008 Chevy Van	10/30/07	0			0	0 HY	0	0
46	2004 Cargo Van	10/31/12	0			0		0	0
49 50	Washer Dryer Dell-Bookeeper	2/08/07 5/27/08	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
51	File Cabients	8/04/08	0			0		0	0
52	Security Systems	7/03/08	0			0		0	0
55 56	Computer-Investigation	8/26/10 9/12/13	0			0		0	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
58	2 Laundry Carts on Wheels Linksys Router	1/31/13	0			0		0	0
59	Flooring	2/13/08	0			0		0	0
60	2 ipads, pp proj & screen	7/01/12	0			0		0	0
61 62	Table and Chairs Bingo Machine #1	3/27/08 11/01/13	0 2,650			2,650		0 1,730	0 263
63	Bingo Machine #2	11/01/13	2,650			2,650		1,730	263
64	Bingo Machine #3	11/01/13	2,650			2,650	7 MO200DB	1,730	263
65	TV Wall Mounts and coat rack	2/17/14	0			0		0	0
66 67	Groomers Tub, Stairs, Sprayer 5 wooden desks	7/23/14 9/23/14	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
68	4 swivel office chairs	9/23/14	0			Ö		ő	ő
69	4 vertical file cabinets	9/23/14	0			0		0	0
70 71	2 wooden side chairs 4 Dell Latitude E6410 Notesbookss	9/23/14 3/31/14	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
72	NATIONAL SHRINKWRAP???	3/11/14	0			0		0	0
73	Washer replacement of valves and bearings	4/22/14	0			0		0	0
74	Z lift Hydraulic Table for Groomer	8/01/14	0			0		0	0
75 76	Bingo Machine #4 Bingo Machine #5	3/01/14 8/01/14	0			0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
77	office wall addition	2/10/14	0			0	39 MO S/L	0	ő
78	materials annex buildout, tube heater, plate	s 7/16/14	0			0	39 MO S/L	0	0
79 80	7560 LHS Annex Tile Installation LHS Annex	9/05/14 9/08/14	0			0		$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	Groomer Cabinets in Annex	9/09/14	0			0	3.50 0.5	0	0
82	Carpeting for Annex	10/23/14	0			0	0 HY	0	0
83 84	Shelving for Marketing Dept Dell latitude E6410 Core i5 Windows 7 lap	10/01/15	0			0	:	$0 \\ 0$	0
	Firewall - Fortigate 60D-BLD	6/09/15	0			0	·	0	0
86	2 tower computers, monitors	8/03/15	0			0	0 HY	0	0
	IMAC for marketing/design dept	8/25/15	0			0		0	0
	Goodman 5 Ton HVAC System Electric Exam Table	6/25/15 11/14/15	0			0		$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	Bingo Machine #6	4/16/15	0			0	·	0	0
91	Bingo Cabinet - Highwater	4/16/15	0			0	0 HY	0	0
	Apoxy Coating for Visiting Rooms	4/15/15	0			0		0	0
	Mosaic Chip Flooring Dell computer	12/04/15 8/02/16	0 690			690		0 86	0 181
	Dell Computer	8/30/16	690			690		92	239
	Total Other Depreciation		9,330			9,330)	5,368	1,209
	Total ACRS and Other Depre	ciation	9,330			9,330	1	5,368	1,209

34-1246277

Asset

AMT Asset Report Form 990, Page 1 10/25/2018 2:41 PM

Description	Date In Service	Cost	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Grand Totals Less: Dispositions and Tra	nsfers	9,330 0		9,330 0))	5,368 0	1,209 0
Net Grand Totals		9,330		9,330)	5,368	1,209

34-1246277 FYE: 12/31/2017

Depreciation Adjustment Report All Business Activities

10/25/2018 2:41 PM

Form Unit Asset

Description

There are no assets that meet the criteria of this report

Tax

AMT

AMT Adjustments/ Preferences

10/25/2018 2:41 PM **FYE: 12/31/18**

00910NONPFT LAKE HUMANE SOCIETY 34-1246277 Future Depreciation Report FYF: 12/31/2017 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Other I	Depreciation:					
1	Land	1/01/93	50,000	0	0	
8	Various	1/01/93	2,203	0	0	
9 10	Kennel Cages Kennel Cages	4/15/95 8/29/95	2,254 2,136	$0 \\ 0$	0	
11	Equipment Various	1/01/93	68,513	0	0	
12	Surgical Supplies	11/19/98	15,262	0	0	
17	Furniture and Fixtures Narcotic Safes	9/14/00	1,100	0	0	
19 21	Canine Scale/Table Stand	10/27/00 10/29/01	506 2,680	$0 \\ 0$	0	
22	2 Five Unit Banks	9/10/01	4,795	ő	ő	
23	Canine Scale	11/13/01	764	0	0	
34 37	Cages Furnance	7/31/04 12/13/06	5,216 16,500	0 423	0	
39	Rooftop Heating Units	2/13/08	7,500	192	0	
41	Equipment	2/26/07	1,311	0	0	
42	Boncha Insulation	1/24/07	2,400	61	0	
43 45	Equipment 2008 Chevy Van	6/27/07 10/30/07	790 24,800	$0 \\ 0$	0	
46	2004 Cargo Van	10/31/12	6,911	ő	ő	
49	Washer Dryer	2/08/07	15,889	0	0	
50 51	Dell-Bookeeper File Cabients	5/27/08 8/04/08	1,116 622	$0 \\ 0$	0	
52	Security Systems	7/03/08	3,427	0	0	
55	Computer-Investigation	8/26/10	642	0	0	
56	2 Laundry Carts on Wheels	9/12/13	518	0	0	
58 59	Linksys Router Flooring	1/31/13 2/13/08	810 6,266	7 0	0	
60	2 ipads, pp proj & screen	7/01/12	1,800	0	0	
61	Table and Chairs	3/27/08	879	0	0	
62	Bingo Machine #1	11/01/13	2,650	232	232	
63 64	Bingo Machine #2 Bingo Machine #3	11/01/13 11/01/13	2,650 2,650	232 232	232 232	
65	TV Wall Mounts and coat rack	2/17/14	184	20	0	
66	Groomers Tub, Stairs, Sprayer	7/23/14	811	75	0	
67 68	5 wooden desks 4 swivel office chairs	9/23/14 9/23/14	1,000 120	96 13	0	
69	4 vertical file cabinets	9/23/14	200	20	0	
70	2 wooden side chairs	9/23/14	80	9	0	
71	4 Dell Latitude E6410 Notesbookss	3/31/14	1,440	162	0	
72 73	NATIONAL SHRINKWRAP??? Washer replacement of valves and bearings	3/11/14 4/22/14	419 3,605	47 407	0	
74	Z lift Hydraulic Table for Groomer	8/01/14	406	38	0	
75	Bingo Machine #4	3/01/14	2,650	233	0	
76	Bingo Machine #5 office wall addition	8/01/14	2,875	264	0	
77 78	materials annex buildout, tube heater, plates	2/10/14 7/16/14	800 500	33 22	0	
79	7560 LHS Annex	9/05/14	4,300	185	Ö	
80	Tile Installation LHS Annex	9/08/14	300	28	0	
81 82	Groomer Cabinets in Annex Carpeting for Annex	9/09/14 10/23/14	150 300	14 30	0	
83	Shelving for Marketing Dept	10/23/14	271	30 37	0	
84	Dell latitude E6410 Core i5 Windows 7 laptop	6/08/15	400	45	0	
85 86	Firewall - Fortigate 60D-BLD	6/09/15	775 807	89 07	0	
86 87	2 tower computers, monitors IMAC for marketing/design dept	8/03/15 8/25/15	807 2,201	97 275	0	
88	Goodman 5 Ton HVAC System	6/25/15	8,450	380	ő	
89	Electric Exam Table	11/14/15	839	117	0	
90 91	Bingo Machine #6 Bingo Cabinet - Highwater	4/16/15 4/16/15	2,875 450	339 53	0	
91	Apoxy Coating for Visiting Rooms	4/15/15	619	71	0	
93	Mosaic Chip Flooring	12/04/15	2,668	123	0	
94 95	Dell Computer	8/02/16	690 690	138	127 144	
93	Dell Computer	8/30/16	090	144	144	

10/25/2018 2:41 PM **FYE: 12/31/18**

00910NONPFT LAKE HUMANE SOCIETY
34-1246277 Future Depreciation Report
FYE: 12/31/2017 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		297,435	4,983	967
	Total ACRS and Other Depreciation		297,435	4,983	967
	Grand Totals		297,435	4,983	967

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning

, and ending

Name

Employer Identification Number

34-1246277

LAKE	HUMANE	SOCIETY
	HOMEN	POCTETI

(a) Other event (b) Other event (c) Other event

(d) Total other events PUP CRAWL RESCUE ROCK OFF ALL OTHER 1 (add col. (a) through (event type) (event type) (event type) col. (c)) Revenue 16,659 15,875 12,984 105,856 1 Gross receipts 2 Less: Charitable contributions **3** Gross income 16,659 15,875 12,984 105,856 (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food/beverages 8 Entertainment 5,325 2,561 507 12,186 9 Other expenses

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning

(a) Other event

, and ending

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1	V	н	m	$\boldsymbol{-}$

Employer Identification Number

34-1246277

LAKE HUMANE	SOCIETY
-------------	---------

(b) Other event

(c) Other event

ne		ALL OTHER 2 (event type)	ALL OTHER 3 (event type)	ALL OTHER 4 (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	 Gross receipts Less: Charitable contributions 	12,984	12,984	12,984	
	3 Gross income (line 1 minus line 2)	12,984	12,984	12,984	
	4 Cash prizes				
	5 Noncash prizes				
ses	6 Rent/facility costs				
Direct Expenses	7 Food/beverages				
Direc	8 Entertainment				
	9 Other expenses	664	664	664	

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning

, and ending

Name

Direct Expenses

Employer Identification Number

LAKE H	HUMANE	SOCIETY
--------	--------	---------

34-1246277 (a) Other event (b) Other event (c) Other event

)			ALL C	THER (event type)	5	WOOF (e	WAG vent type)		(event type)	(d) Total other (add col. (a) t col. (d	hrough
	2	Less: Charitable contributions		1	2,984			8,402			
	3	Gross income (line 1 minus line 2)		1	2,984			8,402			
	4	Cash prizes									
	5	Noncash prizes									
	6	Rent/facility costs									
	7	Food/beverages									
) 1	8	Entertainment									
	9	Other expenses			664			1,137			

Form **990**

Name

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning

, ending

Taxpayer Identification Number

]	LAI	KE HUMANE SOCIETY			34-1	.246277
				2016	2017	Differences
	1.	Contributions, gifts, grants	1.	928,788	566,343	-362,445
		Membership dues and assessments	2.			
		Government contributions and grants				
n e		Program service revenue	4.	99,663	95,556	-4,107
_	5.	Investment income	5.	36,061	19,135	-16,926
>	6.	Proceeds from tax exempt bonds	6.			
8	7.	Net gain or (loss) from sale of assets other than inventory	7.		322,340	-
	8.	Net income or (loss) from fundraising events	8.	61,723	145,404	83,681
		Net income or (loss) from gaming	9.	70,528	63,221	-7,307
	10.	Net gain or (loss) on sales of inventory	10.			
	11.	Other revenue	11.			
	12.	Total revenue. Add lines 1 through 11	12.	1,196,763	1,211,999	15,236
	13.	Grants and similar amounts paid	13.			
	14.	Benefits paid to or for members	14.			
es		Compensation of officers, directors, trustees, etc.	15.	74,179	77,605	-
S		Salaries, other compensation, and employee benefits $_{\dots \dots \dots }$	16.	435,472	554,641	119,169
ens	17.	Professional fundraising fees	17.			
×	18.	Other professional fees	18.	23,937	45,893	
Ш		Occupancy, rent, utilities, and maintenance	19.	79,790	87,492	-
		Depreciation and Depletion		8,834	6,882	
	21.	Other expenses	21.	265,227	366,888	101,661
		Total expenses. Add lines 13 through 21	22.	887,439	1,139,401	
		Excess or (Deficit). Subtract line 22 from line 12	23.	309,324	72,598	-
	24.	Total exempt revenue	24.	1,196,763	1,211,999	
_	25.	Total unrelated revenue	25.	70,528	63,221	
ᅙ	26.	Total excludable revenue	26.	135,724	437,031	301,307
'n.		Total assets	27.	1,596,079	1,570,886	
ᅙ		Total liabilities	28.	60,301	151,221	90,920
<u>-</u>		Retained earnings	29.	1,535,778	1,419,665	-116,113
Other Information	30.	Number of voting members of governing body	30.	9 9	9	
J		Number of independent voting members of governing body	31.	_	9	
		Number of employees	32.	26	31	
	33.	Number of volunteers	33.	298	535	

Form **990T**

Name

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning

, ending

Taxpayer Identification Number

]	LA]	KE HUMANE SOCIETY			34-124	6277
				2016	2017	Differences
	1.	Gross profit/loss on business activities	1.	184,231	191,263	7,032
		Capital gains/losses	2.	•	•	•
n e	3.	Income/loss from partnerships and S corporations	3.			
⊆		Rental income (net of expense)	4.			
o		Unrelated debt-financed income (net of expense)	5.			
R e		Interest, and other income from controlled organizations (net of expense)	6.			
_		Investment income of specific organizations (net of expense)	7.			
		Exploited exempt activity income (net of expense)	8.			
		Advertising income (net of expense)	9.			
		Other income	10.			
		Total trade or business income. Combine lines 1 through 10	11.	184,231	191,263	7,032
		Compensation of officers, directors, and trustees	12.	,		.,
e s		Other salaries and wages	13.			
	14	Repairs and maintenance	14.			
		Bad debts	15.			
		Interest	16.			
	17	Taxes and licenses	17.			
n S	18	Charitable contributions	18.			
o e	19	Depreciation and Depletion	19.			
П	20	Contributions to deferred compensation plans	20.			
		Employee benefit programs	21.			
		Other deductions	22.	184,231	191,263	7,032
	23	Total deductions. Add lines 12 through 22	23.	184,231	191,263	7,032
		Taxable income before NOL. Subtract line 23 from 11	24.			.,
		Net operating loss deduction	25.			
			26.	1,000	1,000	
		Specific deduction Unrelated business taxable income.	27.	-1,000	-1,000	
		Income tax (corporate or trust)	28.	_,	_,	
t s		Proxy tax	29.			
<u>6</u>	30	Other taxes	30.			
- e	31	Total taxes	31.			
S	32	Other credits	32.			
≪ಶ	32.	Other credits General business credit				
e.	34	Credit for prior year minimum tax	34.			
-		Total gradita	35.			
		Net tax after credits	36.			
			37.			
		Recapture taxes Total Taxes	38.			
		Prior year overpayment and estimated tax payments	39.			
_		Payment made with extension	40.			
u L	41	Backup withholding and foreign withholding	41.			
fu			41. 42.			
ъ В	43	Other payments Total payments	43.			
e/F	44	Total payments Balance due/(Overpayment)	43. 44.			
_	45	Overpayment applied to next year	45.			
•			46.			
	<u>-</u> -0.	Penalties Total due/(Refund)	47.			
	71.	Total additionally	71.			

Form 990 Tax Return History 2017

Name

LAKE HUMANE SOCIETY

Employer Identification Number 34-1246277

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	834,673	553,067	587 , 475	928,788	566,343	
Membership dues	6,639	1,100				
Program service revenue	99,192	88,409	104,319	99 , 663	95 , 556	
Capital gain or loss	4,669	27,890	7,010		322,340	
Investment income	41,272	68,766	56,604	36,061	19,135	
Fundraising revenue (income/loss)	75,167	96,126	107,586	61,723	145,404	
Gaming revenue (income/loss)	40,967	47,111	60,801	70,528	63,221	
Other revenue						
Total revenue	1,102,579	882,469	923,795	1,196,763	1,211,999	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			40,052	74,179	77,605	
Other compensation	575,902	639,671	429,580	435,472	554,641	
Professional fees	21,331	26,486	26,494	23,937	45,893	
Occupancy costs	56,195	70,799	80,722	79 , 790	87,492	
Depreciation and depletion	12,888	8,392	9,445	8,834	6,882	
Other expenses	258,743	253,386	202,918	265,227	366,888	
Total expenses	925,059	998,734	789,211	887,439	1,139,401	
Excess or (Deficit)	177,520	-116,265	134,584	309,324	72,598	
Total exempt revenue	1,102,579	882,469	923,795	1,196,763	1,211,999	
Total unrelated revenue	40,967	47,111	60,801	70,528	63,221	
Total excludable revenue	145,133	185,065	167,933	135,724	437,031	
Total Assets	1,319,760	1,191,888	1,227,085	1,596,079	1,570,886	
Total Liabilities	43,666	81,494	47,827	60,301	151,221	
Net Fund Balances	1,276,094	1,110,394	1,179,258	1,535,778	1,419,665	

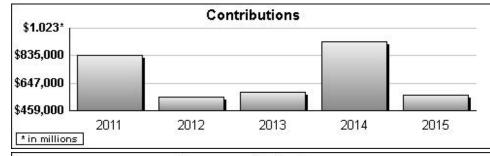
Form 990T Tax Return History 2017

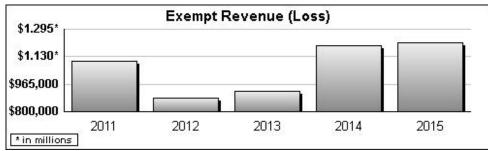
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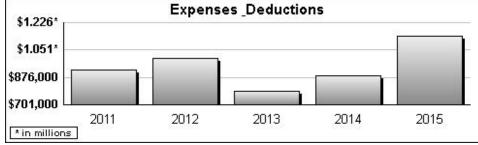
LAKE HUMANE SOCIETY

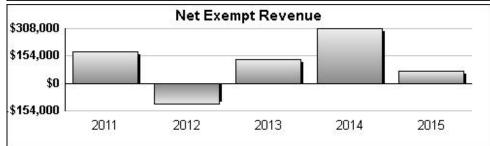
Employer Identification Number 34-1246277

Business activity profit/loss	²⁰¹³ 75,564	²⁰¹⁴ 115,791	²⁰¹⁵ 152,072	²⁰¹⁶ 184,231	²⁰¹⁷ 191,263	2018
Capital gains/losses	-	-	-	-	-	
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	75,564	115,791	152,072	184,231	191,263	
Compensation of officers, ect						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









Form **990T** 2017 **Tax Return History**

Name

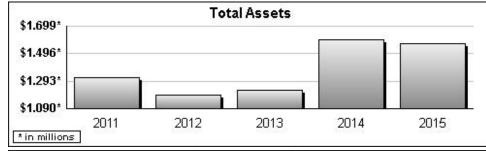
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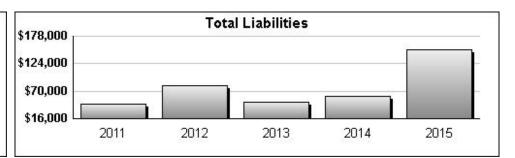
Employer Identification Number 34-1246277

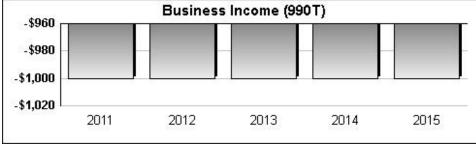
2018

	²⁰¹³ 75,564	²⁰¹⁴ 115,791	2015 1 5 2 0 7 2	²⁰¹⁶ 184,231	²⁰¹⁷ 191,263
Other deductions	/5,564	115,/91	152,072	104,231	191,203
Net operating loss deduction					
Specific deduction	1,000	1,000	1,000	1,000	1,000
Income after expense and deductions	-1,000	-1,000	-1,000	-1,000	-1,000
Income tax (corporate or trust)					
Other taxes					
Total taxes					
General business credit					
Other credits					
Net tax after credits					
Estimated tax payments					
Other payments	5,004				
Balance due/Overpayment	-5,004				

^{*} Income shown net of expenses









Federal Statements

FYE: 12/31/2017

34-1246277

Taxable Dividends from Securities

Description

Unrelated Exclusion Postal Acquired after US
Amount Business Code Code Code 6/30/75 Obs (\$ or %)

10/25/2018 2:41 PM

\$ 19,135 14

TOTAL \$ 19,135

Federal Statements

10/25/2018 2:41 PM

34-1246277 FYE: 12/31/2017

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

Description	E:	Total xpenses	Program Service	agement & General	ļ	Fund Raising
MERCHANT FEES VEHICLE EXPENSE MAINTENANCE AND REPAIRS REAL ESTATE TAX	\$	4,244 3,527 3,419 42	\$ 695 3,451 2,238	\$ 2,387 1,057 42	\$	1,162 76 124
TOTAL	\$	11,232	\$ 6,384	\$ 3,486	\$	1,362

10/25/2018 2:41 PM **Federal Statements**

FYE: 12/31/2017

34-1246277

Schedule A. Part III. Line 1(e)

Description	Amount
DONATIONS	\$ 456,783
GRANTS	32,550
SHARON E. BATHRUST REV LIVING TRUST	
CASH CONTRIBUTION	25,011
GANLEY SUBARU OF WICKLIFFE	
CASH CONTRIBUTION	11,999
PETSMART CHARITIES	
CASH CONTRIBUTION	25,000
MS. LEDA LINDERMAN	
CHEVY VAN	
FATMAN'S INVAISION	
CASH CONTRIBUTION	15,000
TOTAL	\$ 566,343

Schedule A, Part III, Line 2(e)

Description	Amount
ADOPTIONS	\$ 70,339
PET SHOP	10,916
CAGE SPONSORSHIP	14,250
OTHER INCOME	51
BLACK CAT BALL	52,526
MUTT STRUTT	28,985
ALL OTHER 1	12,984
ALL OTHER 2	12,984
ALL OTHER 3	12,984
RESCUE ROCK OFF	16,659
WOOF WAG WINE	8,402
PUP CRAWL	15,875
ALL OTHER 4	12,984
ALL OTHER 5	12,984
TOTAL	\$ 282,923

Federal Statements

10/25/2018 2:41 PM

FYE: 12/31/2017

TOTAL

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

Description Amount \$ 19,135 \$ 19,135

Schedule A, Part III, Line 11

Desc	cription	Amo		
BINGO FOR EXTENSION	•	\$	63,221	
LESS: DEDUCTIONS			-64,221	
TOTAL	•	\$	-1,000	

Federal Statements

10/25/2018 2:41 PM

FYE: 12/31/2017

34-1246277

BLACK CAT BALL

Other Direct Fundraising or Gaming Expenses

Description	Α	mount
OTHER EXPENSE	\$	1,805
ADVERTISING		563
TOTAL	\$	2,368

Federal Statements

10/25/2018 2:41 PM

FYE: 12/31/2017

34-1246277

BINGO

Other Direct Fundraising or Gaming Expenses

Description	A	Amount
DUES POSTAGE	\$	
INTEREST		32
		127,975
PROFESSIONAL		35
TOTAL	\$	128,042

Federal Statements

10/25/2018 2:41 PM

FYE: 12/31/2017

34-1246277

Form 990-T - Other Deductions Not Taken Elsewhere

Description	1	Amount		
LAWFUL OPERATING EXEPENSES	\$	63,221		
TOTAL	\$	63,221		