

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017**Open to Public
Inspection**▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2017 calendar year, or tax year beginning**, and ending**B** Check if applicable:**C** Name of organization**D** Employer identification number☐ Address change**LAKE HUMANE SOCIETY**☐ Name change

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

7564 TYLER BLVD BLDG E

Room/suite

34-1246277☐ Initial return

City or town, state or province, country, and ZIP or foreign postal code

MENTOR**OH 44060**☐ Final return/
terminated☐ Amended return**F** Name and address of principal officer:**LEE NESLER****7564 TYLER BLVD BLDG E****MENTOR****OH 44060**☐ Application pending**G** Gross receipts \$ **2,055,458****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.LAKEHUMANE.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1937** **M** State of legal domicile: **OH****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
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) **3****4** Number of independent voting members of the governing body (Part VI, line 1b) **4****5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **31****6** Total number of volunteers (estimate if necessary) **535****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **63,221****b** Net unrelated business taxable income from Form 990-T, line 34 **0****8** Contributions and grants (Part VIII, line 1h) **928,788****9** Program service revenue (Part VIII, line 2g) **99,663****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **36,061****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **132,251****12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) **1,196,763****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****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****18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) **887,439****19** Revenue less expenses. Subtract line 18 from line 12 **309,324****20** Total assets (Part X, line 16) **1,596,079****21** Total liabilities (Part X, line 26) **60,301****22** Net assets or fund balances. Subtract line 21 from line 20 **1,535,778**

Prior Year

Current Year

928,788**566,343****99,663****95,556****36,061****341,475****132,251****208,625****1,196,763****1,211,999****0****0****509,651****632,246****0****377,788****507,155****887,439****1,139,401****309,324****72,598**

Beginning of Current Year

End of Year

1,596,079**1,570,886****60,301****151,221****1,535,778****1,419,665****Part II Signature Block**

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

**Sign
Here**

Signature of officer

Date

RICHARD HARMON**PRESIDENT**

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**Paid** **JOSEPH R. MICHALSKI CPA****JOSEPH R. MICHALSKI CPA****10/25/18** self-employed **P00738093****Preparer** Firm's name ▶ **NMS, INC.**Firm's EIN ▶ **34-1909930****Use Only** **8383 MENTOR AVENUE**Firm's address ▶ **MENTOR, OH 44060**Phone no. **440-286-5222**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III 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?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **371,830** including grants of \$) (Revenue \$)**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.

4b (Code:) (Expenses \$ **68,078** including grants of \$) (Revenue \$)**OUTREACH & EDUCATION:**

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

4c (Code:) (Expenses \$ **226,057** including grants of \$) (Revenue \$)**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.)(Expenses \$ **134,170** including grants of \$) (Revenue \$)**4e** Total program service expenses **800,135**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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.		
a 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
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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 account)?	4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 independent 1b 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 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 ☒ 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 policy, and financial statements available to the public during the tax year.

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

ALICIA SMYCHYNSKY**7564 TYLER BLVD. BKDG E****MENTOR****OH 44060****440-951-6122**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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	0.00										
TRUSTEE	0.00	X							0	0	0
(2)RON TRAUB	0.00										
TRUSTEE	0.00	X							0	0	0
(3)SUSAN FASSO	0.00										
SECRETARY	0.00	X		X					0	0	0
(4)KARIN HENSCHER	0.00										
TRUSTEE	0.00	X							0	0	0
(5)TERRI MILLER	0.00										
TREASURER	0.00	X		X					0	0	0
(6)RICHARD HARMON	0.00										
PRESIDENT	0.00	X		X					0	0	0
(7)JAMES SCHLEICHER	0.00										
TRUSTEE	0.00	X							0	0	0
(8)BRYAN JOHNSON	0.00										
TRUSTEE	0.00	X							0	0	0
(9)LORI CASZATT	0.00										
VICE PRESIDENT	0.00	X		X					0	0	0
(10)LEE NESLER	50.00										
EXECUTIVE DIRECTOR	0.00			X					77,605	0	11,565
(11)											

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

(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

1b Sub-total **77,605** **11,565**

c Total from continuation sheets to Part VII, Section A **77,605** **11,565**

d Total (add lines 1b and 1c) **77,605** **11,565**

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	566,343		
	g	Noncash contributions included in lines 1a-1f: \$				
h	Total. Add lines 1a-1f		566,343			
Program Service Revenue	2a	ADOPTIONS Busn. Code 900099	70,339	70,339		
	b	CAGE SPONSORSHIP 900099	14,250	14,250		
	c	PET SHOP 900099	10,916	10,916		
	d	OTHER INCOME 900099	51	51		
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	95,556			
	3	Investment income (including dividends, interest, and other similar amounts)	19,135			19,135
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (i) Real (ii) Personal				
Other Revenue	6a	Gross rents				
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets (i) Securities (ii) Other				
		other than inventory 995,794				
	b	Less: cost or other basis & sales exps. 673,454				
	c	Gain or (loss) 322,340				
	d	Net gain or (loss)	322,340	322,340		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 187,367				
	b	Less: direct expenses b 41,963				
	c	Net income or (loss) from fundraising events	145,404			
	9a	Gross income from gaming activities. See Part IV, line 19 a 191,263				
	b	Less: direct expenses b 128,042				
	c	Net income or (loss) from gaming activities	63,221		63,221	
10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue Busn. Code						
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		1,211,999	417,896	63,221	19,135

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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 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):				
a Management				
b Legal	35,984	30,654	5,277	53
c Accounting				
d Lobbying				
e 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				
16 Occupancy	87,492	71,607	11,528	4,357
17 Travel	3,451	2,236	1,170	45
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.)				
a SUPPLIES	125,419	125,394	25	
b SUBCONTRACTOR	56,191	55,897	293	1
c PETSHOP	12,178	12,178		
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 Total functional expenses. Add lines 1 through 24e	1,139,401	800,135	133,337	205,929
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	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	4 1,950	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	11,860	8 1,421	
	9	Prepaid expenses and deferred charges	2,047	9 152	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 297,435		
	b	Less: accumulated depreciation	10b 204,137	10c 93,298	
	11	Investments—publicly traded securities	100,181	11 1,065,673	
	12	Investments—other securities. See Part IV, line 11	920,603	12	
	13	Investments—program-related. See Part IV, line 11		13	
	Liabilities	14	Intangible assets		14
15		Other assets. See Part IV, line 11	8,460	15 8,460	
16		Total assets. Add lines 1 through 15 (must equal line 34)	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 IV of Schedule D		21	
22		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	
23		Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties	2,899	24 566	
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,123	25 16,985	
26		Total liabilities. Add lines 17 through 25	60,301	26 151,221	
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
		27	Unrestricted net assets	607,198	27 366,435
	28	Temporarily restricted net assets		28 124,650	
	29	Permanently restricted net assets	928,580	29 928,580	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,535,778	33 1,419,665		
34	Total liabilities and net assets/fund balances	1,596,079	34 1,570,886		

Part XI Reconciliation of Net AssetsCheck 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	1,211,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,139,401
3	Revenue less expenses. Subtract line 2 from line 1	3	72,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,535,778
5	Net unrealized gains (losses) on investments	5	-188,711
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,419,665

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

Total

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar 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.

Section B. Total Support

Calendar 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. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2016 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,771,472

Section B. Total Support

Calendar 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						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	95.56%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.31%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, 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 organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

Yes No

11a

11b

11c

Section 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.*
- 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.*

1

2

Section C. Type II Supporting Organizations

Yes No

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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

Section D. All Type III Supporting Organizations

Yes No

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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.*

1

2

3

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. **Answer (a) and (b) below.**

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

Yes No

2a

2b

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

3b

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | |
|---|--|---|
| 1 | Net short-term capital gain | 1 |
| 2 | Recoveries of prior-year distributions | 2 |
| 3 | Other gross income (see instructions) | 3 |
| 4 | Add lines 1 through 3. | 4 |
| 5 | Depreciation and depletion | 5 |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |
| 7 | Other expenses (see instructions) | 7 |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

- | | | |
|---|---|----|
| a | Average monthly value of securities | 1a |
| b | Average monthly cash balances | 1b |
| c | Fair market value of other non-exempt-use assets | 1c |
| d | Total (add lines 1a, 1b, and 1c) | 1d |
| e | Discount claimed for blockage or other factors (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 |

Section C - Distributable Amount

Current Year

- | | | |
|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 | Enter 85% of line 1. | 2 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 | Enter greater of line 2 or line 3. | 4 |
| 5 | Income tax imposed in prior year | 5 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | |

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

Current Year

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 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

Section E - Distribution Allocations (see instructions)

(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable 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
 - b From 2013
 - c From 2014
 - d From 2015
 - e From 2016
 - f **Total** of lines 3a through e
 - g Applied to underdistributions of prior years
 - h Applied to 2017 distributable amount
 - i Carryover from 2012 not applied (see instructions)
 - j Remainder. Subtract lines 3g, 3h, and 3i from 3f.
- 4 Distributions for 2017 from Section D, line 7: \$
 - a Applied to underdistributions of prior years
 - b Applied to 2017 distributable amount
 - c 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:
 - a Excess from 2013
 - b Excess from 2014
 - c Excess from 2015
 - d Excess from 2016
 - e Excess from 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.)

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

OMB No. 1545-0047

2017

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

Name of the organization**Employer identification number****LAKE HUMANE SOCIETY****34-1246277****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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.

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 Part I if additional space is needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GANLEY SUBARU OF WICKLIFFE 28840 EUCLID AVE WICKLIFFE OH 44092	\$ 11,999	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PETSMART CHARITIES 19601 N 27TH AVE PHOENIX AZ 85027	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FATMAN'S INVAISION 5040 MARIGOLD RD MENTOR OH 44060	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

LAKE HUMANE SOCIETY**34-1246277****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

(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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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 area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. **Held at the End of the Tax Year**
- a Total number of conservation easements **2a**
- b Total acreage restricted by conservation easements **2b**
- c 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 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 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, inspection, handling of 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 during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 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.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount

c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	908,883	838,283	900,281	907,793	785,538
b Contributions					
c Net investment earnings, gains, and losses	151,094	80,519	-1,810	47,442	176,337
d Grants or scholarships					
e Other expenditures for facilities and programs	6,747	9,919	60,188	54,954	54,082
f Administrative expenses					
g End of year balance	1,053,230	908,883	838,283	900,281	907,793

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 88.00 %

c Temporarily restricted endowment ☒ 12.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	50,000			50,000
b Buildings				
c Leasehold improvements				
d Equipment			204,137	-204,137
e Other	247,435			247,435
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				93,298

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category
(including name of security)

(b) Book value

(c) Method of valuation:
Cost or end-of-year market value

- (1) Financial derivatives
- (2) Closely-held equity interests
- (3) Other
- (A)
- (B)
- (C)
- (D)
- (E)
- (F)
- (G)
- (H)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►**Part VIII Investments—Program Related.**

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

(a) Description of investment

(b) Book value

(c) Method of valuation:
Cost or end-of-year market value

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►**Part IX Other Assets.**

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

(a) Description

(b) Book value

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►**Part X Other Liabilities.**

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

1. (a) Description of liability

(b) Book value

- (1) Federal income taxes
- (2) **ACCRUED PAYROLL**
- (3) **ACCRUED EXPENSES**
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

12,131

4,854

Total. (Column (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 ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,065,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-188,711
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-188,711
3	Subtract line 2e from line 1	3	1,253,962
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-41,963
c	Add lines 4a and 4b	4c	-41,963
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,211,999

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

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

1	Total expenses and losses per audited financial statements	1	1,181,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,181,364
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-41,963
c	Add lines 4a and 4b	4c	-41,963
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,139,401

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information (continued)

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

THE SOCIETY FOLLOWS THE PROVISIONS OF "ACCOUNTING FOR INCOME TAXES", WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE CERTAIN CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROVISIONS ALSO PROCIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DECLOSURE AND TRANSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2017.

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

FUNDRAISING EXPENSE	\$	-41,963
---------------------	----	---------

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

FUNDRAISING EXPENSE	\$	-41,963
---------------------	----	---------

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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
Inspection

Employer identification number

34-1246277

LAKE HUMANE SOCIETY

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did 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

4

5

6

7

8

9

10

Total ▶

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

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	BLACK CAT BALL	MUTT STRUTT	8	(add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	52,526	28,985	105,856	187,367
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	52,526	28,985	105,856	187,367
4 Cash prizes				
5 Noncash prizes				
Direct Expenses				
6 Rent/facility costs	20,020			20,020
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	2,368	7,389	12,186	21,943
10 Direct expense summary. Add lines 4 through 9 in column (d)				41,963
11 Net income summary. Subtract line 10 from line 3, column (d)				145,404

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue		191,263		191,263
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses		128,042		128,042
6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				128,042
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				63,221

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

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

b If "No," explain:

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

b If "Yes," explain:

- | | | | |
|----|--|------------------------------|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | 100.00 % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ▶ **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? ☒ 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
- c** If "Yes," enter name and address of the third party:

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

- 16** Gaming manager information:

Name ► LEE NESLER

Gaming manager compensation ► \$

Description of services provided ► **OVERSEE GAMING ACTIVITY**

☒ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2017****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT****HUMANE INVESTIGATION:**

LAKE HUMANE SOCIETY PROVIDES PROTECTION TO THE COMPANION ANIMALS OF LAKE COUNTY THROUGH THEIR HUMANE INVESTIGATIONS DEPARTMENT. LHS EMPLOYS THE ONLY HUMANE AGENT IN THE COUNTY, WHO WAS APPOINTED BY THE LAKE COUNTY PROBATE COURT. THE HUMANE AGENT INVESTIGATES REPORTS OF SUSPECTED ANIMAL ABUSE, NEGLECT, AND CRUELTY, AND ASSISTS IN THE PROSECUTION OF ANIMAL CRUELTY CASES.

VOLUNTEER PROGRAM:

LAKE HUMANE SOCIETY RELIES ON DEDICATED VOLUNTEERS AND FOSTERS TO HELP MAKE THEIR MISSION COME TO LIFE. WITH A LIMITED STAFF OF JUST 15 PEOPLE, THE ORGANIZATION TURNS TO VOLUNTEERS TO ASSIST WITH ANIMAL CARE, ENRICHMENT, FOSTER CARE, CUSTOMER SERVICE, OFF-SITE EVENTS, CLERICAL DUTIES, AND MORE. THE VOLUNTEER PROGRAM AT LHS PROVIDES ANIMAL LOVERS WITH 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 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

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

INTEREST BECOMES A MATTER OF BOARD ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

FUNDRAISING EXPENSE	\$	41,963
---------------------	----	--------

FUNDRAISING EXPENSE	\$	-41,963
---------------------	----	---------

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))**2017**Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only**A** ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)**D Employer identification number**
(Employees' trust, see instructions.)**B** Exempt under section☒ 501(c) (☐ 3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)**Print LAKE HUMANE SOCIETY****or** Number, street, and room or suite no. If a P.O. box, see instructions.**Type 7564 TYLER BLVD BLDG E**

City or town, state or province, country, and ZIP or foreign postal code

MENTOR**OH 44060****34-1246277****E Unrelated business activity codes**
(See instructions.)**713200****531110****C** Book value of all assets
at end of year**1,570,886****F** Group exemption number (See instructions.) ▶**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity.▶ **PULL TAB BINGO****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of ▶ **ALICIA SMYCHYNSKY**Telephone number ▶ **440-951-6122****Part 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	
2	Cost of goods sold (Schedule A, line 7)		1c	191,263
3	Gross profit. Subtract line 2 from line 1c		3	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	
c	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

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

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	22a	
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)	27	
28	Other deductions (attach schedule)	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 line 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 from line 30	32	
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 greater than line 32, enter the smaller of zero or line 32	34	0

DAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

Part 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:

a 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) \$

c 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**

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 (see instructions) **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e 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 **44**

45a Payments: A 2016 overpayment credited to 2017 **45a**

b 2017 estimated tax payments **45b**

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e 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 **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**

Part 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 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 here ☐ **Yes** ☒ **No**

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ☐ **Yes** ☒ **No**

53 Enter the amount of tax-exempt interest received or accrued during the tax year ☐ \$

Sign HereSignature of officer
Print/Type preparer's name

Date

PRESIDENTTitle
Preparer's signature

Date

Check ☐ if PTIN**Paid** JOSEPH R. MICHALSKI CPA

JOSEPH R. MICHALSKI CPA

10/25/18 self-employed P00738093

Preparer Firm's name **NMS, INC.**Firm's EIN **34-1909930****Use Only** **8383 MENTOR AVENUE**Firm's address **MENTOR, OH 44060**Phone no. **440-286-5222**Form **990-T** (2017)

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1	6	Inventory at end of year	6
2	Purchases	2	7	Cost of goods sold. Subtract	
3	Cost of labor	3		line 6 from line 5. Enter here and	
4a	Additional sec. 263A costs			in Part I, line 2	7
	(attach schedule)	4a			
b	Other costs	4b	8	Do the rules of section 263A (with respect to	Yes No
	(attach schedule)			property produced or acquired for resale) apply	
5	Total. Add lines 1 through 4b	5		to the organization?	

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued**(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E – Unrelated Debt-Financed Income** (see instructions)**1.** Description of debt-financed property**2.** Gross income from or allocable to debt-financed property**3.** Deductions directly connected with or allocable to debt-financed property**(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1) **N/A**

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 x column 6)**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

%

%

%

%

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals**Total dividends-received deductions** included in column 8

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

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
------------------------------------	-----------------------------------	---	-------------------------------------	---	--

(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
-------------------	---	-------------------------------------	--	--

(1)

(2)

(3)

(4)

Add columns 5 and 10.
Enter here and on page 1,
Part I, line 8, column (A).Add columns 6 and 11.
Enter here and on page 1,
Part I, line 8, column (B).**Totals****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
--------------------------	---------------------	--	---------------------------------	--

(1) **N/A**

(2)

(3)

(4)

Enter here and on page 1,
Part I, line 9, column (A).Enter here and on page 1,
Part I, line 9, column (B).**Totals****Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
--------------------------------------	---	---	--	---	--------------------------------------	--

(1) **N/A**

(2)

(3)

(4)

Enter here and on
page 1, Part I,
line 10, col. (A).Enter here and on
page 1, Part I,
line 10, col. (B).Enter here and
on page 1,
Part II, line 26.**Totals****Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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. Readership costs	7. Excess readership 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)) ..

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. Readership 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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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

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

Form **4562****Depreciation and Amortization**

OMB No. 1545-0172

(Including Information on Listed Property)

2017

Department of the Treasury

Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment Sequence No. **179**

Name(s) shown on return

LAKE HUMANE SOCIETY

Identifying number

34-1246277

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,881

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life			S/L
b 12-year		12 yrs.	S/L
c 40-year		40 yrs.	MM S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,881
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2017)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

34-1246277

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Land	1/01/93	50,000			50,000	0 -- Land	0	0
8	Various	1/01/93	2,203			2,203	7 MO150DB	2,203	0
9	Kennel Cages	4/15/95	2,254			2,254	7 MO200DB	2,254	0
10	Kennel Cages	8/29/95	2,136			2,136	7 MO200DB	2,136	0
11	Equipment Various	1/01/93	68,513			68,513	7 MO200DB	68,513	0
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	7 MO200DB	1,100	0
19	Narcotic Safes	10/27/00	506			506	7 MO200DB	506	0
21	Canine Scale/Table Stand	10/29/01	2,680			2,680	7 MO200DB	2,680	0
22	2 Five Unit Banks	9/10/01	4,795			4,795	7 MO200DB	4,795	0
23	Canine Scale	11/13/01	764			764	7 MO200DB	764	0
34	Cages	7/31/04	5,216			5,216	7 MO200DB	5,216	0
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	39 MO S/L	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	39 MO S/L	613	62
43	Equipment	6/27/07	790			790	7 MO200DB	790	0
45	2008 Chevy Van	10/30/07	24,800			24,800	5 MO200DB	24,800	0
46	2004 Cargo Van	10/31/12	6,911			6,911	5 MO200DB	6,279	632
49	Washer Dryer	2/08/07	15,889			15,889	7 MO200DB	15,889	0
50	Dell-Bookkeeper	5/27/08	1,116			1,116	5 MO200DB	1,116	0
51	File Cabients	8/04/08	622			622	7 MO200DB	622	0
52	Security Systems	7/03/08	3,427			3,427	7 MO200DB	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	3 MO200DB	518	0
58	Linksys Router	1/31/13	810			810	5 MO200DB	714	89
59	Flooring	2/13/08	6,266			6,266	7 MO200DB	6,266	0
60	2 ipads, pp proj & screen	7/01/12	1,800			1,800	3 MO200DB	1,800	0
61	Table and Chairs	3/27/08	879			879	5 MO200DB	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	7 MO200DB	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	184			184	5 MO200DB	140	21
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	7 MO200DB	526	136
68	4 swivel office chairs	9/23/14	120			120	5 MO200DB	81	16
69	4 vertical file cabinets	9/23/14	200			200	7 MO200DB	105	27
70	2 wooden side chairs	9/23/14	80			80	5 MO200DB	54	10
71	4 Dell Latitude E6410 Notebookss	3/31/14	1,440			1,440	5 MO200DB	1,077	161
72	NATIONAL SHRINKWRAP???	3/11/14	419			419	5 MO200DB	319	46
73	Washer replacement of valves and bearings	4/22/14	3,605			3,605	5 MO200DB	2,654	408
74	Z lift Hydraulic Table for Groomer	8/01/14	406			406	7 MO200DB	223	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	7/16/14	500			500	39 MO200DB	60	22
79	7560 LHS Annex	9/05/14	4,300			4,300	39 MO200DB	496	195
80	Tile Installation LHS Annex	9/08/14	300			300	7 MO200DB	162	39
81	Groomer Cabinets in Annex	9/09/14	150			150	7 MO200DB	81	20
82	Carpeting for Annex	10/23/14	300			300	7 MO200DB	154	42
83	Shelving for Marketing Dept	10/01/15	271			271	7 MO200DB	91	51
84	Dell latitude E6410 Core i5 Windows 7 laptop	6/08/15	400			400	5 MO200DB	216	74
85	Firewall - Fortigate 60D-BLD	6/09/15	775			775	5 MO200DB	419	142
86	2 tower computers, monitors	8/03/15	807			807	5 MO200DB	403	162
87	IMAC for marketing/design dept	8/25/15	2,201			2,201	5 MO200DB	1,057	457
88	Goodman 5 Ton HVAC System	6/25/15	8,450			8,450	39 MO200DB	639	400
89	Electric Exam Table	11/14/15	839			839	7 MO200DB	268	163
90	Bingo Machine #6	4/16/15	2,875			2,875	7 MO200DB	1,213	475
91	Bingo Cabinet - Highwater	4/16/15	450			450	7 MO200DB	190	74
92	Apoxoy Coating for Visiting Rooms	4/15/15	619			619	7 MO200DB	271	100
93	Mosaic Chip Flooring	12/04/15	2,668			2,668	39 MO200DB	148	129
94	Dell computer	8/02/16	690			690	5 MO200DB	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 Depreciation			297,435			297,435		197,256	6,881

Federal Asset Report**Form 990, Page 1**

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

34-1246277

AMT Asset Report

FYE: 12/31/2017

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	0			0 0 HY		0	0
8	Various	1/01/93	0			0 0 HY		0	0
9	Kennel Cages	4/15/95	0			0 0 HY		0	0
10	Kennel Cages	8/29/95	0			0 0 HY		0	0
11	Equipment Various	1/01/93	0			0 0 HY		0	0
12	Surgical Supplies	11/19/98	0			0 0 HY		0	0
17	Furniture and Fixtures	9/14/00	0			0 0 HY		0	0
19	Narcotic Safes	10/27/00	0			0 0 HY		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 HY		0	0
23	Canine Scale	11/13/01	0			0 0 HY		0	0
34	Cages	7/31/04	0			0 0 HY		0	0
37	Furnance	12/13/06	0			0 0 HY		0	0
39	Rooftop Heating Units	2/13/08	0			0 0 HY		0	0
41	Equipment	2/26/07	0			0 0 HY		0	0
42	Boncha Insulation	1/24/07	0			0 0 HY		0	0
43	Equipment	6/27/07	0			0 0 HY		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 HY		0	0
49	Washer Dryer	2/08/07	0			0 0 HY		0	0
50	Dell-Bookkeeper	5/27/08	0			0 0 HY		0	0
51	File Cabients	8/04/08	0			0 0 HY		0	0
52	Security Systems	7/03/08	0			0 0 HY		0	0
55	Computer-Investigation	8/26/10	0			0 0 HY		0	0
56	2 Laundry Carts on Wheels	9/12/13	0			0 0 HY		0	0
58	Linksys Router	1/31/13	0			0 0 HY		0	0
59	Flooring	2/13/08	0			0 0 HY		0	0
60	2 ipads, pp proj & screen	7/01/12	0			0 0 HY		0	0
61	Table and Chairs	3/27/08	0			0 0 HY		0	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 7 MO200DB		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 HY		0	0
66	Groomers Tub, Stairs, Sprayer	7/23/14	0			0 0 HY		0	0
67	5 wooden desks	9/23/14	0			0 0 HY		0	0
68	4 swivel office chairs	9/23/14	0			0 0 HY		0	0
69	4 vertical file cabinets	9/23/14	0			0 0 HY		0	0
70	2 wooden side chairs	9/23/14	0			0 0 HY		0	0
71	4 Dell Latitude E6410 Notesbookss	3/31/14	0			0 0 HY		0	0
72	NATIONAL SHRINKWRAP???	3/11/14	0			0 0 HY		0	0
73	Washer replacement of valves and bearings	4/22/14	0			0 0 HY		0	0
74	Z lift Hydraulic Table for Groomer	8/01/14	0			0 0 HY		0	0
75	Bingo Machine #4	3/01/14	0			0 0 HY		0	0
76	Bingo Machine #5	8/01/14	0			0 0 HY		0	0
77	office wall addition	2/10/14	0			0 39 MO S/L		0	0
78	materials annex buildout, tube heater, plates	7/16/14	0			0 39 MO S/L		0	0
79	7560 LHS Annex	9/05/14	0			0 39 MO S/L		0	0
80	Tile Installation LHS Annex	9/08/14	0			0 0 HY		0	0
81	Groomer Cabinets in Annex	9/09/14	0			0 20 MO S/L		0	0
82	Carpeting for Annex	10/23/14	0			0 0 HY		0	0
83	Shelving for Marketing Dept	10/01/15	0			0 0 HY		0	0
84	Dell latitude E6410 Core i5 Windows 7 laptop	6/08/15	0			0 0 HY		0	0
85	Firewall - Fortigate 60D-BLD	6/09/15	0			0 0 HY		0	0
86	2 tower computers,monitors	8/03/15	0			0 0 HY		0	0
87	IMAC for marketing/design dept	8/25/15	0			0 0 HY		0	0
88	Goodman 5 Ton HVAC System	6/25/15	0			0 39 MO S/L		0	0
89	Electric Exam Table	11/14/15	0			0 0 HY		0	0
90	Bingo Machine #6	4/16/15	0			0 0 HY		0	0
91	Bingo Cabinet - Highwater	4/16/15	0			0 0 HY		0	0
92	Apoxo Coating for Visiting Rooms	4/15/15	0			0 0 HY		0	0
93	Mosaic Chip Flooring	12/04/15	0			0 39 MO S/L		0	0
94	Dell computer	8/02/16	690			690 5 MO150DB		86	181
95	Dell Computer	8/30/16	690			690 5 MO200DB		92	239
Total Other Depreciation			9,330			9,330		5,368	1,209
Total ACRS and Other Depreciation			9,330			9,330		5,368	1,209

AMT Asset Report**Form 990, Page 1**

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

10/25/2018 12:36 PM

Depreciation Adjustment Report

All Business Activities

There are no assets that meet the criteria of this report

34-1246277

Future Depreciation Report**FYE: 12/31/18**

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other Depreciation:</u>					
1	Land	1/01/93	50,000	0	0
8	Various	1/01/93	2,203	0	0
9	Kennel Cages	4/15/95	2,254	0	0
10	Kennel Cages	8/29/95	2,136	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	9/14/00	1,100	0	0
19	Narcotic Safes	10/27/00	506	0	0
21	Canine Scale/Table Stand	10/29/01	2,680	0	0
22	2 Five Unit Banks	9/10/01	4,795	0	0
23	Canine Scale	11/13/01	764	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	Equipment	2/26/07	1,311	0	0
42	Boncha Insulation	1/24/07	2,400	61	0
43	Equipment	6/27/07	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	Washer Dryer	2/08/07	15,889	0	0
50	Dell-Bookkeeper	5/27/08	1,116	0	0
51	File Cabients	8/04/08	622	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	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	Table and Chairs	3/27/08	879	0	0
62	Bingo Machine #1	11/01/13	2,650	232	232
63	Bingo Machine #2	11/01/13	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	Groomers Tub, Stairs, Sprayer	7/23/14	811	75	0
67	5 wooden desks	9/23/14	1,000	96	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	9/23/14	80	9	0
71	4 Dell Latitude E6410 Notesbookss	3/31/14	1,440	162	0
72	NATIONAL SHRINKWRAP???	3/11/14	419	47	0
73	Washer replacement of valves and bearings	4/22/14	3,605	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	8/01/14	2,875	264	0
77	office wall addition	2/10/14	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	Tile Installation LHS Annex	9/08/14	300	28	0
81	Groomer Cabinets in Annex	9/09/14	150	14	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	400	45	0
85	Firewall - Fortigate 60D-BLD	6/09/15	775	89	0
86	2 tower computers,monitors	8/03/15	807	97	0
87	IMAC for marketing/design dept	8/25/15	2,201	275	0
88	Goodman 5 Ton HVAC System	6/25/15	8,450	380	0
89	Electric Exam Table	11/14/15	839	117	0
90	Bingo Machine #6	4/16/15	2,875	339	0
91	Bingo Cabinet - Highwater	4/16/15	450	53	0
92	Apoxoy Coating for Visiting Rooms	4/15/15	619	71	0
93	Mosaic Chip Flooring	12/04/15	2,668	123	0
94	Dell computer	8/02/16	690	138	127
95	Dell Computer	8/30/16	690	144	144

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

LAKE HUMANE SOCIETY**34-1246277**

(a) Other event

(b) Other event

(c) Other event

(d) Total other events

(add col. (a) through
col. (c))**RESCUE ROCK OFF****PUP CRAWL****ALL OTHER 1**

(event type)

(event type)

(event type)

Revenue

1	Gross receipts	16,659	15,875	12,984	105,856
----------	----------------	---------------	---------------	---------------	----------------

2	Less: Charitable contributions				
----------	--------------------------------	--	--	--	--

3	Gross income (line 1 minus line 2)	16,659	15,875	12,984	105,856
----------	---------------------------------------	---------------	---------------	---------------	----------------

4	Cash prizes				
----------	-------------	--	--	--	--

5	Noncash prizes				
----------	----------------	--	--	--	--

Direct Expenses

6	Rent/facility costs				
----------	---------------------	--	--	--	--

7	Food/beverages				
----------	----------------	--	--	--	--

8	Entertainment				
----------	---------------	--	--	--	--

9	Other expenses	5,325	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

LAKE HUMANE SOCIETY**34-1246277**

(a) Other event

(b) Other event

(c) Other event

(d) Total other events

ALL OTHER 2**ALL OTHER 3****ALL OTHER 4**(add col. (a) through
col. (c))

(event type)

(event type)

(event type)

(col. (c))

Revenue

1	Gross receipts	12,984	12,984	12,984
----------	----------------	---------------	---------------	---------------

2	Less: Charitable contributions			
----------	--------------------------------	--	--	--

3	Gross income (line 1 minus line 2)	12,984	12,984	12,984
----------	---------------------------------------	---------------	---------------	---------------

4	Cash prizes			
----------	-------------	--	--	--

5	Noncash prizes			
----------	----------------	--	--	--

Direct Expenses

6	Rent/facility costs			
----------	---------------------	--	--	--

7	Food/beverages			
----------	----------------	--	--	--

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

Employer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

(a) Other event

(b) Other event

(c) Other event

(d) Total other events

(add col. (a) through

col. (c))

ALL OTHER 5

(event type)

WOOF WAG WINE

(event type)

(event type)

Revenue

1 Gross receipts **12,984** **8,402****2** Less: Charitable
contributions**3** Gross income
(line 1 minus line 2) **12,984** **8,402****4** Cash prizes**5** Noncash prizes

Direct Expenses

6 Rent/facility costs**7** Food/beverages**8** Entertainment**9** Other expenses **664** **1,137**

Form **990****Two Year Comparison Report****2016 & 2017**

Name

For calendar year 2017, or tax year beginning

, ending

Taxpayer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	928,788	566,343	-362,445
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	99,663	95,556	-4,107
	5. Investment income	36,061	19,135	-16,926
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		322,340	322,340
	8. Net income or (loss) from fundraising events	61,723	145,404	83,681
	9. Net income or (loss) from gaming	70,528	63,221	-7,307
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,196,763	1,211,999	15,236
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	74,179	77,605	3,426
	16. Salaries, other compensation, and employee benefits	435,472	554,641	119,169
	17. Professional fundraising fees			
	18. Other professional fees	23,937	45,893	21,956
	19. Occupancy, rent, utilities, and maintenance	79,790	87,492	7,702
	20. Depreciation and Depletion	8,834	6,882	-1,952
	21. Other expenses	265,227	366,888	101,661
	22. Total expenses. Add lines 13 through 21	887,439	1,139,401	251,962
	23. Excess or (Deficit). Subtract line 22 from line 12	309,324	72,598	-236,726
Other Information	24. Total exempt revenue	1,196,763	1,211,999	15,236
	25. Total unrelated revenue	70,528	63,221	-7,307
	26. Total excludable revenue	135,724	437,031	301,307
	27. Total assets	1,596,079	1,570,886	-25,193
	28. Total liabilities	60,301	151,221	90,920
	29. Retained earnings	1,535,778	1,419,665	-116,113
	30. Number of voting members of governing body	9	9	
	31. Number of independent voting members of governing body	9	9	
	32. Number of employees	26	31	
	33. Number of volunteers	298	535	

Form **990T****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning

, ending

Name

Taxpayer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

		2016	2017	Differences
Revenue	1. Gross profit/loss on business activities	1. 184,231	191,263	7,032
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 184,231	191,263	7,032
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22. 184,231	191,263	7,032
	23. Total deductions. Add lines 12 through 22	23. 184,231	191,263	7,032
	24. Taxable income before NOL. Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26. 1,000	1,000	
	27. Unrelated business taxable income.	27. -1,000	-1,000	
Tax & Credits	28. Income tax (corporate or trust)	28.		
	29. Proxy tax	29.		
	30. Other taxes	30.		
	31. Total taxes	31.		
	32. Other credits	32.		
	33. General business credit	33.		
	34. Credit for prior year minimum tax	34.		
	35. Total credits	35.		
	36. Net tax after credits	36.		
	37. Recapture taxes	37.		
	38. Total Taxes	38.		
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	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

	2013	2014	2015	2016	2017	2018
Business activity profit/loss	75,564	115,791	152,072	184,231	191,263	

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	
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Compensation of officers, ect.

Other salaries and wages

Repairs and maintenance

Bad debts

Interest

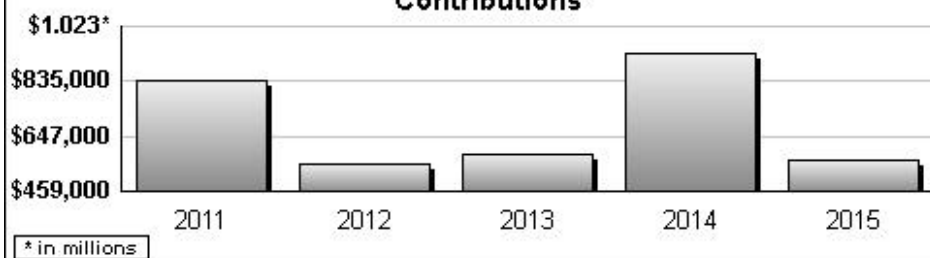
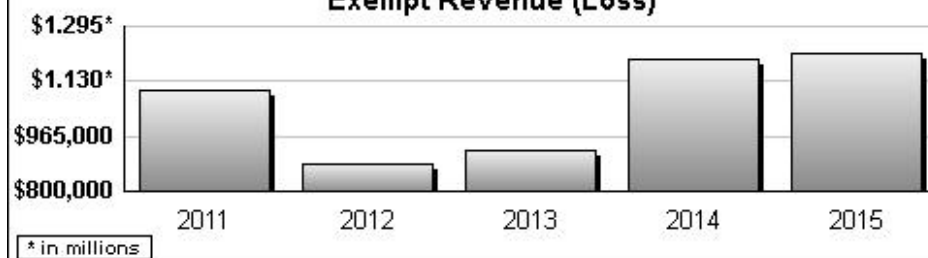
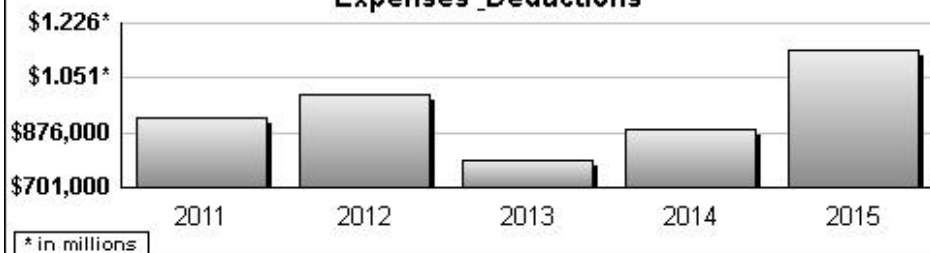
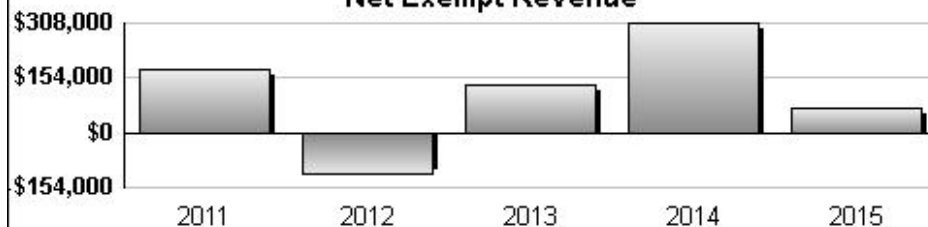
Taxes and licenses

Charitable contributions

Depreciation and Depletion

Deferred compensation plans

Employee benefit programs

Contributions**Exempt Revenue (Loss)****Expenses Deductions****Net Exempt Revenue**

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

Name

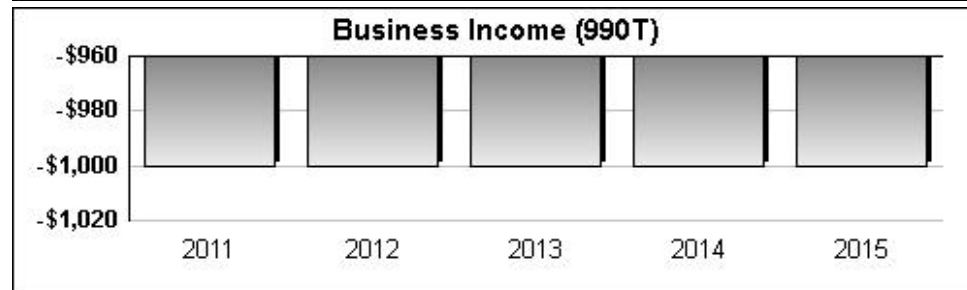
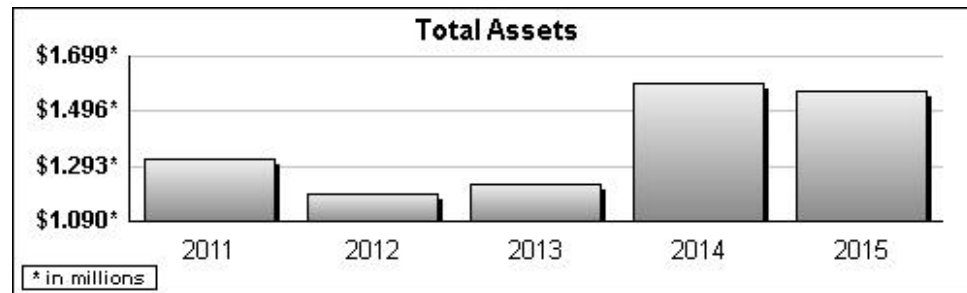
LAKE HUMANE SOCIETY

Employer Identification Number

34-1246277

	2013	2014	2015	2016	2017	2018
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



Taxable Dividends from Securities

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$	19,135		14			
TOTAL	\$	19,135					

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

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

34-1246277

Federal Statements

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	\$ 70,339
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**Schedule A, Part III, Line 10a(e)**

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

Schedule A, Part III, Line 11

	Description	Amount
BINGO		\$ 63,221
FOR EXTENSION		
LESS: DEDUCTIONS		-64,221
TOTAL		\$ -1,000

BLACK CAT BALL

Other Direct Fundraising or Gaming Expenses

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

BINGO

Other Direct Fundraising or Gaming Expenses

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

Federal Statements**Form 990-T - Other Deductions Not Taken Elsewhere**

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

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning

, and ending

34-1246277**LAKE HUMANE SOCIETY****Net Asset / Fund Balance at Beginning of Year****1,535,778****Revenue**

Contributions	566,343
Program service revenue	95,556
Investment income	19,135
Capital gain / loss	322,340
Fundraising / Gaming:	
Gross revenue	378,630
Direct expenses	170,005
Net income	208,625
Other income	0

Total revenue**1,211,999****Expenses**

Program services	800,135
Management and general	133,337
Fundraising	205,929

Total expenses**1,139,401****Excess / (deficit)****72,598**

Changes

-188,711**Net Asset / Fund Balance at End of Year****1,419,665****Reconciliation of Revenue**

Total revenue per financial statements	1,065,251
Less:	
Unrealized gains	-188,711
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	-41,963
Total revenue per return	1,211,999

Reconciliation of Expenses

Total expenses per financial statements	1,181,364
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	-41,963
Total expenses per return	1,139,401

Balance Sheet

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

Miscellaneous Information

Amended return

Return / extended due date

11/15/18

Failure to file penalty

Form 990-T Return Summary

For calendar year 2017, or tax year beginning

, and ending

34-1246277**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

2nd quarter

3rd quarter

4th quarter

Total**Miscellaneous Information**

Amended return

Return / extended due date **11/15/18**

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

2017Department of the Treasury
Internal Revenue Service
Name of exempt organization**► Do not send to the IRS. Keep for your records.**
► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

34-1246277

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 ► <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,211,999
2a Form 990-EZ check here ► <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ► <input type="checkbox"/>	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.

Officer's PIN: check one box only☒ I authorize **NMS, INC.**

ERO firm name

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.

ERO's signature ► **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)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2017**Open to Public Inspection****A For the 2017 calendar year, or tax year beginning**, and ending**B** Check if applicable:**C** Name of organization**D** Employer identification number☐ Address change**LAKE HUMANE SOCIETY**☐ Name change

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

7564 TYLER BLVD BLDG E

Room/suite

34-1246277☐ Initial return

City or town, state or province, country, and ZIP or foreign postal code

MENTOR**OH 44060**☐ Final return/terminated☐ Amended return**F** Name and address of principal officer:**LEE NESLER****7564 TYLER BLVD BLDG E****MENTOR****OH 44060**☐ Application pending**G** Gross receipts \$ **2,055,458****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.LAKEHUMANE.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1937** **M** State of legal domicile: **OH****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 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)**3****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****5** Total number of individuals employed in calendar year 2017 (Part V, line 2a)**5****6** Total number of volunteers (estimate if necessary)**6****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **63,221****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

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****12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)**1,196,763****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****18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)**887,439****1,139,401****19** Revenue less expenses. Subtract line 18 from line 12**309,324****72,598****20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

1,596,079**1,570,886****21** Total liabilities (Part X, line 26)**60,301****151,221****22** Net assets or fund balances. Subtract line 21 from line 20**1,535,778****1,419,665****Part II Signature Block**

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

Sign Here

Signature of officer

Date

RICHARD HARMON**PRESIDENT**

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**Paid** **JOSEPH R. MICHALSKI CPA****JOSEPH R. MICHALSKI CPA****10/25/18** self-employed **P00738093****Preparer Use Only** Firm's name ▶ **NMS, INC.**Firm's EIN ▶ **34-1909930**Firm's address ▶ **8383 MENTOR AVENUE****MENTOR, OH 44060**Phone no. **440-286-5222**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2017)

Part III 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?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **371,830** including grants of \$) (Revenue \$)**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.

4b (Code:) (Expenses \$ **68,078** including grants of \$) (Revenue \$)**OUTREACH & EDUCATION:**

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

4c (Code:) (Expenses \$ **226,057** including grants of \$) (Revenue \$)**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.)(Expenses \$ **134,170** including grants of \$) (Revenue \$)**4e** Total program service expenses **800,135**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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.		
a 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
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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 account)?	4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 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 independent	1b 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 supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 ☒ 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 policy, and financial statements available to the public during the tax year.

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

ALICIA SMYCHYNSKY**7564 TYLER BLVD. BKDG E****MENTOR****OH 44060****440-951-6122**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee Institutional trustee Officer Key employee Highest compensated employee Former	(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	0.00				
TRUSTEE	0.00	X	0	0	0
(2)RON TRAUB	0.00				
TRUSTEE	0.00	X	0	0	0
(3)SUSAN FASSO	0.00				
SECRETARY	0.00	X X	0	0	0
(4)KARIN HENSCHER	0.00				
TRUSTEE	0.00	X	0	0	0
(5)TERRI MILLER	0.00				
TREASURER	0.00	X X	0	0	0
(6)RICHARD HARMON	0.00				
PRESIDENT	0.00	X X	0	0	0
(7)JAMES SCHLEICHER	0.00				
TRUSTEE	0.00	X	0	0	0
(8)BRYAN JOHNSON	0.00				
TRUSTEE	0.00	X	0	0	0
(9)LORI CASZATT	0.00				
VICE PRESIDENT	0.00	X X	0	0	0
(10)LEE NESLER	50.00				
EXECUTIVE DIRECTOR	0.00	X	77,605	0	11,565
(11)					

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
.....		Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former			
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

1b Sub-total	▶	77,605	11,565						
c Total from continuation sheets to Part VII, Section A	▶								
d Total (add lines 1b and 1c)	▶	77,605	11,565						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶	0								
			<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No			
	Yes	No							
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If “Yes,” complete Schedule J for such individual</i>		3	X						
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If “Yes,” complete Schedule J for such individual</i>		4	X						
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If “Yes,” complete Schedule J for such person</i>		5	X						

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(A) Name and business address	(B) Description of services	(C) Compensation
.....			
.....			
.....			
.....			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶			0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐Contributions, Gifts, Grants
and Other Similar Amounts

Program Service Revenue

Other Revenue

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
--	----------------------	--	---	--

1a Federated campaigns **1a**

b Membership dues **1b**

c Fundraising events **1c**

d Related organizations **1d**

e Government grants (contributions) **1e**

f All other contributions, gifts, grants,
and similar amounts not included above **1f** **566,343**

g Noncash contributions included in lines 1a-1f: \$

h Total. Add lines 1a-1f **566,343**

	Busn. Code	(A)	(B)
2a ADOPTIONS	900099	70,339	70,339
b CAGE SPONSORSHIP	900099	14,250	14,250
c PET SHOP	900099	10,916	10,916
d OTHER INCOME	900099	51	51
e			
f All other program service revenue			
g Total. Add lines 2a-2f		95,556	

3 Investment income (including dividends, interest,
and other similar amounts) **19,135** **19,135**

4 Income from investment of tax-exempt bond proceeds **19,135**

5 Royalties **19,135**

(i) Real (ii) Personal

6a Gross rents

b Less: rental exps.

c Rental inc. or (loss)

d Net rental income or (loss) **19,135**

7a Gross amount from
sales of assets (i) Securities (ii) Other
other than inventory **995,794**

b Less: cost or other
basis & sales exps. **673,454**

c Gain or (loss) **322,340**

d Net gain or (loss) **322,340** **322,340**

8a Gross income from fundraising events

(not including \$
of contributions reported on line 1c).

See Part IV, line 18 **a** **187,367**

b Less: direct expenses **b** **41,963**

c Net income or (loss) from fundraising events **145,404**

9a Gross income from gaming activities.

See Part IV, line 19 **a** **191,263**

b Less: direct expenses **b** **128,042**

c Net income or (loss) from gaming activities **63,221** **63,221**

10a Gross sales of inventory, less

returns and allowances **a**

b Less: cost of goods sold **b**

c Net income or (loss) from sales of inventory **63,221**

Miscellaneous Revenue

Busn. Code

11a

b

c

d All other revenue

e Total. Add lines 11a-11d **1,211,999**

12 Total revenue. See instructions. **1,211,999** **417,896** **63,221** **19,135**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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 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):				
a Management				
b Legal	35,984	30,654	5,277	53
c Accounting				
d Lobbying				
e 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				
16 Occupancy	87,492	71,607	11,528	4,357
17 Travel	3,451	2,236	1,170	45
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.)				
a SUPPLIES	125,419	125,394	25	
b SUBCONTRACTOR	56,191	55,897	293	1
c PETSHOP	12,178	12,178		
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 Total functional expenses. Add lines 1 through 24e	1,139,401	800,135	133,337	205,929
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A)		(B)
		Beginning of year		End of year
Assets	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	4	1,950
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,860	8	1,421
	9 Prepaid expenses and deferred charges	2,047	9	152
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 297,435		
	b Less: accumulated depreciation	10b 204,137	100,181	10c 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		14	
15 Other assets. See Part IV, line 11	8,460	15	8,460	
16 Total assets. Add lines 1 through 15 (must equal line 34)	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 IV of Schedule D		21		
Liabilities	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,899	24	566
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,123	25	16,985
	26 Total liabilities. Add lines 17 through 25	60,301	26	151,221
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	607,198	27	366,435
28 Temporarily restricted net assets		28	124,650	
29 Permanently restricted net assets	928,580	29	928,580	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		30		
31 Paid-in or capital surplus, or land, building, or equipment fund		31		
32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,535,778	33	1,419,665	
34 Total liabilities and net assets/fund balances	1,596,079	34	1,570,886	

Part XI Reconciliation of Net AssetsCheck 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	1,211,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,139,401
3	Revenue less expenses. Subtract line 2 from line 1	3	72,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,535,778
5	Net unrealized gains (losses) on investments	5	-188,711
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,419,665

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

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

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

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

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

(B)

(C)

(D)

(E)

Total

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar 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.

Section B. Total Support

Calendar 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. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2016 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,771,472

Section B. Total Support

Calendar 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						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	95.56%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.31%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, 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 organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

Yes No

11a

11b

11c

Section 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.*
- 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.*

1

2

Section C. Type II Supporting Organizations

Yes No

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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

Section D. All Type III Supporting Organizations

Yes No

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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.*

1

2

3

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. **Answer (a) and (b) below.**

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

Yes No

2a

2b

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

3b

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | |
|---|--|---|
| 1 | Net short-term capital gain | 1 |
| 2 | Recoveries of prior-year distributions | 2 |
| 3 | Other gross income (see instructions) | 3 |
| 4 | Add lines 1 through 3. | 4 |
| 5 | Depreciation and depletion | 5 |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |
| 7 | Other expenses (see instructions) | 7 |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

- | | | |
|---|---|----|
| a | Average monthly value of securities | 1a |
| b | Average monthly cash balances | 1b |
| c | Fair market value of other non-exempt-use assets | 1c |
| d | Total (add lines 1a, 1b, and 1c) | 1d |
| e | Discount claimed for blockage or other factors (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 |

Section C - Distributable Amount

Current Year

- | | | |
|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 | Enter 85% of line 1. | 2 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 | Enter greater of line 2 or line 3. | 4 |
| 5 | Income tax imposed in prior year | 5 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | |

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

Current Year

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 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

Section E - Distribution Allocations (see instructions)

(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable 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
 - b From 2013
 - c From 2014
 - d From 2015
 - e From 2016
 - f **Total** of lines 3a through e
 - g Applied to underdistributions of prior years
 - h Applied to 2017 distributable amount
 - i Carryover from 2012 not applied (see instructions)
 - j Remainder. Subtract lines 3g, 3h, and 3i from 3f.
- 4 Distributions for 2017 from Section D, line 7: \$
 - a Applied to underdistributions of prior years
 - b Applied to 2017 distributable amount
 - c 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:
 - a Excess from 2013
 - b Excess from 2014
 - c Excess from 2015
 - d Excess from 2016
 - e Excess from 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.)

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

OMB No. 1545-0047

2017

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

Name of the organization**Employer identification number****LAKE HUMANE SOCIETY****34-1246277****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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.

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 Part I if additional space is needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GANLEY SUBARU OF WICKLIFFE 28840 EUCLID AVE WICKLIFFE OH 44092	\$ 11,999	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PETSMART CHARITIES 19601 N 27TH AVE PHOENIX AZ 85027	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FATMAN'S INVAISION 5040 MARIGOLD RD MENTOR OH 44060	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

LAKE HUMANE SOCIETY**34-1246277****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

(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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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 area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. **Held at the End of the Tax Year**
- a Total number of conservation easements **2a**
- b Total acreage restricted by conservation easements **2b**
- c 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 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 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, inspection, handling of 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 during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 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.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount

c Beginning balance **1c**
d Additions during the year **1d**
e Distributions during the year **1e**
f Ending balance **1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	908,883	838,283	900,281	907,793	785,538
b Contributions					
c Net investment earnings, gains, and losses	151,094	80,519	-1,810	47,442	176,337
d Grants or scholarships					
e Other expenditures for facilities and programs	6,747	9,919	60,188	54,954	54,082
f Administrative expenses					
g End of year balance	1,053,230	908,883	838,283	900,281	907,793

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ **88.00** %
c Temporarily restricted endowment ▶ **12.00** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	50,000			50,000
b Buildings				
c Leasehold improvements				
d Equipment			204,137	-204,137
e Other	247,435			247,435
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				93,298

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category
(including name of security)

(b) Book value

(c) Method of valuation:
Cost or end-of-year market value

- (1) Financial derivatives
- (2) Closely-held equity interests
- (3) Other
- (A)
- (B)
- (C)
- (D)
- (E)
- (F)
- (G)
- (H)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►**Part VIII Investments—Program Related.**

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

(a) Description of investment

(b) Book value

(c) Method of valuation:
Cost or end-of-year market value

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►**Part IX Other Assets.**

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

(a) Description

(b) Book value

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►**Part X Other Liabilities.**

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

1. (a) Description of liability

(b) Book value

- (1) Federal income taxes
- (2) **ACCRUED PAYROLL**
- (3) **ACCRUED EXPENSES**
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

12,131

4,854

Total. (Column (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 ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,065,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-188,711
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-188,711
3	Subtract line 2e from line 1	3	1,253,962
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-41,963
c	Add lines 4a and 4b	4c	-41,963
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,211,999

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

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

1	Total expenses and losses per audited financial statements	1	1,181,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,181,364
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-41,963
c	Add lines 4a and 4b	4c	-41,963
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,139,401

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information (continued)

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

THE SOCIETY FOLLOWS THE PROVISIONS OF "ACCOUNTING FOR INCOME TAXES", WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE CERTAIN CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROVISIONS ALSO PROCIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DECLOSURE AND TRANSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2017.

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

FUNDRAISING EXPENSE	\$	-41,963
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PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

FUNDRAISING EXPENSE	\$	-41,963
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**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

2017Open to Public
Inspection

Employer identification number

34-1246277**LAKE HUMANE SOCIETY****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No****b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.(i) Name and address of individual
or entity (fundraiser)

(ii) Activity

(iii) Did fundraiser have
custody or
control of
contributions?**Yes No**(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**1****2****3****4****5****6****7****8****9****10****Total****3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	BLACK CAT BALL	MUTT STRUTT	8	(add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	52,526	28,985	105,856	187,367
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	52,526	28,985	105,856	187,367
4 Cash prizes				
5 Noncash prizes				
Direct Expenses				
6 Rent/facility costs	20,020			20,020
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	2,368	7,389	12,186	21,943
10 Direct expense summary. Add lines 4 through 9 in column (d)				41,963
11 Net income summary. Subtract line 10 from line 3, column (d)				145,404

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue		191,263		191,263
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses		128,042		128,042
6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				128,042
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				63,221

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

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

b If "No," explain:

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

b If "Yes," explain:

- | | | | |
|----|--|------------------------------|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | 100.00 % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ▶ **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? ☒ 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
- c** If "Yes," enter name and address of the third party:

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

- 16** Gaming manager information:

Name ► LEE NESLER

Gaming manager compensation ► \$

Description of services provided ► **OVERSEE GAMING ACTIVITY**

☒ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT****HUMANE INVESTIGATION:**

LAKE HUMANE SOCIETY PROVIDES PROTECTION TO THE COMPANION ANIMALS OF LAKE COUNTY THROUGH THEIR HUMANE INVESTIGATIONS DEPARTMENT. LHS EMPLOYS THE ONLY HUMANE AGENT IN THE COUNTY, WHO WAS APPOINTED BY THE LAKE COUNTY PROBATE COURT. THE HUMANE AGENT INVESTIGATES REPORTS OF SUSPECTED ANIMAL ABUSE, NEGLECT, AND CRUELTY, AND ASSISTS IN THE PROSECUTION OF ANIMAL CRUELTY CASES.

VOLUNTEER PROGRAM:

LAKE HUMANE SOCIETY RELIES ON DEDICATED VOLUNTEERS AND FOSTERS TO HELP MAKE THEIR MISSION COME TO LIFE. WITH A LIMITED STAFF OF JUST 15 PEOPLE, THE ORGANIZATION TURNS TO VOLUNTEERS TO ASSIST WITH ANIMAL CARE, ENRICHMENT, FOSTER CARE, CUSTOMER SERVICE, OFF-SITE EVENTS, CLERICAL DUTIES, AND MORE. THE VOLUNTEER PROGRAM AT LHS PROVIDES ANIMAL LOVERS WITH 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 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

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

INTEREST BECOMES A MATTER OF BOARD ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

FUNDRAISING EXPENSE	\$	41,963
---------------------	----	--------

FUNDRAISING EXPENSE	\$	-41,963
---------------------	----	---------

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))**2017**Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see instructions.)

B Exempt under section

☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)Print **LAKE HUMANE SOCIETY**

or Number, street, and room or suite no. If a P.O. box, see instructions.

Type **7564 TYLER BLVD BLDG E**

City or town, state or province, country, and ZIP or foreign postal code

MENTOR**OH 44060****34-1246277**E Unrelated business activity codes
(See instructions.)**713200****531110**C Book value of all assets
at end of year**1,570,886**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.

▶ **PULL TAB BINGO**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.J The books are in care of ▶ **ALICIA SMYCHYNSKY**Telephone number ▶ **440-951-6122****Part 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	▶
2	Cost of goods sold (Schedule A, line 7)		1c	191,263
3	Gross profit. Subtract line 2 from line 1c		2	
4a	Capital gain net income (attach Schedule D)		3	191,263
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4a	
c	Capital loss deduction for trusts		4b	
5	Income (loss) from partnerships and S corporations (attach statement)		4c	
6	Rent income (Schedule C)		5	
7	Unrelated debt-financed income (Schedule E)		6	
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		7	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		8	
10	Exploited exempt activity income (Schedule I)		9	
11	Advertising income (Schedule J)		10	
12	Other income (See instructions; attach schedule)		11	
13	Total. Combine lines 3 through 12		12	
			13	191,263
				191,263

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

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	22a	
23	Depletion	22b	0
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	191,263
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	191,263
31	Net operating loss deduction (limited to the amount on line 30)	30	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000
		34	0

DAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

Part 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:

a 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) \$

c 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**

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 (see instructions) **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e 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 **44**

45a Payments: A 2016 overpayment credited to 2017 **45a**

b 2017 estimated tax payments **45b**

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e 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 **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**

Part 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 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 here ☐ **Yes** ☒ **No**

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ☐ **Yes** ☒ **No**

53 Enter the amount of tax-exempt interest received or accrued during the tax year ☐ \$

Sign Here

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ **Yes** ☐ **No**Signature of officer
Print/Type preparer's name

Date

PRESIDENT

Title

Preparer's signature

Date

Check ☐ if PTIN

Paid **JOSEPH R. MICHALSKI CPA** **JOSEPH R. MICHALSKI CPA**

Preparer Firm's name **NMS, INC.**

Use Only Firm's address **8383 MENTOR AVENUE**
MENTOR, OH 44060

10/25/18 self-employed **P00738093**

Firm's EIN **34-1909930**

Phone no. **440-286-5222**

Form **990-T** (2017)

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1	6	Inventory at end of year	6
2	Purchases	2	7	Cost of goods sold. Subtract	
3	Cost of labor	3		line 6 from line 5. Enter here and	
4a	Additional sec. 263A costs			in Part I, line 2	7
	(attach schedule)	4a			
b	Other costs		8	Do the rules of section 263A (with respect to	Yes No
	(attach schedule)	4b		property produced or acquired for resale) apply	
5	Total. Add lines 1 through 4b	5		to the organization?	

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued**(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b)** Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E – Unrelated Debt-Financed Income** (see instructions)**1.** Description of debt-financed property**2.** Gross income from or allocable to debt-financed property**3.** Deductions directly connected with or allocable to debt-financed property**(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1) **N/A**

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 x column 6)**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

%

%

%

%

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals**Total dividends-received deductions** included in column 8

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

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
------------------------------------	-----------------------------------	---	-------------------------------------	---	--

(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
-------------------	---	-------------------------------------	--	--

(1)

(2)

(3)

(4)

Add columns 5 and 10.
Enter here and on page 1,
Part I, line 8, column (A).Add columns 6 and 11.
Enter here and on page 1,
Part I, line 8, column (B).**Totals****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
--------------------------	---------------------	--	---------------------------------	--

(1) **N/A**

(2)

(3)

(4)

Enter here and on page 1,
Part I, line 9, column (A).Enter here and on page 1,
Part I, line 9, column (B).**Totals****Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
--------------------------------------	---	---	--	---	--------------------------------------	--

(1) **N/A**

(2)

(3)

(4)

Enter here and on
page 1, Part I,
line 10, col. (A).Enter here and on
page 1, Part I,
line 10, col. (B).Enter here and
on page 1,
Part II, line 26.**Totals****Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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. Readership costs	7. Excess readership 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)) ..

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. Readership 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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

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

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

Form **4562****Depreciation and Amortization**

OMB No. 1545-0172

(Including Information on Listed Property)

2017

Department of the Treasury

Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment Sequence No. **179**

Name(s) shown on return

LAKE HUMANE SOCIETY

Identifying number

34-1246277

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,881

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life			S/L
b 12-year		12 yrs.	S/L
c 40-year		40 yrs.	MM S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,881
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2017)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

34-1246277

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Land	1/01/93	50,000			50,000	0 -- Land	0	0
8	Various	1/01/93	2,203			2,203	7 MO150DB	2,203	0
9	Kennel Cages	4/15/95	2,254			2,254	7 MO200DB	2,254	0
10	Kennel Cages	8/29/95	2,136			2,136	7 MO200DB	2,136	0
11	Equipment Various	1/01/93	68,513			68,513	7 MO200DB	68,513	0
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	7 MO200DB	1,100	0
19	Narcotic Safes	10/27/00	506			506	7 MO200DB	506	0
21	Canine Scale/Table Stand	10/29/01	2,680			2,680	7 MO200DB	2,680	0
22	2 Five Unit Banks	9/10/01	4,795			4,795	7 MO200DB	4,795	0
23	Canine Scale	11/13/01	764			764	7 MO200DB	764	0
34	Cages	7/31/04	5,216			5,216	7 MO200DB	5,216	0
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	39 MO S/L	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	39 MO S/L	613	62
43	Equipment	6/27/07	790			790	7 MO200DB	790	0
45	2008 Chevy Van	10/30/07	24,800			24,800	5 MO200DB	24,800	0
46	2004 Cargo Van	10/31/12	6,911			6,911	5 MO200DB	6,279	632
49	Washer Dryer	2/08/07	15,889			15,889	7 MO200DB	15,889	0
50	Dell-Bookkeeper	5/27/08	1,116			1,116	5 MO200DB	1,116	0
51	File Cabients	8/04/08	622			622	7 MO200DB	622	0
52	Security Systems	7/03/08	3,427			3,427	7 MO200DB	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	3 MO200DB	518	0
58	Linksys Router	1/31/13	810			810	5 MO200DB	714	89
59	Flooring	2/13/08	6,266			6,266	7 MO200DB	6,266	0
60	2 ipads, pp proj & screen	7/01/12	1,800			1,800	3 MO200DB	1,800	0
61	Table and Chairs	3/27/08	879			879	5 MO200DB	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	7 MO200DB	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	184			184	5 MO200DB	140	21
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	7 MO200DB	526	136
68	4 swivel office chairs	9/23/14	120			120	5 MO200DB	81	16
69	4 vertical file cabinets	9/23/14	200			200	7 MO200DB	105	27
70	2 wooden side chairs	9/23/14	80			80	5 MO200DB	54	10
71	4 Dell Latitude E6410 Notebookss	3/31/14	1,440			1,440	5 MO200DB	1,077	161
72	NATIONAL SHRINKWRAP???	3/11/14	419			419	5 MO200DB	319	46
73	Washer replacement of valves and bearings	4/22/14	3,605			3,605	5 MO200DB	2,654	408
74	Z lift Hydraulic Table for Groomer	8/01/14	406			406	7 MO200DB	223	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	7/16/14	500			500	39 MO200DB	60	22
79	7560 LHS Annex	9/05/14	4,300			4,300	39 MO200DB	496	195
80	Tile Installation LHS Annex	9/08/14	300			300	7 MO200DB	162	39
81	Groomer Cabinets in Annex	9/09/14	150			150	7 MO200DB	81	20
82	Carpeting for Annex	10/23/14	300			300	7 MO200DB	154	42
83	Shelving for Marketing Dept	10/01/15	271			271	7 MO200DB	91	51
84	Dell latitude E6410 Core i5 Windows 7 laptop	6/08/15	400			400	5 MO200DB	216	74
85	Firewall - Fortigate 60D-BLD	6/09/15	775			775	5 MO200DB	419	142
86	2 tower computers, monitors	8/03/15	807			807	5 MO200DB	403	162
87	IMAC for marketing/design dept	8/25/15	2,201			2,201	5 MO200DB	1,057	457
88	Goodman 5 Ton HVAC System	6/25/15	8,450			8,450	39 MO200DB	639	400
89	Electric Exam Table	11/14/15	839			839	7 MO200DB	268	163
90	Bingo Machine #6	4/16/15	2,875			2,875	7 MO200DB	1,213	475
91	Bingo Cabinet - Highwater	4/16/15	450			450	7 MO200DB	190	74
92	Apoxoy Coating for Visiting Rooms	4/15/15	619			619	7 MO200DB	271	100
93	Mosaic Chip Flooring	12/04/15	2,668			2,668	39 MO200DB	148	129
94	Dell computer	8/02/16	690			690	5 MO200DB	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 Depreciation			297,435			297,435		197,256	6,881

Federal Asset Report**Form 990, Page 1**

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

34-1246277

AMT Asset Report

FYE: 12/31/2017

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	0			0 0 HY		0	0
8	Various	1/01/93	0			0 0 HY		0	0
9	Kennel Cages	4/15/95	0			0 0 HY		0	0
10	Kennel Cages	8/29/95	0			0 0 HY		0	0
11	Equipment Various	1/01/93	0			0 0 HY		0	0
12	Surgical Supplies	11/19/98	0			0 0 HY		0	0
17	Furniture and Fixtures	9/14/00	0			0 0 HY		0	0
19	Narcotic Safes	10/27/00	0			0 0 HY		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 HY		0	0
23	Canine Scale	11/13/01	0			0 0 HY		0	0
34	Cages	7/31/04	0			0 0 HY		0	0
37	Furnance	12/13/06	0			0 0 HY		0	0
39	Rooftop Heating Units	2/13/08	0			0 0 HY		0	0
41	Equipment	2/26/07	0			0 0 HY		0	0
42	Boncha Insulation	1/24/07	0			0 0 HY		0	0
43	Equipment	6/27/07	0			0 0 HY		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 HY		0	0
49	Washer Dryer	2/08/07	0			0 0 HY		0	0
50	Dell-Bookkeeper	5/27/08	0			0 0 HY		0	0
51	File Cabients	8/04/08	0			0 0 HY		0	0
52	Security Systems	7/03/08	0			0 0 HY		0	0
55	Computer-Investigation	8/26/10	0			0 0 HY		0	0
56	2 Laundry Carts on Wheels	9/12/13	0			0 0 HY		0	0
58	Linksys Router	1/31/13	0			0 0 HY		0	0
59	Flooring	2/13/08	0			0 0 HY		0	0
60	2 ipads, pp proj & screen	7/01/12	0			0 0 HY		0	0
61	Table and Chairs	3/27/08	0			0 0 HY		0	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 7 MO200DB		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 HY		0	0
66	Groomers Tub, Stairs, Sprayer	7/23/14	0			0 0 HY		0	0
67	5 wooden desks	9/23/14	0			0 0 HY		0	0
68	4 swivel office chairs	9/23/14	0			0 0 HY		0	0
69	4 vertical file cabinets	9/23/14	0			0 0 HY		0	0
70	2 wooden side chairs	9/23/14	0			0 0 HY		0	0
71	4 Dell Latitude E6410 Notesbookss	3/31/14	0			0 0 HY		0	0
72	NATIONAL SHRINKWRAP???	3/11/14	0			0 0 HY		0	0
73	Washer replacement of valves and bearings	4/22/14	0			0 0 HY		0	0
74	Z lift Hydraulic Table for Groomer	8/01/14	0			0 0 HY		0	0
75	Bingo Machine #4	3/01/14	0			0 0 HY		0	0
76	Bingo Machine #5	8/01/14	0			0 0 HY		0	0
77	office wall addition	2/10/14	0			0 39 MO S/L		0	0
78	materials annex buildout, tube heater, plates	7/16/14	0			0 39 MO S/L		0	0
79	7560 LHS Annex	9/05/14	0			0 39 MO S/L		0	0
80	Tile Installation LHS Annex	9/08/14	0			0 0 HY		0	0
81	Groomer Cabinets in Annex	9/09/14	0			0 20 MO S/L		0	0
82	Carpeting for Annex	10/23/14	0			0 0 HY		0	0
83	Shelving for Marketing Dept	10/01/15	0			0 0 HY		0	0
84	Dell latitude E6410 Core i5 Windows 7 laptop	6/08/15	0			0 0 HY		0	0
85	Firewall - Fortigate 60D-BLD	6/09/15	0			0 0 HY		0	0
86	2 tower computers,monitors	8/03/15	0			0 0 HY		0	0
87	IMAC for marketing/design dept	8/25/15	0			0 0 HY		0	0
88	Goodman 5 Ton HVAC System	6/25/15	0			0 39 MO S/L		0	0
89	Electric Exam Table	11/14/15	0			0 0 HY		0	0
90	Bingo Machine #6	4/16/15	0			0 0 HY		0	0
91	Bingo Cabinet - Highwater	4/16/15	0			0 0 HY		0	0
92	Apoxo Coating for Visiting Rooms	4/15/15	0			0 0 HY		0	0
93	Mosaic Chip Flooring	12/04/15	0			0 39 MO S/L		0	0
94	Dell computer	8/02/16	690			690 5 MO150DB		86	181
95	Dell Computer	8/30/16	690			690 5 MO200DB		92	239
Total Other Depreciation			9,330			9,330		5,368	1,209
Total ACRS and Other Depreciation			9,330			9,330		5,368	1,209

AMT Asset Report**Form 990, Page 1**

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

10/25/2018 2:41 PM

Depreciation Adjustment Report

All Business Activities

There are no assets that meet the criteria of this report

34-1246277

Future Depreciation Report**FYE: 12/31/18**

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other Depreciation:</u>					
1	Land	1/01/93	50,000	0	0
8	Various	1/01/93	2,203	0	0
9	Kennel Cages	4/15/95	2,254	0	0
10	Kennel Cages	8/29/95	2,136	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	9/14/00	1,100	0	0
19	Narcotic Safes	10/27/00	506	0	0
21	Canine Scale/Table Stand	10/29/01	2,680	0	0
22	2 Five Unit Banks	9/10/01	4,795	0	0
23	Canine Scale	11/13/01	764	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	Equipment	2/26/07	1,311	0	0
42	Boncha Insulation	1/24/07	2,400	61	0
43	Equipment	6/27/07	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	Washer Dryer	2/08/07	15,889	0	0
50	Dell-Bookkeeper	5/27/08	1,116	0	0
51	File Cabients	8/04/08	622	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	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	Table and Chairs	3/27/08	879	0	0
62	Bingo Machine #1	11/01/13	2,650	232	232
63	Bingo Machine #2	11/01/13	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	Groomers Tub, Stairs, Sprayer	7/23/14	811	75	0
67	5 wooden desks	9/23/14	1,000	96	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	9/23/14	80	9	0
71	4 Dell Latitude E6410 Notesbookss	3/31/14	1,440	162	0
72	NATIONAL SHRINKWRAP???	3/11/14	419	47	0
73	Washer replacement of valves and bearings	4/22/14	3,605	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	8/01/14	2,875	264	0
77	office wall addition	2/10/14	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	Tile Installation LHS Annex	9/08/14	300	28	0
81	Groomer Cabinets in Annex	9/09/14	150	14	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	400	45	0
85	Firewall - Fortigate 60D-BLD	6/09/15	775	89	0
86	2 tower computers,monitors	8/03/15	807	97	0
87	IMAC for marketing/design dept	8/25/15	2,201	275	0
88	Goodman 5 Ton HVAC System	6/25/15	8,450	380	0
89	Electric Exam Table	11/14/15	839	117	0
90	Bingo Machine #6	4/16/15	2,875	339	0
91	Bingo Cabinet - Highwater	4/16/15	450	53	0
92	Apoxoy Coating for Visiting Rooms	4/15/15	619	71	0
93	Mosaic Chip Flooring	12/04/15	2,668	123	0
94	Dell computer	8/02/16	690	138	127
95	Dell Computer	8/30/16	690	144	144

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

LAKE HUMANE SOCIETY**34-1246277**

(a) Other event

(b) Other event

(c) Other event

(d) Total other events

(add col. (a) through
col. (c))**RESCUE ROCK OFF****PUP CRAWL****ALL OTHER 1**

(event type)

(event type)

(event type)

Revenue

1	Gross receipts	16,659	15,875	12,984	105,856
----------	----------------	---------------	---------------	---------------	----------------

2	Less: Charitable contributions				
----------	--------------------------------	--	--	--	--

3	Gross income (line 1 minus line 2)	16,659	15,875	12,984	105,856
----------	---------------------------------------	---------------	---------------	---------------	----------------

4	Cash prizes				
----------	-------------	--	--	--	--

5	Noncash prizes				
----------	----------------	--	--	--	--

Direct Expenses

6	Rent/facility costs				
----------	---------------------	--	--	--	--

7	Food/beverages				
----------	----------------	--	--	--	--

8	Entertainment				
----------	---------------	--	--	--	--

9	Other expenses	5,325	2,561	507	12,186
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**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

LAKE HUMANE SOCIETY**34-1246277**

(a) Other event

(b) Other event

(c) Other event

(d) Total other events

ALL OTHER 2**ALL OTHER 3****ALL OTHER 4**(add col. (a) through
col. (c))

(event type)

(event type)

(event type)

(col. (c))

Revenue

1	Gross receipts	12,984	12,984	12,984
----------	----------------	---------------	---------------	---------------

2	Less: Charitable contributions			
----------	--------------------------------	--	--	--

3	Gross income (line 1 minus line 2)	12,984	12,984	12,984
----------	---------------------------------------	---------------	---------------	---------------

4	Cash prizes			
----------	-------------	--	--	--

5	Noncash prizes			
----------	----------------	--	--	--

Direct Expenses

6	Rent/facility costs			
----------	---------------------	--	--	--

7	Food/beverages			
----------	----------------	--	--	--

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

Employer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

(a) Other event

(b) Other event

(c) Other event

(d) Total other events

(add col. (a) through

col. (c))

ALL OTHER 5

(event type)

WOOF WAG WINE

(event type)

(event type)

Revenue

1 Gross receipts **12,984** **8,402****2** Less: Charitable
contributions**3** Gross income
(line 1 minus line 2) **12,984** **8,402****4** Cash prizes**5** Noncash prizes

Direct Expenses

6 Rent/facility costs**7** Food/beverages**8** Entertainment**9** Other expenses **664** **1,137**

Form **990****Two Year Comparison Report****2016 & 2017**

Name

For calendar year 2017, or tax year beginning

, ending

Taxpayer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	928,788	566,343	-362,445
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	99,663	95,556	-4,107
	5. Investment income	36,061	19,135	-16,926
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		322,340	322,340
	8. Net income or (loss) from fundraising events	61,723	145,404	83,681
	9. Net income or (loss) from gaming	70,528	63,221	-7,307
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,196,763	1,211,999	15,236
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	74,179	77,605	3,426
	16. Salaries, other compensation, and employee benefits	435,472	554,641	119,169
	17. Professional fundraising fees			
	18. Other professional fees	23,937	45,893	21,956
	19. Occupancy, rent, utilities, and maintenance	79,790	87,492	7,702
	20. Depreciation and Depletion	8,834	6,882	-1,952
	21. Other expenses	265,227	366,888	101,661
	22. Total expenses. Add lines 13 through 21	887,439	1,139,401	251,962
	23. Excess or (Deficit). Subtract line 22 from line 12	309,324	72,598	-236,726
Other Information	24. Total exempt revenue	1,196,763	1,211,999	15,236
	25. Total unrelated revenue	70,528	63,221	-7,307
	26. Total excludable revenue	135,724	437,031	301,307
	27. Total assets	1,596,079	1,570,886	-25,193
	28. Total liabilities	60,301	151,221	90,920
	29. Retained earnings	1,535,778	1,419,665	-116,113
	30. Number of voting members of governing body	9	9	
	31. Number of independent voting members of governing body	9	9	
	32. Number of employees	26	31	
	33. Number of volunteers	298	535	

Form **990T****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning

, ending

Name

Taxpayer Identification Number

LAKE HUMANE SOCIETY**34-1246277**

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

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

	2013	2014	2015	2016	2017	2018
Business activity profit/loss	75,564	115,791	152,072	184,231	191,263	

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	
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Compensation of officers, ect.

Other salaries and wages

Repairs and maintenance

Bad debts

Interest

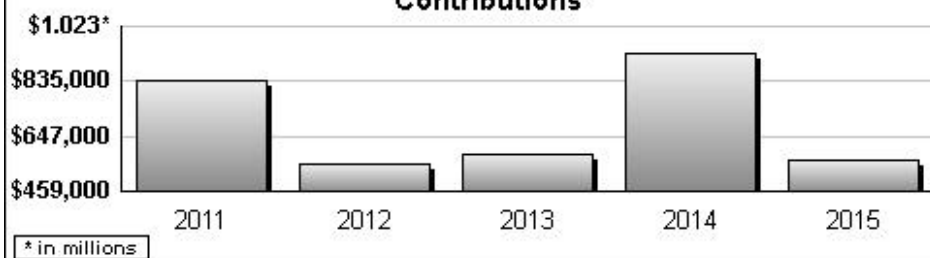
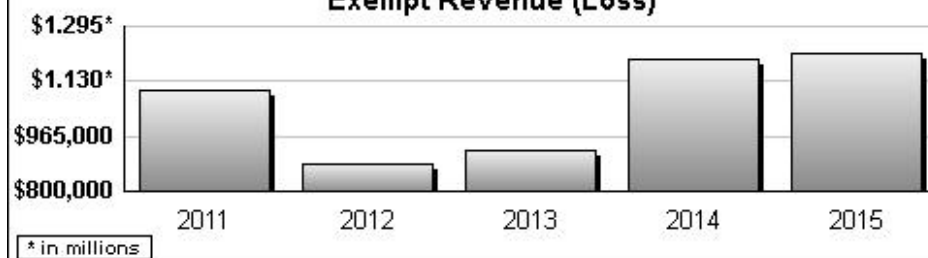
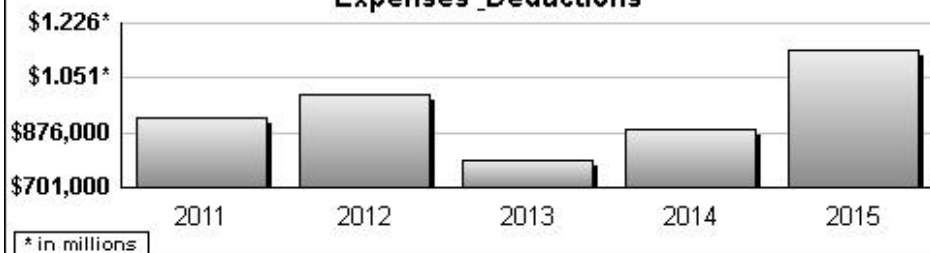
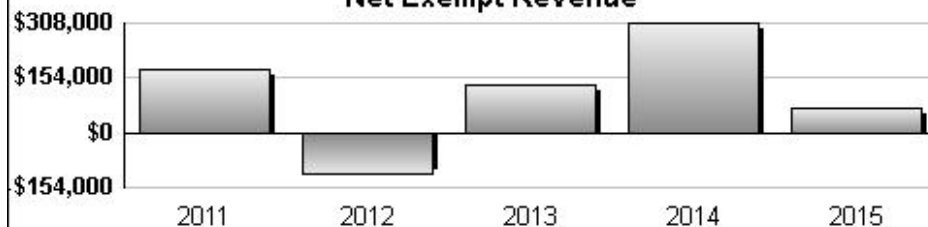
Taxes and licenses

Charitable contributions

Depreciation and Depletion

Deferred compensation plans

Employee benefit programs

Contributions**Exempt Revenue (Loss)****Expenses Deductions****Net Exempt Revenue**

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

Name

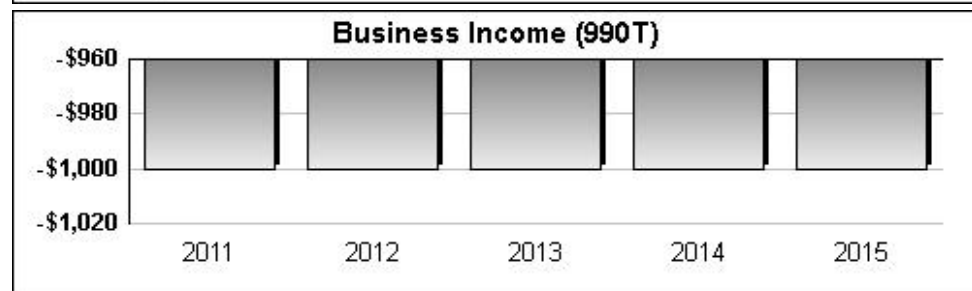
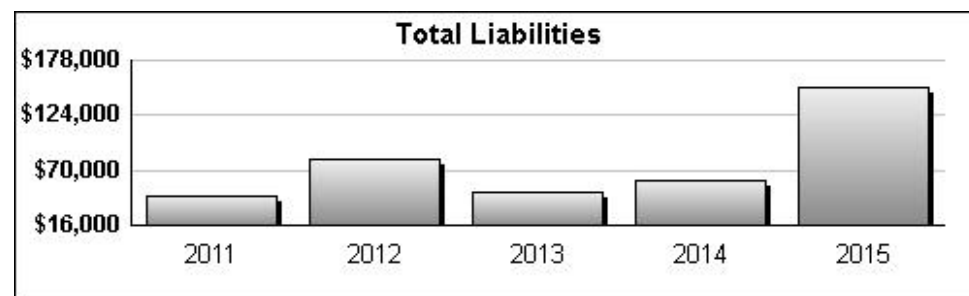
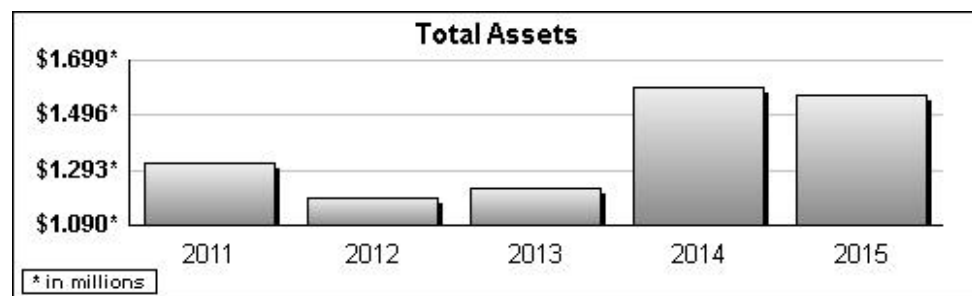
LAKE HUMANE SOCIETY

Employer Identification Number

34-1246277

	2013	2014	2015	2016	2017	2018
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



Taxable Dividends from Securities

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$	19,135		14			
TOTAL	\$	19,135					

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

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

34-1246277

Federal Statements

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	\$ 70,339
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

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

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

Schedule A, Part III, Line 11

	Description	Amount
BINGO		\$ 63,221
FOR EXTENSION		
LESS: DEDUCTIONS		-64,221
TOTAL		\$ -1,000

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

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

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

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

Form 990-T - Other Deductions Not Taken Elsewhere

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