

Form **990**  
(Rev. January 2020)  
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>LAKE HUMANE SOCIETY</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>7564 TYLER BLVD BLDG E</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>MENTOR OH 44060</b></p>	<b>D</b> Employer identification number <p align="center"><b>34-1246277</b></p> <b>E</b> Telephone number <p align="center"><b>440-951-6122</b></p> <b>G</b> Gross receipts \$ <b>1,209,396</b>
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<b>F</b> Name and address of principal officer: <p><b>LEE NESLER</b> <b>7564 TYLER BLVD BLDG E</b> <b>MENTOR OH 44060</b></p>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.LAKEHUMANE.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **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:  
**SEE SCHEDULE O**

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>8</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>8</b>
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>27</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>229</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>61,810</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,449,948</b>	<b>545,558</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>163,874</b>	<b>200,287</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>28,507</b>	<b>40,247</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>233,219</b>	<b>250,124</b>
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,875,548</b>	<b>1,036,216</b>

	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>648,409</b>	<b>660,252</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>123,840</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>469,554</b>	<b>505,365</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,117,963</b>	<b>1,165,617</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>757,585</b>	<b>-129,401</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>2,147,367</b>	<b>2,244,947</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>78,204</b>	<b>121,726</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,069,163</b>	<b>2,123,221</b>

**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>RICHARD HARMON</b></p> Type or print name and title <p align="center"><b>PRESIDENT</b></p>	Date _____
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPH R. MICHALSKI CPA</b>	Preparer's signature <b>JOSEPH R. MICHALSKI CPA</b>	Date <b>01/06/21</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00738093</b>	Firm's name } <b>NMS, INC.</b> Firm's EIN } <b>34-1909930</b> Firm's address } <b>8383 MENTOR AVENUE</b> <b>MENTOR, OH 44060</b> Phone no. <b>440-286-5222</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 269,169 including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 227,393 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 \$ 235,844 including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

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

(Expenses \$ 154,129 including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 886,535

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>27</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	<b>X</b>
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 8		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 8		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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			
(1) LEE NESLER ..... EXECUTIVE DIRECTOR	50.00 ..... 0.00			X				86,254	0	11,559
(2) LORI CASZATT ..... VICE PRESIDENT	0.00 ..... 0.00	X		X				0	0	0
(3) SUSAN FASSO ..... SECRETARY	0.00 ..... 0.00	X		X				0	0	0
(4) RICHARD HARMON ..... PRESIDENT	0.00 ..... 0.00	X		X				0	0	0
(5) KARIN HENSCHERL ..... TRUSTEE	0.00 ..... 0.00	X						0	0	0
(6) KA-PI HOH ..... TRUSTEE	0.00 ..... 0.00	X						0	0	0
(7) JENNIFER MCCARTHY ..... TRUSTEE	0.00 ..... 0.00	X						0	0	0
(8) LAURA PIZMOHT ..... INTERIM TREASURER	0.00 ..... 0.00	X		X				0	0	0
(9) DAWN PLANTE ..... VICE PRESIDENT	0.00 ..... 0.00	X		X				0	0	0
(10) .....										
(11) .....										

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

(A) Name and title	(B) Average hours per week 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			
<b>1b Subtotal</b>							<b>86,254</b>		<b>11,559</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>86,254</b>		<b>11,559</b>	

**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 **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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 **u 0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	545,558				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	545,558				
	<b>Program Service Revenue</b>	<b>2a</b> ADOPTIONS	Business Code	900099	156,733	156,733	
<b>b</b> PET SHOP			900099	31,893	31,893		
<b>c</b> CAGE SPONSORSHIP			900099	9,530	9,530		
<b>d</b> OTHER INCOME			900099	2,131	2,131		
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	200,287				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	39,110			39,110	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,137			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>	1,137				
<b>d</b> Net gain or (loss)	<b>u</b>	1,137	1,137				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		230,925				
		<b>b</b> Less: direct expenses	<b>8b</b>	42,611			
		<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	188,314			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		192,379				
		<b>b</b> Less: direct expenses	<b>9b</b>	130,569			
		<b>c</b> Net income or (loss) from gaming activities	<b>u</b>	61,810		61,810	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	1,036,216	201,424	61,810	39,110		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>86,254</b>	<b>51,752</b>	<b>17,251</b>	<b>17,251</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>481,887</b>	<b>376,172</b>	<b>59,706</b>	<b>46,009</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>45,224</b>	<b>23,547</b>	<b>18,146</b>	<b>3,531</b>
<b>10</b> Payroll taxes	<b>46,887</b>	<b>29,679</b>	<b>13,953</b>	<b>3,255</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>13,319</b>	<b>12,444</b>	<b>875</b>	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>5,296</b>		<b>5,296</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>141,458</b>	<b>140,258</b>		<b>1,200</b>
<b>13</b> Office expenses	<b>43,437</b>	<b>23,945</b>	<b>14,311</b>	<b>5,181</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>83,940</b>	<b>70,254</b>	<b>8,737</b>	<b>4,949</b>
<b>17</b> Travel	<b>9,352</b>	<b>5,500</b>	<b>1,053</b>	<b>2,799</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>313</b>	<b>79</b>	<b>234</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>13,311</b>	<b>13,311</b>		
<b>23</b> Insurance	<b>6,584</b>		<b>6,584</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES</b>	<b>109,441</b>	<b>109,188</b>	<b>170</b>	<b>83</b>
<b>b</b> <b>SUBCONTRACTOR</b>	<b>47,248</b>	<b>17,738</b>	<b>1,600</b>	<b>27,910</b>
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	<b>11,410</b>	<b>1,972</b>	<b>4,152</b>	<b>5,286</b>
<b>d</b> <b>MERCHANT FEES</b>	<b>6,065</b>	<b>190</b>		<b>5,875</b>
<b>e</b> All other expenses	<b>14,191</b>	<b>10,506</b>	<b>3,174</b>	<b>511</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>1,165,617</b>	<b>886,535</b>	<b>155,242</b>	<b>123,840</b>
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	1,051,578	1	267,758
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,114	4	1,382
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,979	8	976
	9	Prepaid expenses and deferred charges	191	9	964
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	271,246		
	10b	Less: accumulated depreciation	191,124	10c	80,122
	11	Investments—publicly traded securities	981,088	11	1,870,285
	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	23,460	15	23,460
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,147,367	16	2,244,947	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	63,722	17	106,861
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,482	25	14,865
	26	<b>Total liabilities.</b> Add lines 17 through 25	78,204	26	121,726
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,074,537	27	943,284
	28	Net assets with donor restrictions	994,626	28	1,179,937
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	2,069,163	32	2,123,221	
33	<b>Total liabilities and net assets/fund balances</b>	2,147,367	33	2,244,947	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,036,216</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,165,617</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-129,401</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,069,163</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>183,459</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,123,221</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://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)						
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 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

Table with 2 columns: Line number, Percentage. Rows: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	587,475	928,788	566,343	1,449,948	545,558	4,078,112
<b>2</b> 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	256,550	203,189	282,923	380,706	431,212	1,554,580
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	13,206	24,016	10,916	20,266	31,893	100,297
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	857,231	1,155,993	860,182	1,850,920	1,008,663	5,732,989
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5,732,989

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	857,231	1,155,993	860,182	1,850,920	1,008,663	5,732,989
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,604	36,061	19,135	24,569	39,110	175,479
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	56,604	36,061	19,135	24,569	39,110	175,479
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	913,835	1,192,054	879,317	1,875,489	1,047,773	5,908,468
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	97.03 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	96.42 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	3 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	4 %

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 <b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

Name of the organization

Employer identification number

**LAKE HUMANE SOCIETY**

**34-1246277**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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	<b>GANLEY SUBARU OF WICKLIFFE</b> 28840 EUCLID AVE WICKLIFFE OH 44092	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>FATMAN'S INVASION</b> 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.)
3	<b>ROBERT YUSEK</b> 7960 STONEYBROOK LANE MENTOR OH 44060	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**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	969,176	1,053,230	908,883	838,283	900,281
b Contributions					
c Net investment earnings, gains, and losses	206,396	-79,100	151,094	80,519	-1,810
d Grants or scholarships					
e Other expenditures for facilities and programs	5,201	4,954	6,747	9,919	60,188
f Administrative expenses					
g End of year balance	1,170,371	969,176	1,053,230	908,883	838,283

- 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  79.00  %
  - c Term endowment  21.00  %
- 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 |     | X  |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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		221,246	191,124	30,122
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>80,122</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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) <b>ACCRUED PAYROLL</b>	<b>12,439</b>
(3) <b>ACCRUED EXPENSES</b>	<b>2,426</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 14,865</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,256,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	183,459	
	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	183,459	
3	Subtract line 2e from line 1		3	1,073,531
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,296	
	b Other (Describe in Part XIII.)	4b	-42,611	
	c Add lines 4a and 4b	4c	-37,315	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,036,216

**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	1,202,932
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	1,202,932
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,296	
	b Other (Describe in Part XIII.)	4b	-42,611	
	c Add lines 4a and 4b	4c	-37,315	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,165,617

**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 SOCIETY FOLLOWS THE PROVISIONS OF "ACCOUNTING FOR INCOME TAXES", WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN

**Part XIII Supplemental Information** (continued)

ENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE CERTAIN CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROVISIONS ALSO PROVIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2019.

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

FUNDRAISING EXPENSE \$ -42,611

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

FUNDRAISING EXPENSE \$ -42,611

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

U Attach to Form 990 or Form 990-EZ.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**LAKE HUMANE SOCIETY**

Employer identification number

**34-1246277**

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

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

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

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

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

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

**Total** ▶

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

.....

.....

.....

.....

.....

**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 (add col. (a) through col. (c))	
Revenue		<u>BLACK CAT BALL</u> (event type)	<u>MUTT STRUTT</u> (event type)	<u>8</u> (total number)		
	1	Gross receipts	64,903	39,802	126,220	230,925
	2	Less: Contributions				
Direct Expenses	3	Gross income (line 1 minus line 2)	64,903	39,802	126,220	230,925
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	19,124	2,250	4,775	26,149
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,477	5,373	8,612	16,462
	10	Direct expense summary. Add lines 4 through 9 in column (d)				42,611
	11	Net income summary. Subtract line 10 from line 3, column (d)				188,314

**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	192,379		192,379	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		130,569		130,569
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			130,569	
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			61,810	

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

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

b If "No," explain:  
.....  
.....

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

b If "Yes," explain:  
.....  
.....

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name **u** LEE NESLER  
 7564 TYLER BLVD  
 Address **u** 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 **u** \$ 192,379 and the amount of gaming revenue retained by the third party **u** \$ 66,083
- c If "Yes," enter name and address of the third party:

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

16 Gaming manager information:

Name **u** LEE NESLER  
 Gaming manager compensation **u** \$  
 Description of services provided **u** 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 **u** \$

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**LAKE HUMANE SOCIETY**

Employer identification number

**34-1246277**

**FORM 990 - ORGANIZATION'S MISSION**

**MISSION:**

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

**VISION:**

**LEADING AND GUIDING A HUMANE LAKE COUNTY**

**CORE VALUES:**

**COMPASSION FOR PETS AND PEOPLE.**

**ENGAGEMENT THROUGH INNOVATIVE PROGRAMS, PARTNERSHIPS AND ADOPTIONS.**

**PROTECTION FOR THE VOICELESS ANIMALS THAT NEED HELP.**

**EDUCATION TO BUILD SAFE AND INFORMED COMMUNITY FOR PEOPLE AND PETS**

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

**FORM 990, PART III - ADDITIONAL INFORMATION**

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

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

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

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

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

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

**NEW HOME.**

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

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

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

Name of the organization

LAKE HUMANE SOCIETY

Employer identification number

34-1246277

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

EDUCATIONS PLAYS A LARGE ROLE IN HOW CHILDREN INTERACT AND RELATE TO PETS.

SINCE THE HUMAN ANIMAL BOND IS STRONG CHILDREN NEED TO LEARN HOW TO STAY

SAFE WITH PETS THEY DO NOT KNOW. LHS PROVIDES FREE DOG BITE PREVENTION

PROGRAMS AND PET CARE PROGRAMS TO REINFORCE SAFE INTERACTIONS FOR OVER

1,600 YOUNG COMMUNITY MEMBERS ANNUALLY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ANIMAL HUSBANDRY AND PET ADOPTION:

LAKE HUMANE SOCIETY PROVIDES A GENTLE AND CARING HAVEN FOR OVER 1,700

HOMELESS, ABANDONED, AND INJURED ANIMALS OF LAKE COUNTY AND THE SURROUNDING

COMMUNITIES ANNUALLY. NOT ONLY DOES LHS PROVIDE CARE FOR CATS AND DOGS, BUT

THE ORGANIZATION ALSO CARES FOR, DEFENDS, REHABILITATES, AND REHOMES

RABBITS, CHICKENS, POCKET PETS, AND OTHER DOMESTIC ANIMALS. SPECIAL CARE IS

USED WITH THE ANIMALS THAT ARE SEIZED FROM THEIR OWNERS AND LACK THE SOCIAL

SKILLS AND TRAINING TO FEEL COMFORTABLE IN A NEW HOME. TIME IS NOT AN ISSUE

FOR OUR COMPASSION AND KINDNESS FOR THESE FRAGILE ANIMALS.

LAKE HUMANE SOCIETY PRIDES ITSELF ON GIVING ANIMALS THE TIME AND ATTENTION

THEY NEED TO BE ADOPTED. IN 2019 WE PLACED 1,550 ANIMALS IN ADOPTIVE HOMES,

TRANSFERRED 25 ANIMALS TO OTHER SHELTERS FOR ADOPTION AND REUNITED 34

ANIMALS WITH THEIR FAMILY.

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

SHELTER MEDICINE:

LAKE HUMANE SOCIETY RUNS AN ON-SITE CLINIC TO PROVIDE MEDICAL CARE AND

TREATMENT TO PETS IN OUR COLLECTION. EACH ANIMAL RECEIVED CARE FROM OUR



Name of the organization

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ON-SITE ANIMAL CARE CLINIC WHICH PROVIDES PREVENTATIVE MEDICAL CARE AND EMERGENT TREATMENT TO PETS RELINQUISHED BY OUT COUNTY RESIDENTS. LHS GAVE 4,157 VACCINES TO THE PETS IN OUR CARE TO PROMOTE SAFELY AND DISEASE PREVENTION WITHIN OUR COMMUNITY; OUR VETERINARIANS PROVIDED SURGERY ON 851 ANIMALS INCLUDING SPAY/NEUTER FOR ALL CATS, DOGS AND RABBITS TO CONTROL PET OVERPOPULATION AND MICROCHIPS FOR ADOPTABLE PETS TO ENSURE THEY ARE RETURNED TO THEIR FAMILY IF EVER LOST. IN ADDITION TO THIS "STANDARD" MEDICAL CARE, LHS ALSO HELPS PETS IN NEED OF MEDICAL TREATMENT, SURGERIES, AND MEDICATION. EACH ANIMAL IS AN INDIVIDUAL, AND THEIR MEDICAL TREATMENT IS PERSONALIZED TO SUIT THEIR CONDITION AND STAGE IN LIFE. TO ASSIST OUR COMMUNITY LHS ALSO OFFERS AND AFTER HOURS HOTLINE TO HELP GOOD SAMARITANS AND OUR LOCAL POLICE WHO HAVE FOUND ABANDONDED OR INJURED ANIMALS IN NEED OF IMMEDIATE ASSISTANCE.

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

HUMANE INVESTIGATION:

LAKE HUMANE SOCIETY PROVIDES PROTECTION TO THE COMPANION ANIMALS OF LAKE COUNTY THROUGH THEIR HUMANE INVESTIGATIONS DEPARTMENT. LHS EMPLOYS THE ONLY HUMANE AGENT IN THE COUNTY, WHO IS APPOINTED BY THE LAKE COUNTY PROBATE COURT. THE LAKE HUMANE SOCIETY INVESTIGATED OVER 290 REPORTS OF SUSPECTED ANIMAL ABUSE, NEGLECT AND CRUELTY IN 2019 WHICH RESULTED IN 102 ANIMALS BEING IMPOUNDED AND 5 ANIMAL CRUELTY CONVICTIONS. POST CONVICTIONS FOLLOW UP VISITS ARE NECESSARY TO ENSURE THAT THE INDIVIDUAL CONVICTED IS FOLLOWING THE COURT'S MANDATE WHICH PREVENTS ANY FUTURE ANIMALS FROM BEING HARMED. ANIMAL'S WHICH SUFFER FROM ABUSE AND NEGLECT ARE SOME OF THE MOST FRAGILE ANIMALS WE RECIEVE. SPECIAL CARE IS USED WITH THE ANIMALS THAT ARE SEIZED FROM THEIR OWNERS, THESE PETS RESIDE AT THE SHELTER THE LONGEST AND

Name of the organization

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LAKE HUMANE SOCIETY

34-1246277

NEED BOTH MEDICAL AND BEHAVIORAL SUPPORT PRIOR TO ADOPTION. MANY IMPOUNDED PETS HAVE CARE THAT EXCEED \$2,000 PER ANIMAL. TIME IS NOT AN ISSUE FOR OUR COMPASSION AND KINDNESS FOR THESE FRAGILE ANIMALS. IMPOUNDED ANIMALS RECEIVE ALL OF THE SUPPORT THEY NEED TO RECOVER FROM THEIR PREVIOUS ABUSE OR NEGLECT.

**VOLUNTEER PROGRAM:**

LAKE HUMANE SOCIETY RELIES ON DEDICATED VOLUNTEERS TO HELP MAKE THE MISSION COME TO LIFE. WITH A LIMITED STAFF, THE ORGANIZATION TURNS TO VOLUNTEERS TO ASSIST WITH ANIMAL CARE, ENRICHMENT, CUSTOMER SERVICE, OFF-SITE EVENTS, CLERICAL DUTIES, AND MORE. THE VOLUNTEER PROGRAM AT LHS PROVIDES 487 ANIMAL LOVERS WHO DONATED 23,598 HOURS WITH THE REWARDING OPPORTUNITY TO HELP HOMELESS PETS IN NEED RIGHT HERE IN THEIR VERY OWN COMMUNITY. FOSTER FAMILIES OPEN THEIR HEARTS AND THEIR HOMES TO ANIMALS IN NEED OF PERSONALIZED CARE. OVER 1,182 CRITICAL CARE ANIMALS RECEIVED AROUND THE CLOCK CARE FROM FOSTER HOMES, INCLUDING 572 INFANT KITTENS AND 115 PUPPIES.

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 INTEREST BECOMES A MATTER OF BOARD ACTION.

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

Name of the organization

Employer identification number

LAKE HUMANE SOCIETY

34-1246277

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

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

THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI - ADDITIONAL INFORMATION

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

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

FUNDRAISING EXPENSE	\$ 42,611
FUNDRAISING EXPENSE	\$ -42,611

Form **990-T**

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

Open to Public Inspection for  
501(c)(3) Organizations Only

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

<input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B Exempt under section</b> <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> <b>LAKE HUMANE SOCIETY</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>7564 TYLER BLVD BLDG E</b> City or town, state or province, country, and ZIP or foreign postal code <b>MENTOR OH 44060</b>	<b>34-1246277</b> <b>E Unrelated business activity code</b> (See instructions.) <b>713200</b>
<b>C Book value of all assets at end of year</b> <b>2,244,947</b>	<b>F Group exemption number (See instructions.)</b> <b>u</b>	
	<b>G Check organization type</b> <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here  
**u PULL TAB BINGO**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **u ALICIA SMYCHYNSKY** Telephone number **u 440-951-6122**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	<u>192,379</u>			
<b>b</b> Less returns and allowances				
<b>c</b> Balance	<b>u</b>	<b>1c</b> <u>192,379</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>192,379</u>		<b>192,379</b>
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <u>192,379</u>		<b>192,379</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>	<b>0</b>
<b>22</b> Depletion		<b>22</b>	
<b>23</b> Contributions to deferred compensation plans		<b>23</b>	
<b>24</b> Employee benefit programs		<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>SEE STATEMENT 1</b>	<b>27</b>	<b>192,379</b>
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>	<b>192,379</b>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	

**Part III Total Unrelated Business Taxable income**

<b>32</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>32</b>	
<b>33</b>	Amounts paid for disallowed fringes	<b>33</b>	
<b>34</b>	Charitable contributions (see instructions for limitation rules)	<b>34</b>	
<b>35</b>	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	<b>35</b>	
<b>36</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>36</b>	
<b>37</b>	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<b>37</b>	<b>0</b>
<b>38</b>	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<b>38</b>	<b>1,000</b>
<b>39</b>	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	<b>39</b>	<b>0</b>

**Part IV Tax Computation**

<b>40</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	<b>40</b>	
<b>41</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>41</b>	
<b>42</b>	<b>Proxy tax.</b> See instructions	<b>42</b>	
<b>43</b>	Alternative minimum tax (trusts only)	<b>43</b>	
<b>44</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>44</b>	
<b>45</b>	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<b>45</b>	<b>0</b>

**Part V Tax and Payments**

<b>46a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>46a</b>	
<b>b</b>	Other credits (see instructions)	<b>46b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>46c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>46d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 46a through 46d	<b>46e</b>	
<b>47</b>	Subtract line 46e from line 45	<b>47</b>	
<b>48</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>48</b>	
<b>49</b>	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	<b>49</b>	<b>0</b>
<b>50</b>	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	<b>50</b>	
<b>51a</b>	Payments: A 2018 overpayment credited to 2019	<b>51a</b>	
<b>b</b>	2019 estimated tax payments	<b>51b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>51c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>51d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>51e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>51f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>51g</b>	
<b>52</b>	<b>Total payments.</b> Add lines 51a through 51g	<b>52</b>	
<b>53</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed <b>u</b>	<b>54</b>	<b>0</b>
<b>55</b>	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid <b>u</b>	<b>55</b>	
<b>56</b>	Enter the amount of line 55 you want: Credited to 2020 estimated tax <b>u</b> Refunded <b>u</b>	<b>56</b>	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>57</b>	At any time during the 2019 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 <b>u</b>	Yes	No
<b>58</b>	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.		<b>X</b>
<b>59</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

**u** \_\_\_\_\_ **u** **PRESIDENT**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  
 Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPH R. MICHALSKI CPA</b>	Preparer's signature <b>JOSEPH R. MICHALSKI CPA</b>	Date <b>01/06/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00738093</b>
	Firm's name } <b>NMS, INC.</b>	Firm's EIN } <b>34-1909930</b>			
	Firm's address } <b>8383 MENTOR AVENUE MENTOR, OH 44060</b>	Phone no. <b>440-286-5222</b>			

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

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

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

(see instructions)

**1. Description of property**

(1) <b>N/A</b>
(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)		
<b>Total</b>	<b>Total</b>	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**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) <b>N/A</b>				
(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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) <b>N/A</b>					
(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).
<b>Totals</b> .....			<b>u</b>	

**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) <b>N/A</b>				
(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).
<b>Totals</b> .....		<b>u</b>		

**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) <b>N/A</b>						
(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 25.
<b>Totals</b> .....		<b>u</b>			

**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) <b>N/A</b>						
(2)						
(3)						
(4)						

<b>Totals</b> (carry to Part II, line (5)) ..		<b>u</b>				
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**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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ..... <b>u</b>						
	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 26.
<b>Totals, Part II (lines 1-5)</b> ..... <b>u</b>						

**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) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>



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

<u>Description</u>	<u>Amount</u>
LAWFUL OPERATING EXEPENSES	\$ 61,810
OTHER DIRECT FUNDRAISING/GAMING	<u>130,569</u>
TOTAL	<u>\$ 192,379</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2019</b>
For calendar year 2019, 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))
		<u>PUP CRAWL</u> <small>(event type)</small>	<u>RESCUE ROCK OFF</u> <small>(event type)</small>	<u>ALL OTHER 1</u> <small>(event type)</small>	
Revenue	1 Gross receipts	30,339	19,342	13,801	126,220
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	30,339	19,342	13,801	126,220
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		4,775		4,775
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	5,816	1,181	188	8,612

**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2019**

For calendar year 2019, 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))
		<u>ALL OTHER 2</u> (event type)	<u>ALL OTHER 3</u> (event type)	<u>ALL OTHER 4</u> (event type)	
Revenue	1 Gross receipts	13,801	13,801	13,801	
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,801	13,801	13,801	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	188	188	188	

**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2019**

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

**LAKE HUMANE SOCIETY****34-1246277**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>ALL OTHER 5</u> (event type)	<u>WOOF WAG WINE</u> (event type)	_____ (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	13,801	7,534		
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,801	7,534		
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	188	675		

Form <b>990</b>		<b>Two Year Comparison Report</b>			<b>2018 &amp; 2019</b>
Name		For calendar year 2019, or tax year beginning			, ending
Taxpayer Identification Number					
<b>LAKE HUMANE SOCIETY</b>		<b>34-1246277</b>			
			<b>2018</b>	<b>2019</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>1,449,948</b>	<b>545,558</b>	<b>-904,390</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	<b>163,874</b>	<b>200,287</b>	<b>36,413</b>
	5. Investment income	5.	<b>24,569</b>	<b>39,110</b>	<b>14,541</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	<b>3,938</b>	<b>1,137</b>	<b>-2,801</b>
	8. Net income or (loss) from fundraising events	8.	<b>176,855</b>	<b>188,314</b>	<b>11,459</b>
	9. Net income or (loss) from gaming	9.	<b>56,364</b>	<b>61,810</b>	<b>5,446</b>
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. <b>Total revenue.</b> Add lines 1 through 11	12.	<b>1,875,548</b>	<b>1,036,216</b>	<b>-839,332</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>76,561</b>	<b>86,254</b>	<b>9,693</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>571,848</b>	<b>573,998</b>	<b>2,150</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>17,411</b>	<b>18,615</b>	<b>1,204</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>81,180</b>	<b>83,940</b>	<b>2,760</b>
	20. Depreciation and Depletion	20.	<b>4,980</b>	<b>13,311</b>	<b>8,331</b>
	21. Other expenses	21.	<b>365,983</b>	<b>389,499</b>	<b>23,516</b>
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	<b>1,117,963</b>	<b>1,165,617</b>	<b>47,654</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	<b>757,585</b>	<b>-129,401</b>	<b>-886,986</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>1,875,548</b>	<b>1,036,216</b>	<b>-839,332</b>
	25. Total unrelated revenue	25.	<b>56,364</b>	<b>61,810</b>	<b>5,446</b>
	26. Total excludable revenue	26.	<b>192,381</b>	<b>240,534</b>	<b>48,153</b>
	27. Total assets	27.	<b>2,147,367</b>	<b>2,244,947</b>	<b>97,580</b>
	28. Total liabilities	28.	<b>78,204</b>	<b>121,726</b>	<b>43,522</b>
	29. Retained earnings	29.	<b>2,069,163</b>	<b>2,123,221</b>	<b>54,058</b>
	30. Number of voting members of governing body	30.	<b>9</b>	<b>8</b>	
31. Number of independent voting members of governing body	31.	<b>9</b>	<b>8</b>		
32. Number of employees	32.	<b>30</b>	<b>27</b>		
33. Number of volunteers	33.	<b>432</b>	<b>229</b>		

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

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

		2018	2019	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	165,813	192,379	26,566
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rent income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Income from controlled organizations (net of expense)			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>165,813</b>	<b>192,379</b>	<b>26,566</b>
<b>Expenses</b>	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	165,813	192,379	26,566
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>165,813</b>	<b>192,379</b>	<b>26,566</b>
	<b>24. Net income (990T/first activity);</b> Subtract line 23 from 11			
	25. Number of unrelated business activities for this return	1	1	
<b>Tax &amp; Credits</b>	26. Unrelated business taxable income from all trades			
	27. Disallowed employee fringe benefits			
	28. Charitable contributions			
	<b>29. Taxable income before NOL loss</b>			
	30. Net operating loss (pre-2018)			
	31. Specific deduction	1,000	1,000	
	<b>32. Unrelated business taxable income.</b>			
	33. Income tax (corporate or trust)			
	34. Proxy tax			
	35. Other taxes			
<b>36. Total taxes</b>				
37. Other credits				
38. General business credit				
39. Credit for prior year minimum tax				
<b>40. Total credits</b>				
<b>41. Net tax after credits</b>				
42. Recapture taxes and 965 tax				
<b>43. Total Taxes</b>				
<b>Due/Refund</b>	44. Prior year overpayment and estimated tax payments			
	45. Payment made with extension			
	46. Backup withholding and foreign withholding			
	47. Other payments			
	<b>48. Total payments</b>			
	<b>49. Balance due/(Overpayment)</b>			
	50. Overpayment applied to next year			
	51. Penalties			
	<b>52. Total due/(Refund)</b>			

Form <b>SchM</b>	<b>Two Year Comparison for Unrelated Business Activity</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		
Organization Name <b>LAKE HUMANE SOCIETY</b>		Taxpayer Identification Number <b>34-1246277</b>

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

		2018	2019	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Gross profit/loss on business activities .....	1. <b>165,813</b>	<b>192,379</b>	<b>26,566</b>
	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.		
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11. 165,813</b>	<b>192,379</b>	<b>26,566</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	12. Compensation of officers, directors, and trustees .....	12.		
	13. Other salaries and wages .....	13.		
	14. Repairs and maintenance .....	14.		
	15. Bad debts .....	15.		
	16. Interest .....	16.		
	17. Taxes and licenses .....	17.		
	18. Depreciation and Depletion .....	18.		
	19. Contributions to deferred compensation plans .....	19.		
	20. Employee benefit programs .....	20.		
	21. Other deductions .....	21. <b>165,813</b>	<b>192,379</b>	<b>26,566</b>
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22. 165,813</b>	<b>192,379</b>	<b>26,566</b>
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	23.		
	24. Deductible losses .....	24.		
	<b>25. Unrelated business taxable income (loss)</b>	25.		

Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
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Name <b>LAKE HUMANE SOCIETY</b>	Employer Identification Number <b>34-1246277</b>
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	587,475	928,788	566,343	1,449,948	545,558	
Membership dues						
Program service revenue	104,319	99,663	95,556	163,874	200,287	
Capital gain or loss	7,010		322,340	3,938	1,137	
Investment income	56,604	36,061	19,135	24,569	39,110	
Fundraising revenue (income/loss)	107,586	61,723	145,404	176,855	188,314	
Gaming revenue (income/loss)	60,801	70,528	63,221	56,364	61,810	
Other revenue						
<b>Total revenue</b>	<b>923,795</b>	<b>1,196,763</b>	<b>1,211,999</b>	<b>1,875,548</b>	<b>1,036,216</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	40,052	74,179	77,605	76,561	86,254	
Other compensation	429,580	435,472	554,641	571,848	573,998	
Professional fees	26,494	23,937	45,893	17,411	18,615	
Occupancy costs	80,722	79,790	87,492	81,180	83,940	
Depreciation and depletion	9,445	8,834	6,882	4,980	13,311	
Other expenses	202,918	265,227	366,888	365,983	389,499	
<b>Total expenses</b>	<b>789,211</b>	<b>887,439</b>	<b>1,139,401</b>	<b>1,117,963</b>	<b>1,165,617</b>	
<b>Excess or (Deficit)</b>	<b>134,584</b>	<b>309,324</b>	<b>72,598</b>	<b>757,585</b>	<b>-129,401</b>	
<b>Total exempt revenue</b>	<b>923,795</b>	<b>1,196,763</b>	<b>1,211,999</b>	<b>1,875,548</b>	<b>1,036,216</b>	
Total unrelated revenue	60,801	70,528	63,221	56,364	61,810	
Total excludable revenue	167,933	135,724	437,031	192,381	240,534	
Total Assets	1,227,085	1,596,079	1,570,886	2,147,367	2,244,947	
Total Liabilities	47,827	60,301	151,221	78,204	121,726	
Net Fund Balances	1,179,258	1,535,778	1,419,665	2,069,163	2,123,221	

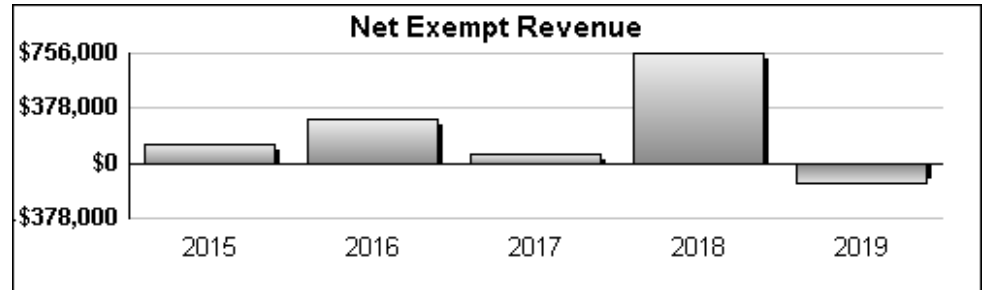
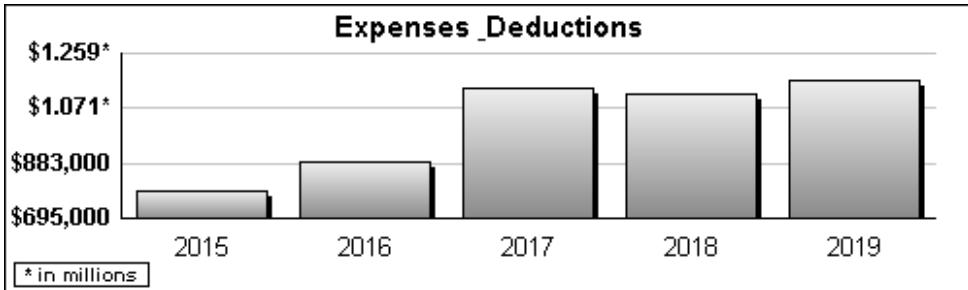
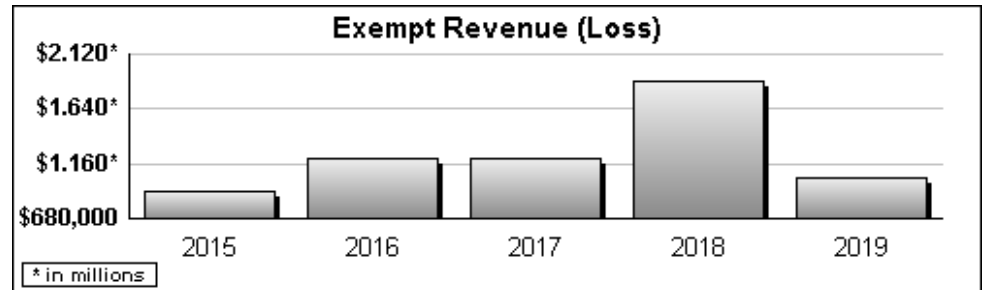
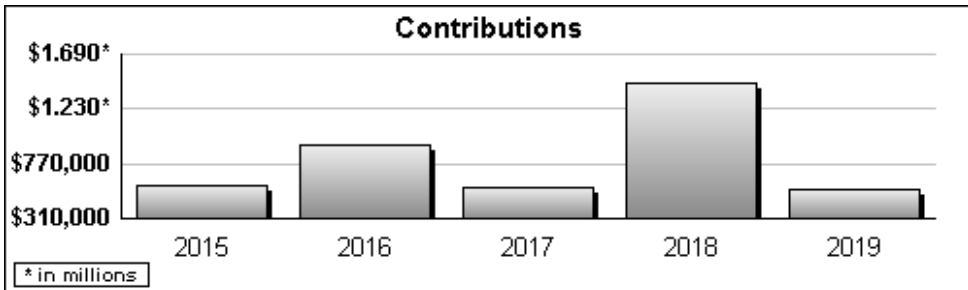


Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
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Name <b>LAKE HUMANE SOCIETY</b>	Employer Identification Number <b>34-1246277</b>
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\* Income shown net of expenses

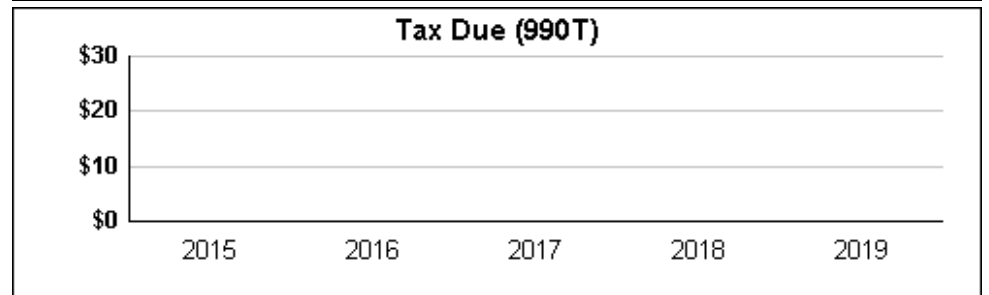
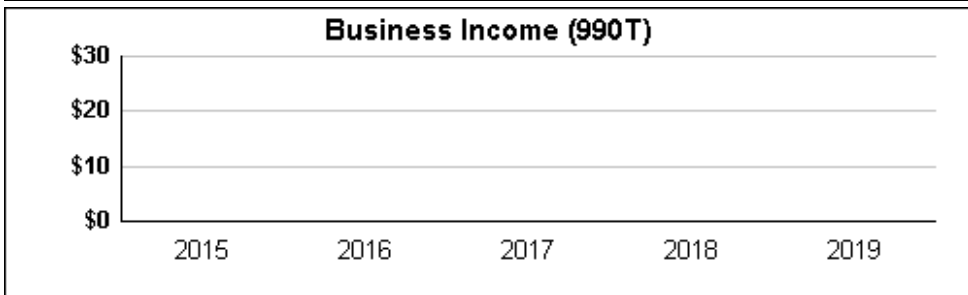
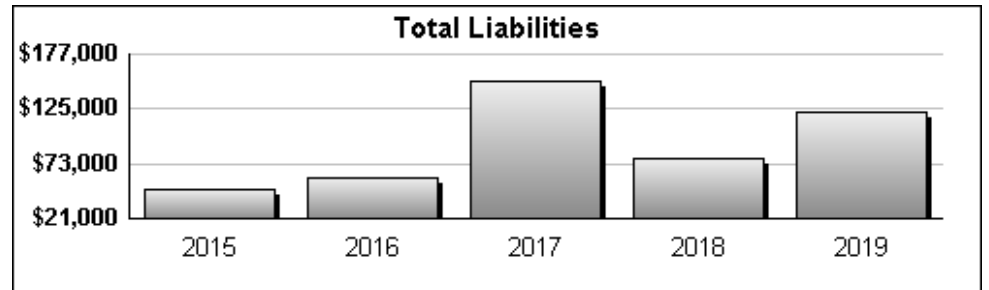
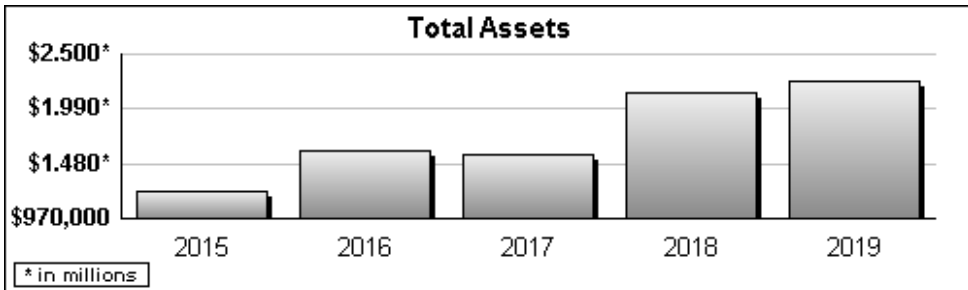
	2015	2016	2017	2018	2019	2020
Business activity profit/loss	<b>152,072</b>	<b>184,231</b>	<b>191,263</b>	<b>165,813</b>	<b>192,379</b>	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>	<b>152,072</b>	<b>184,231</b>	<b>191,263</b>	<b>165,813</b>	<b>192,379</b>	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
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Name <b>LAKE HUMANE SOCIETY</b>	Employer Identification Number <b>34-1246277</b>
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	2015	2016	2017	2018	2019	2020
Other deductions .....	152,072	184,231	191,263	165,813	192,379	
Net income (990T/first activity)						
UBTI from all trades .....	0	0	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction .....	1,000	1,000	1,000	1,000	1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit						
Other credits .....						
<b>Net tax after credits</b>						
Estimated tax payments						
Other payments						
<b>Balance due/Overpayment</b> .....						



**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 39,110		14			
	TOTAL	\$ <u>39,110</u>					

34-1246277

**Federal Statements**

FYE: 12/31/2019

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PETSHOP	\$ 5,816	\$ 5,329		\$ 487
MAINTENANCE AND REPAIRS	3,424	2,642	782	
VEHICLE EXPENSE	3,192	2,407	761	24
OTHER EXPENSE	1,711	128	1,583	
REAL ESTATE TAX	48		48	
TOTAL	<u>\$ 14,191</u>	<u>\$ 10,506</u>	<u>\$ 3,174</u>	<u>\$ 511</u>

34-1246277

**Federal Statements**

FYE: 12/31/2019

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

<u>Description</u>	<u>Amount</u>
DONATIONS	\$ 485,958
GRANTS	14,600
GANLEY SUBARU OF WICKLIFFE	
CASH CONTRIBUTION	18,000
FATMAN'S INVASION	
CASH CONTRIBUTION	15,000
ROBERT YUSEK	
CASH CONTRIBUTION	12,000
TOTAL	<u>\$ 545,558</u>

**Schedule A, Part III, Line 2(e)**

<u>Description</u>	<u>Amount</u>
ADOPTIONS	\$ 156,733
PET SHOP	31,893
CAGE SPONSORSHIP	9,530
OTHER INCOME	2,131
OTHER INCOME	
BLACK CAT BALL	64,903
MUTT STRUTT	39,802
ALL OTHER 1	13,801
ALL OTHER 2	13,801
ALL OTHER 3	13,801
RESCUE ROCK OFF	19,342
WOOF WAG WINE	7,534
PUP CRAWL	30,339
ALL OTHER 4	13,801
ALL OTHER 5	13,801
TOTAL	<u>\$ 431,212</u>

# Federal Statements

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

Description		Amount
INVESTMENT	INCOME	\$ 39,110
TOTAL		\$ 39,110

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

<u>Description</u>	<u>Amount</u>
SUPPLIES & MEDICATIONS	\$ 222
MERCHANT FEES	1,202
PRINTING	548
SUBCONTRACTORS	250
MARKETING	226
POSTAGE	29
TOTAL	\$ <u>2,477</u>

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

<u>Description</u>	<u>Amount</u>
MARKETING	\$ 1,031
MERCHANT FEES	670
POSTAGE EXPENSE	125
PRINTING	53
SUPPLIES & MEDICATION	804
VEHICLE EXPENSE	
WEBSITE & TECHNOLOGY	
SUBCONTRACTORS	225
MEALS & ENTERTAINMENT	100
TOTAL	\$ <u>3,008</u>



# Federal Statements

## ALL OTHER 1

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>137</u>
TOTAL	\$ <u><u>137</u></u>

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

<u>Description</u>	<u>Amount</u>
DUES	\$ 1,736
POSTAGE	
INTEREST	
PROFESSIONAL	
BINGO EXPENSE	128,825
BANK CHARGES	<u>8</u>
TOTAL	\$ <u><u>130,569</u></u>

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

<u>Description</u>	<u>Amount</u>
MARKETING	\$ 181
MERCHANT FEES	333
PRINTING	53
SUPPLIES & MEDICATIONS	204
POSTAGE	29
TOTAL	\$ <u>800</u>

**Federal Statements****WOOF WAG WINE****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
MARKETING	\$ 81
SUPPLIES AND MEDICATIONS	119
MERCHANT FEES	128
VEHICLE EXPENSE	
POSTAGE	29
TOTAL	\$ <u>357</u>

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

<u>Description</u>	<u>Amount</u>
MARKETING	\$ 181
SUPPLIES & MEDICATIONS	167
PROFESSIONAL - LEGAL/ACCT	90
MERCHANT FEES	725
POSTAGE	45
TOTAL	\$ <u>1,208</u>