Pub	lic [Disclosure	Cop	y	
EXTENDED	то	NOVEMBER	15,	2023	

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 .2 **Open to Public** . Inspection

		the Trea ue Servi	
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Form **990**

AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	c Name of organization		D Employer identific	ation number
	Addre	HUMANE SOCIETY OF SUMMIT COUNTY			
	Name			23-706074	44
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	 Final return			330-487-0	
	termir ated			G Gross receipts \$	14,101,781.
	Amen return			H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: DIANE JOHNSON-OWEN	S	for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1)	or 🚺 527	If "No," attach a	list. See instructions
J۷	Vebsi	te: WWW.SUMMITHUMANE.ORG		H(c) Group exemption	n number
		organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 1968 N	State of legal domicile: OH
Pa	nrt I	Summary			
¢,	1	Briefly describe the organization's mission or most significant activities:			PETS AND
Activities & Governance		PEOPLE BY CARING AND ADVOCATING FOR VULNE	RABLE	ANIMALS.	
erna	2	Check this box if the organization discontinued its operations or disposed	sed of more	than 25% of its net ass	
ove	3				16
ڻ ت	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
es 6	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			84
viti	6	Total number of volunteers (estimate if necessary)		6	258
(cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u>م</u>	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		3,996,012.	9,814,244.
ň	9	Program service revenue (Part VIII, line 2g)		202,897.	288,870.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		87,483.	144,588.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		427,414.	466,877.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,713,806.	10,714,579.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,565,021.	2,097,896.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		132,320.	132,189.
<u>e</u>		Total fundraising expenses (Part IX, column (D), line 25) 281,2	69.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,203,654.	1,646,744.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,900,995.	3,876,829.
	19	Revenue less expenses. Subtract line 18 from line 12		1,812,811.	6,837,750.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		6,400,249.	12,418,527.
Asse	21	Total liabilities (Part X, line 26)		520,236.	224,538.
Plet	22	Net assets or fund balances. Subtract line 21 from line 20		5,880,013.	12,193,989.
	nrt II	Signature Block			
Und	er pena		s and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			· · ·
				-	
Sig	า	Signature of officer		Date	
Her		DIANE JOHNSON-OWENS, PRESIDENT/CEO			

Type or print name and title		
Print/Type preparer's name	Preparer's signature Date	Check PTIN
BRIDGETTE MUGGE	BRIDGETTE MUGGE 11/	214/23 self-employed P00671418
Firm's name SIKICH LLP		Firm's EIN 36-3168081
Firm's address 274 WHITE POND DR	IVE	
AKRON, OH 44320-1	118	Phone no. (330)864-6661
RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2022)
	Print/Type preparer's name BRIDGETTE MUGGE Firm's name SIKICH LLP Firm's address 274 WHITE POND DR: AKRON, OH 44320-1 S discuss this return with the preparer shown abo	Print/Type preparer's name Preparer's signature Date BRIDGETTE MUGGE BRIDGETTE MUGGE 11 / Firm's name SIKICH LLP Firm's address 274 WHITE POND DRIVE AKRON, OH 44320-1118 IS discuss this return with the preparer shown above? See instructions

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4	
•	HUMANE SOCIETY OF SUMMIT COUNTY SERVES OUR COMMUNITY BY CARING AND
	ADVOCATING FOR VULNERABLE ANIMALS AND ENRICHING THE LIVES OF PETS AND
2	Did the organization undertake any significant program services during the year which were not listed on the
。	
3	
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	
	SINCE 1968, THE HUMANE SOCIETY OF SUMMIT COUNTY (HSSC) HAS BEEN THE
	TRUSTED CARETAKER AND ADVOCATE FOR THEIR COMMUNITY'S VICTIMS OF ANIMAL
	ABUSE, NEGLECT, ABANDONMENT, AND STRAY ANIMALS SUFFERING FROM ILLNESS
	AND INJURY. THE ORGANIZATION EMPLOYS TWO FULL-TIME HUMANE OFFICERS WHO
	RESPOND TO EMERGENCY CALLS, INVESTIGATE ANIMAL CRUELTY, AND, AS
	WARRANTED, PROSECUTE OFFENDERS. HSSC PROTECTS AND CARES FOR THEIR
	COMMUNITY'S DISCARDED, ABUSED, AND FORGOTTEN ANIMALS. WE STRIVE EVERY
	DAY TO REHABILITATE OUR RESCUED ANIMALS, FIND THEM GREAT HOMES, AND
	PROVIDE THEM WITH BRIGHT FUTURES.
	ONCE AN ANIMAL HAS BEEN RESCUED, NOT ONLY DO THEY RECEIVE SHELTER,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4-	
4 e	Total program service expenses 5,301,295. Form 990 (202
0000-	CEE COUEDULE O FOR CONMINUMMION (C)
32002	
	•
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: HUMANE SOCIETY OF SUMMIT COUNTY SERVES OUR CC ADVOCATING FOR VULNERABLE ANIMALS AND ENRICH: PEOPLE 2 Did the organization undertake any significant program services during the year which w prior Form 990 or 990 E27 if 'Yes,' describe these new services on Schedule O. 3 Did the organization's program service accomplishments for each of its three larger Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service accomplishments for each of its three larger Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service accomplishments for Each of its three larger Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service accomplishments for each of its three larger Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service accomplishments for each of its three larger Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service accomplishments for each of its three larger Section 501(c)(3) and 501(c)(4) organizations program service accomplishments for each of its three larger Section 501(c)(3) and 501(c)(4) organizations program service accomplishments for each of the mount of grant accompliance of the diagonal diagonal diagonal diagonal diagonaccomplicatis diagonal diagonal dits diagonal diagonal d	

Form 990 (SOCIETY	OF	SUMMIT	COUNTY
Part IV	Checklist of	Required Sc	hedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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232003 12-13-22

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			- 23
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UL.		32		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	~	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	- 12-13-22 -	Form	990	(2022)
	5			

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Form	990 (2022) HUMANE SOCIETY OF SUMMIT COUNTY		23-7060	744	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs? .		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	cour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the pavor?	7a	Х	
			, ,	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
-	to file Form 8282?			7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization mer of If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
0				8		
9				0		
	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	•••••		9a 0h		<u> </u>
				9b		
10	Section 501(c)(7) organizations. Enter:	10-	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	1			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				17
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

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HUMANE SOCIETY OF SUMMIT COUNTY

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

Section A. Governing Body and Management

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X

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16	5		
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 16	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>	9		X
+C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
,	on Schedule O how this was done	12c	X	-
3 1	Did the organization have a written whistleblower policy?	<u>13</u> 14	X	
4 5	Did the organization have a written document retention and destruction policy?	14		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~		150	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	~~	X
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
ີາຂ	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
<i>.</i> u	taxable entity during the year?	16a		x
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure	1.00	1	
7	List the states with which a copy of this Form 990 is required to be filed OH			
3	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 onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	FRAN COSSIN - 330-487-0333			
	7996 DARROW ROAD, TWINSBURG, OH 44087			
	7996 DARROW ROAD, TWINSBURG, OH 44087			

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 the instructions for definition of "key employee."

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

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	vee vee	_	1039-1120)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANE JOHNSON-OWENS	40.00	_	_		-		-			
EXECUTIVE DIRECTOR	2.00			х				107,494.	Ο.	10,400.
(2) JUDY STEINER	5.00									
CHAIR		Х		Х				0.	0.	0.
(3) DIANE TREIER	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) MATTHEW BLEWITT	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) NICOLE BENDEN	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MEGAN BOBULA	5.00									
DIRECTOR		Х						0.	0.	0.
(7) CINDY BROWNING	5.00									-
DIRECTOR		Х						0.	0.	0.
(8) JOLEEN CICCHINELLI	5.00									-
DIRECTOR		Х						0.	0.	0.
(9) MARCEL CLOPTON	5.00									•
DIRECTOR		Х						0.	0.	0.
(10) STEVEN COX	5.00									•
DIRECTOR	2.00	Х						0.	0.	0.
(11) GARY GARDNER	5.00									•
DIRECTOR	5.00	X						0.	0.	0.
(12) AMY HELD	5.00								0	0
DIRECTOR	F 00	Х			<u> </u>			0.	0.	0.
(13) LISA HIBBS	5.00	37							0	0
DIRECTOR		Х						0.	0.	0.
(14) DAN REYNOLDS	5.00	77						0.	0	0
DIRECTOR	F 00	Х						0.	0.	0.
(15) JUDGE MARY F. SPICER	5.00	x						0.	0.	0
DIRECTOR (16) KATIE SUTTER	5.00	~			<u> </u>			0.	0.	0.
DIRECTOR	5.00	х						0.	0.	0.
(17) VALERIE WAWRIN	5.00	^						0.	0.	0.
(17) VALERIE WAWRIN DIRECTOR	5.00	x						0.	0.	0.
232007 12-13-22	I	1				1	I		0.	Form 990 (2022)

8

232007 12-13-22

Form 990 (2022)

	00 (2022) HUMANE SC	CIETY C)F	SU	MM	[IT	' C	OŬ	JNTY	23-70	<u>1607</u>	744	Page 8
Part V	II Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)			(F)
	Name and title	Average			Posi		า		Reportable	Reportable			mated
	Name and the	hours per					than o		-		_		
		week					s both pr/trust		compensation	compensation			ount of
		(list any	2						- from	from related			ther
		hours for	recto						the	organizations		•	ensation
		related	or di	e			ated		organization	(W-2/1099-MIS	0/		m the
			stee	truste			pens		(W-2/1099-MISC/	1099-NEC)		•	nization
		organizations	al tru	onal		loye	e com		1099-NEC)				related
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	izations
		line)	Ind	Ins	Offi	Key	Hig e m	Ŗ			$ \rightarrow $		
											\rightarrow		
											\rightarrow		
											\rightarrow		
			1										
											\rightarrow		
									100 404		-+	1.0	400
	ubtotal								107,494.		0.	10	,400.
c To	otal from continuation sheets to Part VI	I, Section A							0.		0.		0.
d To	otal (add lines 1b and 1c)								107,494.		0.	10	,400.
	otal number of individuals (including but n								eceived more than \$100	000 of reportable			
	ompensation from the organization						,		, , , , , , , , , , , , , , , , , , ,				1
													/es No
											Г		
3 Di	d the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
lir	ne 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 Fo	or any individual listed on line 1a, is the su	im of reportabl	е со	mpe	nsat	tion	and	oth	ner compensation from the	ne organization			
ar	nd related organizations greater than \$150),000? If "Yes.	" со	mple	ete S	Sche	dule	Jf	for such individual			4	X
5 Di	d any person listed on line 1a receive or a	accrue compen	sati	on fr	om	anv	unre	late	ed organization or individ	lual for services			
	ndered to the organization? If "Yes," com										- 1	5	X
	n B. Independent Contractors	piele Schedule	;] [(JI SU	CIŢ	Jers	011 .				····	<u> </u>	
	•								· · · · · · · · · · · · · · · · · · ·	100.000 - (
	omplete this table for your five highest co	•	•							•	ensat	ion from	n
th	e organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wit	hin.		ear.			
	(A)								(B)		_	(C)	
	Name and business	address	NC	ONE					Description of s	ervices	C	ompens	sation
2 To	otal number of independent contractors (ii	ncluding but no	ot lin	nited	l to t	thos	se list	ted	above) who received mo	ore than			
	100,000 of compensation from the organiz	•				C			,				
¥												Form 9	90 (2022)
													(2022)

232008 12-13-22

					CIET	Y OF SUM	MIT COUNTY		23-7060	744 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a re	esponse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								laneton revenue		sections 512 - 514
S S	1	а	Federated campaigns		1a					
un [†]					1b					
ΩÊ			Fundraising events		1c	67,685.				
ifts r A			–		1d					
nila n			Government grants (contri		1e	276,955.				
Sir			All other contributions, gifts, (,				
utic		'	similar amounts not included		1f	9,469,604.				
QĦ		~	Noncash contributions included in li		1g \$	737,384.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f	-		,	9,814,244.			
0 0		<u> </u>	Total. Add lines 1a-11			Business Code	5,011,211.			
	~	_	ADOPTIONS/SURRENDERS	,		900099	216,870.	216,870.		
ice	2		CONTRACTS WITH MUNIC		<u> </u>	900099	72,000.	72,000.		
er v		b	CONTRACTS WITH MONIC	JPALITIC:		300033	72,000.	72,000.		
n S /en		C.								
Jrar Re∖		d								
Program Service Revenue		е								
₽			All other program service r							
			Total. Add lines 2a-2f				288,870.			
	3		Investment income (includ	ling dividen	ds, intere	st, and	100 505			100 505
							136,565.			136,565.
	4		Income from investment or	f tax-exemp	ot bond p	roceeds				
	5		Royalties							
				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses \dots	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Se	curities	(ii) Other				
			assets other than inventory	7a 2,25	55,899.	327,000.				
		b	Less: cost or other basis							
е			and sales expenses	7b 2,24	17,876.	327,000.				
venue		с	Gain or (loss)	7c	8,023.	0.				
O			Net gain or (loss)				8,023.			8,023.
Other R	8	а	Gross income from fundraisin	ng events (no	ot 🗌					
£			including \$	67,685.	of					
			contributions reported on							
			Part IV, line 18		8a	521,330.				
		b	Less: direct expenses			136,473.	1			
			Net income or (loss) from f				384,857.			384,857.
	9		Gross income from gaming							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from g							
			Gross sales of inventory, le							
			and allowances		10a	679,604.				
		h	Less: cost of goods sold							
			Net income or (loss) from s		·····		3,751.			3,751.
-+		-				Business Code	,			,
sne	11	а	OTHER INCOME			900099	52,269.	52,269.		
neo		a b	EXPENSE REIMBURSEMEN	IT		900099	26,000.	26,000.		
ven		с С								
Miscellaneous Revenue										
Σ			All other revenue				78,269.			
	40		Total. Add lines 11a-11d				10,714,579.	367,139.	0.	533,196.
000000	12		Total revenue. See instructio	5 SII			,,_,_,_,,,,,,	1 307,135.		Form 990 (2022
232009	y 12-	- 13-	22							

HUMANE SOCIETY OF SUMMIT COUNTY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
,	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	117,894.	103,479.	6,207.	8,208
	Compensation not included above to disqualified				
ţ	persons (as defined under section 4958(f)(1)) and				
ţ	persons described in section 4958(c)(3)(B)				
, (Other salaries and wages	1,624,643.	1,428,371.	84,521.	111,751
3 F	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
) (Other employee benefits	222,762.	192,152.	13,182.	<u>17,428</u> 10,374
) [Payroll taxes	132,597.	114,377.	7,846.	10,374
1 1	Fees for services (nonemployees):				
al	Management				
bΙ	Legal				
с /	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	132,189.			132,189
	Investment management fees	28,994.		28,994.	
-	Other. (If line 11g amount exceeds 10% of line 25,	-4 -64-		10 - 10	
	column (A), amount, list line 11g expenses on Sch O.)	51,687.	31,977.	19,710.	
	Advertising and promotion	24,213.	24,213.	11 000	
	Office expenses	23,877.	12,071.	11,806.	
	Information technology				
	Royalties	212 566	200 770	2 (02	1 1 0 1
	Occupancy	313,566.	309,779.	2,602.	1,185
		20,483.	20,483.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	12,512.	10 510		
	Conferences, conventions, and meetings	12,512.	12,512.		
	Payments to affiliates	96,108.	96 108		
	Depreciation, depletion, and amortization	13,353.	<u>96,108.</u> 12,952.	267.	134
	Insurance Other expenses. Itemize expenses not covered	15,555	12,552.	207.	1.3-
6 	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 0.)	353,099.	353,099.		
	MEDICAL SERVICES	247,871.	247,871.		
-	ANIMAL FOOD AND SUPPLIE	195,335.	195,335.		
-	OTHER	147,868.	113,738.	34,130.	
-		117,778.	32,778.	85,000.	
	All other expenses	3,876,829.	3,301,295.	294,265.	281,26
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	5,070,023.	J, JUL, 49J.	477,4030	201,20
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

11

16381114 765826 7038142

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

	(A) Beginning of year
Cash - non-interest-bearing	480,188.
Savings and temporary cash investments	829,688.
Pledges and grants receivable, net	718.

1

484,311.

	1	Cash - non-interest-bearing			480,188.	1	484,311.
	2	Savings and temporary cash investments			829,688.	2	883,286.
	3	Pledges and grants receivable, net			718.	3	3,933,268.
	4	Accounts receivable, net			6,000.	4	6,537.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			68,681.	8	80,047.
As	9				44,267.	9	49,082.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,204,435.			
	b	Less: accumulated depreciation	10b	<u>1,204,435</u> . <u>492,232</u> .	302,778.	10c	712,203.
	11	Investments - publicly traded securities			3,058,925.	11	4,570,478.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,609,004.	15	1,699,315.
	16	Total assets. Add lines 1 through 15 (must equa			6,400,249.	16	12,418,527.
	17	Accounts payable and accrued expenses			243,281.	17	224,538.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	yables [.]	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			276,955.	25	0.
	26	Total liabilities. Add lines 17 through 25			520,236.	26	224,538.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			4,657,888.	27	5,513,893.
Bal	28	Net assets with donor restrictions		1,222,125.	28	6,680,096.	
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,880,013.	32	12,193,989.
	33				6,400,249.	33	12,418,527.
							Form 990 (2022)

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	1990 (2022) HUMANE SOCIETY OF SUMMIT COUNTY	23-7	060744	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,71	-	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,87	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	6,83		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,88		
5	Net unrealized gains (losses) on investments	5	-52	<u>3,7</u>	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,19	<u>3,9</u>	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name	of	the	organization
------	----	-----	--------------

Nam									identification number		
	_	HUMA	NE SOCIETY	OF SUMMIT CO	DUNTY			2	3-7060744		
Pa	rtI	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 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 gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ie general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that normal									
		activities related to its exem							-		
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
		See section 509(a)(2). (Cor	• •								
11		An organization organized a									
12		An organization organized a	-	-	-			•			
		more publicly supported org	-						Direck the box on		
_		lines 12a through 12d that o						-			
а		Type I. A supporting orga	-	-	• • • •	-					
		the supported organization			majority d	or the alrea		es of the st	ipporting		
h		organization. You must c	-		ion with it	oupporto	d organizatio	a(a) by bay	ing		
b		_ Type II. A supporting orga control or management or	-				•		•		
		organization(s). You mus			ame perso	ns that co	ntioi or manaç	je ine supp	Joned		
с		Type III functionally inte	-		in connect	tion with a	and functional	lv integrate	d with		
Ŭ	L	its supported organization	• • • •					ly integrate	a with,		
d		Type III non-functionally						ted organiz	zation(s)		
		that is not functionally inter	•					-	.,		
		requirement (see instructi	°	o ,			•	anatonin			
е		Check this box if the orga	•					I. Type III			
		functionally integrated, or					JI 7 JI	, ,,			
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0						
g	Pro	vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota							1		1		

HUMANE SOCIETY OF SUMMIT COUNTY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1602932.	3670918.	2410935.	3996012.	9814244.	21495041.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1602932.	3670918.	2410935.	3996012.	9814244.	21495041.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1240725.	
	Public support. Subtract line 5 from line 4.						20254316.	
	ction B. Total Support						1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 21495041.	
	Amounts from line 4	1602932.	3670918.	2410935.	3996012.	9814244.	21495041.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	6 257	10 070		07 200	126 565		
	and income from similar sources	6,357.	18,972.	46,666.	87,290.	136,565.	295,850.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	212 740	245 076	200 027	365,901.	201 057	1690411.	
	assets (Explain in Part VI.)	515,740.	245,076.	300,037.	305,901.		23481302.	
	Total support. Add lines 7 through 10						,251,846.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•	,	iourth or fifth tox y			,231,040.	
13	-	-						
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage		•••••••••••••••••••••••••••••••••••••••	<u></u>		
	Public support percentage for 2022 (I					14	86.26 %	
	Public support percentage from 2021		-			15	80.39 %	
	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies						v	
b	33 1/3% support test - 2021. If the o		-					
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the fact							
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n 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	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			
						Schedule A	(Form 990) 2022	

HUMANE SOCIETY OF SUMMIT COUNTY 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	-			-		
_	check this box and stop here	<u> </u>	•				
	ction C. Computation of Publi					T 1	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					47	
	Investment income percentage for 20					17 18	<u>%</u>
	Investment income percentage from 23 1/2% support tests = 2022 If the						%
198	33 1/3% support tests - 2022. If the more than 33 1/3% check this box at						
h	more than 33 1/3%, check this box ar						
a	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22	n dia not check a	50A OFFICE 14, 19		IIS DUN AITU SEE ITIS		e A (Form 990) 2022
23202	0 12-00-22		16			Schedul	5 A (I OI III 330) 2022

HUMANE SOCIETY OF SUMMIT COUNTY

1

2

Yes No

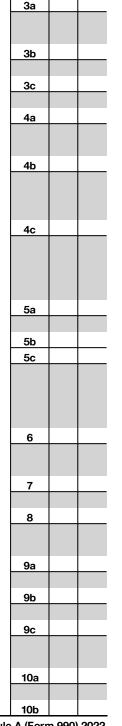
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

2022.05000 HUMANE SOCIETY OF SUMMIT 70381421

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Schedule A (Form 990) 2022 HUMANE SOCIETY OF SUMMIT COUNTY Part IV Supporting Organizations (continued)

2

				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. <i>If</i> the organization had more than one supported dization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>a. or controlled the supporting organization or anization or anization or anization or anization or anization of a support of a suppor</u>	ation.
Section C. T	ype II Supporting Organization	ons

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the

Section D	6. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

18

Sche	dule A (Form 990) 2022 HUMANE SOCIETY OF SUMM	ст сос	JNTY	23-7060744 Page 6
Pa		ng Orga	nizations	<u>и</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

HUMANE SOCIETY OF SUMMIT COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021 Excess from 2022			

Schedule A (Form 990) 2022

HUMANE SOCIETY OF SUMMIT COUNTY

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

FUNDRAISING EVEN	NTS		
2018 AMOUNT: \$	308,027.		
2019 AMOUNT: \$	245,076.		
2020 AMOUNT: \$	262,479.		
2021 AMOUNT: \$	365,901.		
2022 AMOUNT: \$	384,857.		
MISCELLANEOUS IN	ICOME		
2018 AMOUNT: \$	5,713.		
2020 AMOUNT: \$	118,358.		
232028 12-09-22		01	Schedule A (Form 990) 2022

D
C

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

23-7060744

Name of the organization

HUMANE SOCIETY OF SUMMIT COUNTY

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accour	its. Complete if the
	organization answered fres on Form 990, Part IV, inte	(a) Donor advised funds	(b) Fun	ds and other accounts
4	Total number at and of year			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
•	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	, , , , , , ,	Ũ	
Par				
			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat	·	-	important land area
	Protection of natural habitat	Preservation of	a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a	
b				
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired at	ter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization	during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	tion easemen	ts during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(I	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservatio			d
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that desc	cribes the
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	nd balance sł	neet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	rtherance of p	public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	alance sheet	works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	AND A A A A A A A A A A A A A A A A A A 			\$
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS		gan, provide	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			¥ \$
	For Paperwork Reduction Act Notice, see the Instructions			
	09-01-22			Concure D (1 0111 330) 2022
20200		28		

Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained in the organization acquisition is a contained or the organization acquisition is a collection term (check all that apply): d Lean or exchange program 4 Deble exhibition d Loan or exchange program B Provide accipition of thour ogenization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization soluction and explain how they further the organization answered "Yes" on Form 990, Part XII. Yes No 6 Data transported that the organization and explain how they further the organization answered "Yes" on Form 990, Part XII. Yes No 7 If the organization and part, Trustee, custodial or other intermediaty to contributions or other assets not included on Form 990, Part XII. Provide acduring the year Yes No 16 The organization include an amount on Form 990, Part XI. Inc 21, for secretor or custodial account liability? Yes No 17 Yes, "explain the arrangement in Part XIII. Check here If the explanation in has been provided on Part XIII. Provide acduring the year Intermediate transported Yes' on Form 990, Part XIII. Provide the estimated procentage	Sche		SOCIETY OF					23-70			age 2
collection fame (check all that apply): d Loan or exchange program a Police exclusion d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	I Treasures, o	or Othe	r Similaı	r Assets	(contin	ued)	
a Public exhibition d Can or exchange program b Schlarly research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any c	of the following tha	t make s	ignificant ι	use of its			
b Scholary research e Other		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990. Part K, line 9, or reported an amount on Form 990. Part X, line 21. 11 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. 12 Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. 13 Is the organization include an amount on Form 990. Part X, line 21, for escrov or custodial account liability? 14 Intermediation of the organization include an amount on Form 990. Part X, line 21, for escrov or custodial account liability? 14 Intermediation include an amount on Form 990. Part X, line 21, for escrov or custodial account liability? 16 Intermediation include an amount on Form 990. Part X, line 21, for escrov or custodial account liability? 16 Intermediation include an amount on Form 990. Part X, line 10. 17 Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 16 <	а	Public exhibition	d	l 🗌 Loan	or exchange progr	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Bedining balance Celleginning balance Intermediary for contributions or other assets not included Amount to be stored an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part W Endowment Funds. Complete if the organization nanowered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Part W Endowment Funds. Complete if the organization nanowered "Yes" on Form 990, Part XIII. Beginning of year balance Contributions In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Endowment Funds. Complete if the organization include and in the organization account is a store of the arrangement in Part XIII. Contributions Contreticute expenses Contributions Contributions Contretic	b	Scholarly research	e	e 🗌 Other							
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? No. Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, fustase, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1	с	Preservation for future generations									
top 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 X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount Yes No. 15 Beginning balance 10 11 Image: Complete intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrow or custodial account lability? Yes No. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No. 9b If Yes Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Complete it the organization answered 'Yes' on Form 980, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back id organization is scholarships Image: Complete it the organization is the possession of the organization is completed organization is scholarships Image: Complete it the organization is isted	4	Provide a description of the organization's co	ollections and explair	n how they fur	ther the organizati	on's exer	npt purpos	se in Part	XIII.		
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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 1d d Additions during the year 1d e Distributions during the year 1d 2 Didthorganization 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. fa Beginning of year balance (e) Current year (b) Prior year (c) Two years back (e) Four years back fa Beginning of year balance (e) Current year (b) Prior year (c) Two years back (e) Four years back fa Beginning of year balance (e) Current year (d) On year back (e) Four years back (e) Four years back fa Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Prior year (f) Prior year g End of year balance f% Form endowment f% </th <th></th> <th>•</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		•									
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b Contributions	10	Paginning of year balance	(u) ourrent your				(d) 11100 y			youro	buok
c Net investment earnings, gains, and losses	la b										
d Grants or scholarships	U O										
e Other expenditures for facilities and programs	с d										
and programs											
f Administrative expenses	e										
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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 (other) (b) Cost or other depreciation 1a Land 353, 617. 353, 617. b Buildings 20, 856. 12, 990. 7, 8666. c Leasehold improvements 35, 954. 30, 551. 5, 403. 6 37, 642. 445, 424. 192, 218. e Other 1											
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(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) (iii) Related organizations 3a(ii) (ii) Related organizations 3a(ii) (iii) Related organizations 3a(ii) (iii) Related organizations 3a(ii) (iii) Part VI Sa(ii) 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated basis (investment) 353, 617. 353, 617. baulidings 20, 856. 12, 990. 7, 866. c Leasehold improvements 35, 954. 30, 551. 5, 403. d Equipment 637, 642. 445, 424. 192, 218. e Other 156, 366. 3, 267. 153, 099.		· · · ·	5						Γ	Yes	No
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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 value1a Land353, 617.353, 617.b Buildings20, 856.12, 990.7, 866.c Leasehold improvements35, 954.30, 551.5, 403.d Equipment637, 642.445, 424.192, 218.e Other156, 366.3, 267.153, 099.	4										
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c Leasehold improvements 35,954. 30,551. 5,403. d Equipment 637,642. 445,424. 192,218. e Other 156,366. 3,267. 153,099.					20,856.		12,99	90.			
d Equipment 637,642. 445,424. 192,218. e Other 156,366. 3,267. 153,099.					35,954.		30,55	51.	5	5,40)3.
e Other					637,642.		445,42	24.			
					156,366.		3,26	57.			
				X. column (B).	line 10c.)		<u></u>		712	2,20)3.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-vear market value
(1)	(-)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEPOSITS			3,450
(2) RELATED PARTY RECEIVABLE			136,898
(3) SPLIT INTEREST TRUST			1,333,349
(4) EMPLOYEE RETENTION CREDIT	RECEIVABLE		225,618
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,699,315
Part X Other Liabilities.	- 1		•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements t	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII 🛛 🗌 🗌

Schedule D (Form 990) 2022 HUMANE SOCIETY OF SUMMIT COUNTY

Part VII Investments - Other Securities.

Schedule D (Form 990) 2022

23-7060744 Page 3

232053 09-01-22

	dule D (Form 990) 2022 HUMANE SOCIETY OF SUMMI t XI Reconciliation of Revenue per Audited Financial Sta		<u>23-7060744</u>	Page 4
ra	Complete if the organization answered "Yes" on Form 990, Part IV, I			
1	- · · · · · · · · · · · · · · · · · · ·		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
			4c	
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St	atements With Expen		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I	2) iatements With Expen ine 12a.	ses per Return.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	2) iatements With Expen ine 12a.	ses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With Expen ine 12a.	ses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	2.) tatements With Expen ine 12a.	ses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 t XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2) iatements With Expen ine 12a. 2a 2b	ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2) iatements With Expen ine 12a. 2a 2b 2c	ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) catements With Expen ine 12a. 2a 2b 2c 2d	5 ses per Return. 1 1	
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) catements With Expen ine 12a. 2a 2b 2b 2c 2d	5 ses per Return. 1 2e	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) catements With Expen ine 12a. 2a 2b 2b 2c 2d	5 ses per Return. 1 2e	
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) catements With Expen ine 12a. 2a 2b 2b 2c 2d	5 ses per Return. 1 2e	
5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) iatements With Expen ine 12a. 2a 2b 2c 2d 2d	5 ses per Return. 1 2e	
5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2) iatements With Expen ine 12a. 2a 2b 2c 2d 2d	5 ses per Return. 1 2e	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2.) catements With Expen ine 12a. 2a 2b 2c 2d 2d 4a 4b	5 ses per Return.	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2) atements With Expen ine 12a. 2a 2b 2c 2d 2d 4a 4b	5 ses per Return.	

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

PART X, LINE 2:

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

NONPROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE CURRENT

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

ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

232054 09-01-22

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service		Attach to Form 990 of						Open to Public Inspection	
Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and t	ne latest information	n.	Employer ide	entification number	
rtanie er tile erganization		SOCIETY OF SUMMIT	COUL	ITY			23-7060		
	complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not	
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written c red in Form 990, P d highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
NEWPORT ONE - 21 RA			Yes						
AVE, DUXBURY, MA	02332	DIRECT MAIL CAMPAIGNS		X	444,606.		132,189.	312,417.	
Total					444,606.		132,189.	312,417.	
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	,	it is e	-		
or licensing.									
ОН									

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

Schedule G (Form 990) 2022

232081 10-27-22

HUMANE SOCIETY OF SUMMIT COUNTY

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-FZ 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
			PAWSIBILITY	SUBARU		.,
			BALL	RAFFLE	7	(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
uevei lue	1	Gross receipts	313,332.	75,969.	199,714.	589,015
		Less: Contributions	47,955.		19,730.	
╉	3	Gross income (line 1 minus line 2)	265,377.	75,969.	179,984.	521,330
	4	Cash prizes			2,000.	2,000
	5	Noncash prizes		30,904.		30,904
DIrect Expenses	6	Rent/facility costs				
Lect	7	Food and beverages	34,407.		27,389.	61,796
_	8	Entertainment				
	9	Other direct expenses			41,773.	41,773
	10	Direct expense summary. Add lines 4 throug				136,473
	11					384,857
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a
-	1	Gross revenue				
2020	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)			
						1
		er the state(s) in which the organization cond he organization licensed to conduct gaming a		states?		Yes N
		No," explain:				
	We	re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax ye	ear?	Yes N
а						
	lf "`	Yes," explain:				

Schedule G	(Form 990) 2022	HUMANE	SOCIETY	OF	SUMMIT	COUNTY	:	23-70	60744	Page 3
11 Does th	he organization conduct ga	ming activities v	vith nonmem	bers?				[Yes	No
	organization a grantor, bene							-		
to adm	inister charitable gaming?							L	Yes	No No
	e the percentage of gaming ganization's facility							١.	I3a	%
	side facility								3b	<u>%</u>
	he name and address of the									
Name										
Addres	S									
								_		
15a Does th	he organization have a cont	tract with a third	party from w	hom the	organization	receives gamir	ng revenue?	C	Yes	No
b If ∥)/aa										
	," enter the amount of gami ing revenue retained by the						and the amo	uni		
	," enter name and address				-					
Name										
Addres	<u>.</u>									
Addres										
16 Gaming	g manager information:									
Name										
Gamino	g manager compensation	\$								
	3 ······3 ·· · ···	·								
Descrip	otion of services provided									
	Director/officer	Employee		Inde	ependent co	ntractor				
	tory distributions:		lua alaquitalala	نا برا برا برا						
	organization required under the state gaming license?						eas to	Г	Yes	No No
	he amount of distributions									
	zation's own exempt activiti									
Part IV	Supplemental Inform							and Part II	I, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any	addition	ai informatior	n. See Instructio	ons.			
232083 10-27-2	22							Schedule	G (Form	990) 2022
				3	4				-	

16381114 765826 7038142

		(Form	
0		-	

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

16381114 765826 7038142

232084 04-01-22

SCHEDUL	.Е М
(Form 990))

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ſ ∕

Employer identification number

Complete if the organizations answered "Yes" of	on Form 990, Part IV, lines 29 or 30.
Attach to Form 9	990.

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

Name of the organization

UTMANE COCTERY OF CUMMIT COUNTY

	HUMANE SOCIE	FY OF	SUMMIT COU	UNTY	23	-7060	744	
Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash con	(d) of determin tribution ar		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		348,109.	FAIR MARK	ET VAI	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х	1	325,000.	APPRAISAL			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>PET_FOOD/SUPPLI</u>)	X	1,500	64,275.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used	for			37
	exempt purposes for the entire holding period?	,				30a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance p	olicv that re	equires the review (ot anv nonstandard contribut	tions?	31	X	i

contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

32a

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232141 09-09-22

Schedule M	(Form 990) 2022	HUMANE	SOCIETY	OF	SUMMIT	COUNTY		23	-7060744	Page 2
Part II	Supplemental	Informatio	In. Provide the the number of c	inforn	nation required	bv Part I. line	s 30b, 32b, and 33, received, or a comb	and wh	nether the organiza	ition
232142 09-09-2	2								Schedule M (Form	990) 2022
202172 03-03-2	-				27			•		. 555, 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



HUMANE SOCIETY OF SUMMIT COUNTY

Employer identification number 23-7060744

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

MEDICAL TREATMENT AND PROCEDURES, BEHAVIORAL ASSESSMENT TRAINING

SOCIALIZATION, AND KINDNESS FROM DEDICATED HSSC STAFF AND VOLUNTEERS.

IN 2022. WE RESCUED 2,177 ANIMALS, AND ADOPTED 1,728 ANIMALS INTO THEIR

FOREVER HOMES. OUR SHELTER VETERINARIAN PERFORMED 1,568 SPAY/NUETERS

213 OTHER SURGERIES, AND 15,553 EXAMS. 50,326 POUNDS OF PET FOOD WERE

DISTRIBUTED AND 1,113 STUDENTS PARTICIPATED IN CLASSROOM PROGRAMMING.

258 VOLUNTEERS DONATED 19,852 HOURS OF SERVICE AND 196 FAMILIES SERVE

AS FOSTER HOMES FOR 818 ANIMALS.

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

THE BOARD REVIEWS THE FORM 990 PRIOR TO FILING.

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

THE ORGANIZATION REVIEWS ITS POLICY ANNUALLY.

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

COMPENSATION IS DETERMINED USING THE DATA FROM THE COMPENSATION SURVEY DONE

BY THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

23-7060744

Department of the Treasury Internal Revenue Service

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

Name of the organization

HUMANE SOCIETY OF SUMMIT COUNTY

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HAPPY TAILS THRIFT SHOP LLC - 82-4457428	RETAIL STORE WITH PURPOSE				
7996 DARROW ROAD	OF RAISING FUNDS TO PROMOTE				HUMANE SOCIETY OF
TWINSBURG, OH 44087	THE SOCIETY'S MISSION	оніо	381,675.	154,094.	SUMMIT COUNTY
	-				

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

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

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 HUMANE SOCIETY OF SUMMIT COUNTY

23-7060744 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
											_

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?											
		country)				400010		Yes												

Schedule R (Form 990) 2022 HUMANE SOCIETY OF SUMMIT COUNTY

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

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Part VII Supplemental Information

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

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