

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change LENAWEE HUMANE SOCIETY Name change 38-1574080 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 705 WEST BEECHER STREET 517-263-3463 1,599,174. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 49221 ADRIAN, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STEPHEN KRAUSE Yes X No for subordinates? 705 WEST BEECHER STREET, ADRIAN, 49221 MI\_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.LENHUMANESOC.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1921 M State of legal domicile: MI ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO CARE FOR UNWANTED ANIMALS AND Activities & Governance PROVIDE THEM WITH NECESSARY MEDICAL TREATMENT, FOOD, AND SHELTER 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 38 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,810,391. 1,170,379. Contributions and grants (Part VIII, line 1h) 8 265,603. 272,461. Program service revenue (Part VIII, line 2g) 42,725. 7,831. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -31,955. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,839. 11 2,086,764. 1,512,510. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 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) 651,579. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 685,200. 15 54,000. 54,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 274,066. 316,366. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 979,645. 1,055,566. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,107,119. 456,944. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,510,430. 2,934,244. Total assets (Part X, line 16) 20,855. 56,618. 21 Total liabilities (Part X, line 26) 三年 489,575. 2,877,626 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STEPHEN KRAUSE, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JANE E. PFEIFER 05/26/23 self-employed P00014949 JANE E. PFEIFER Paid Firm's EIN 31-0800053 CLARK, SCHAEFER, HACKETT & CO. Preparer Firm's name Firm's address 1656 HENTHORNE DR., SUITE 400 Use Only Phone no. 419 - 841 - 2848 MAUMEE, OH 43537 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  OUR MISSION IS TO SAVE THE LIVES OF ANIMALS WHILE ENRICHING THE LIVES
	OF HUMANS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 507,543. including grants of \$) (Revenue \$117,312. )  OUR SHELTER PROVIDES HOUSING, DAILY CARE, SOCIALIZATION AND ENRICHMENT,  AND MEDICAL CARE TO HOMELESS ANIMALS WHILE THEY AWAIT FINDING THEIR NEW  ADOPTIVE FAMILIES. ALL ANIMALS THAT ARE PUT UP FOR ADOPTION ARE
	BROUGHT UP TO DATE ON VACCINATIONS, RECEIVE ROUTINE TESTS AND PREVENTATIVE CARE, ARE MICROCHIPPED AND ARE SPAYED OR NEUTERED PRIOR TO ADOPTION. WE ACCEPT COMMUNITY STRAYS AND OWNER SURRENDERED ANIMALS, WE COORDINATE REUNION OF LOST ANIMALS WITH THEIR OWNERS AND PROVIDE EMERGENCY BOARDING TO THE COMMUNITY DURING EMERGENCIES SUCH AS COMMUNITY DISASTERS, TEMPORARY HOMELESSNESS AND FOR VICTIMS OF DOMESTIC ABUSE.
4b	(Code:) (Expenses \$ 221,767. including grants of \$
4c	(Code:) (Expenses \$\frac{34,033.}{\text{ including grants of \$}} \) (Revenue \$ \frac{4,914.}{}) OUR RE"TAIL" STORE PROVIDES THE COMMUNITY WITH PET SUPPLIES THAT MAY BE
	NEEDED TO CARE FOR THEIR EXISITING ANIMALS OR TO PREPARE FOR THEIR NEW PET. THE RE"TAIL" STORE IS ALSO THE FACE OF THE ORGANIZATION, ASSISTING ALL CUSTOMERS WHO ENTER OUR SHELTER WHETHER IT BE TO SHOP, ADOPT, FOR OUR CLINIC OR SIMPLY CALLING WITH QUESTIONS.
	Other program services (Describe on Schedule O.) (Expenses \$ 32,107. including grants of \$ ) (Revenue \$ 3,120.)
4e	Total program service expenses 795,450.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4.5		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17	х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-	- 41	
.0		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19	х	
20a	complete Schedule G, Part III	20a		х
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			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х

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Form 990 (2022) LENAWEE HUMANE SOCIETY

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<b>——</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			v
00	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		Х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in 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		<u>X</u>
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			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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		Х
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
000=	(gambling) winnings to prize winners?	l 1c	Х 990	(2020)
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	990 (2022) LENAWEE HUMANE SOCIETY		38-1574	080	P	age <b>5</b>			
Part 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	38						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		over, a						
		., .		_		l ₹			

b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:	1						
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	L. 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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b>I</b>	12a					
		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406						
_	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	•	140		Х			
		- 0	14a 14b					
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1 <del>1</del> D					
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.		.5					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х			
	If "Yes," complete Form 4720, Schedule O.	income?	-10					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	ivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Ves " complete Form 6060							

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

Sec	tion A. Governing Body and Management						21				
	and the second s					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a		14[							
	If there are material differences in voting rights among members of the governing body, or if the governing			$\neg$							
	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		14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other	$\neg$							
	officer, director, trustee, or key employee?			[	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the			¨ [							
	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 9	90 was	s filed?	[	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			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 approximately appr	point o	one or								
	more members of the governing body?										
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by the	following:								
а	The governing body?				8a	Х					
b	Each committee with authority to act on behalf of the governing body?				8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		<u>X</u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			1					
	51111			٦		Yes	No				
	Did the organization have local chapters, branches, or affiliates?			}	10a		<u>X</u>				
D	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
12a	<ul> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			··· ├	12a 12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			···	120						
	on Schedule O how this was done	,			12c	х					
13	Did the organization have a written whistleblower policy?			`` Г	13	х					
14	Did the organization have a written document retention and destruction policy?			Г	14	Х					
15	Did the process for determining compensation of the following persons include a review and approva			¨ [							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-									
а	The organization's CEO, Executive Director, or top management official			[	15a	Х					
b	Other officers or key employees of the organization				15b		_X_				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a								
	taxable entity during the year?				16a		_X_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
800	exempt status with respect to such arrangements? tion C. Disclosure				16b						
	•										
17 18	List the states with which a copy of this Form 990 is required to be filed  ML  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd gan	T (section 501/c	)(3)c	only) /	availah					
10	for public inspection. Indicate how you made these available. Check all that apply.	เน ฮฮป	1 (36011011 3011(0	<sub>J</sub> (U)S	Orny) a	avallak	viC				
	Own website Another's website X Upon request Other (explain	on So	hadula (1)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	ial					
	statements available to the public during the tax year.			<u></u> ر							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records								
	MARCIE CORNELL - 517-263-3463										
	705 WEST BEECHER STREET, ADRIAN, MI 49221										

# 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.

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

- 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.

(A)	(B)	l	ıııza		<u> </u>	ipci	Jan	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition		nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any					17 (1 (13)	,	from the	from related organizations	other compensation
	hours for	direct				- - -		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARCIE CORNELL	40.00	<u>=</u>	=	0		工业	F			
EXECUTIVE DIRECTOR		1		Х				93,308.	0.	0.
(2) ANNA MARIE ANZALONE	1.00									
FRM 1ST VP, FRM DIRECTOR		Х		Х				0.	0.	0.
(3) ALEX BEASECKER	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) ANGLEA BREAKSTONE	1.00									
FRM SECRETARY, DIRECTOR		Х						0.	0.	0.
(5) SARAH BUKU	1.00									
FRM 1ST VP, DIRECTOR		Х		Х				0.	0.	0.
(6) TODD BUTLER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) PATTY CLARK	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER DANLEY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) CAROL GREENWALD	1.00	1							_	
FRM 2ND VP, DIRECTOR		Х		Х				0.	0.	0.
(10) MEGAN GREENWELL	1.00	1							_	
DIRECTOR		Х						0.	0.	0.
(11) TAMARIS HENAGAN	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(12) STEPHEN KRAUSE	1.00	ļ								
PRESIDENT	1 00	Х		Х				0.	0.	0.
(13) HEATHER LEISENRING	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(14) MILLIE PRUETT	1.00	ļ								
FRM TREASURER, FRM DIRECTOR	1 00	Х				_		0.	0.	0.
(15) JENNIFER BORTON-RUPERT	1.00	.,								
FRM PRESIDENT, DIRECTOR	1 00	Х				_		0.	0.	0.
(16) STEPHEN SHEHAN	1.00	٦,		37					_	_
SECRETARY	1 00	Х		Х	$\vdash$			0.	0.	0.
(17) LINDA STAIB	1.00	v						0.	0.	
FRM DIRECTOR	<u> </u>	Х						<u> </u>	<u> </u>	0 • Form <b>990</b> (2022)

232007 12-13-22

Section A. Officers, Directors, Trus		ploy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per (do not check more than doox, unless person is both						n an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	Estin	F) nated unt of
	week (list any hours for related organizations below line)	director	Institutional trustee	Officer Officer		Highest compensated sn.t/xoc employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compe fron organ and r	her ensation in the ization elated zations
(18) JESSICA VASHER DIRECTOR	1.00	X	=	0	<u>×</u>	Ξ ω		0.	0.		0.
(19) DANIELLE WARD DIRECTOR	1.00	х						0.	0.		0.
		<u> </u>									
		<u> </u>									
		<u> </u>									
1b Subtotal c Total from continuation sheets to Part V								93,308.	0.		0
d Total (add lines 1b and 1c)  Total number of individuals (including but r			<u></u>					93,308.	0.		0
compensation from the organization										Y	es No
<ul> <li>Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si</li> </ul>	such individual									3	Х
and related organizations greater than \$15  Did any person listed on line 1a receive or	0,000? <i>If</i> "Yes,	," co	mple	ete S	Sche	edule	Jf	or such individual		4	Х
rendered to the organization? If "Yes." con Section B. Independent Contractors										5	Х
Complete this table for your five highest co the organization. Report compensation for										ation from	
(A) Name and business	address	N	ONE	<u> </u>				(B) Description of s	ervices	(C) Compens	ation
2 Total number of independent contractors (i	including but n	—— ot lir	nitec	l to t	thos	e lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organi		J. III				)	.50	and the received file	Suran	Form 99	0 (2025
										FOITH 3	~ (ZUZ

16080526 758050 4000044-005

38-1574080

Form 990 (2022) LENAWEE
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
ž a	b	Membership dues 1b					
δ, α	c	Fundraising events1c	51,533.				
ii ii	c	Related organizations 1d					
nië.	e	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
er Er			118,846.				
들	,	Noncash contributions included in lines 1a-1f	33,740.				
n o				1,170,379.			
OB	ı	Total. Add lines 1a-1f	Business Code	1,110,313.			
		OL THE GERMAN		155 140	155 140		
ဗ	2 a	CLINIC SERVICES	541900	155,149.	155,149.		
Program Service Revenue	b	SHELTER SERVICES	541900	117,312.	117,312.		
S Z	c	·					
am	c	l					
P.S.	e						
P.	f	All other program service revenue					
		Total. Add lines 2a-2f		272,461.			
$\neg$	3	Investment income (including dividends, interes		, =			
	Ū			9,428.			9,428.
	4			3,420.			3,420.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real	(::\ Davasasl				
			(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 45,478.					
	h	Less: cost or other basis					
ø	~	and sales expenses					
Ĭ.	_						
eve				-1,597.			-1,597.
her Revenue		Net gain or (loss)		-1,397.			-1,397.
ipe L	8 a	Gross income from fundraising events (not					
ð		including \$ 51,533 of					
		contributions reported on line 1c). See					
		Part IV, line 188a	68,463.				
	b	Less: direct expenses 8b	32,158.				
		Net income or (loss) from fundraising events		36,305.			36,305.
		Gross income from gaming activities. See					
		Part IV, line 199a	21,405.				
	J.	Less: direct expenses 9b	3,905.				
		Net income or (loss) from gaming activities	373031	17,500.			17,500.
				17,300.			17,3000
	ıu a	Gross sales of inventory, less returns	0 440				
		and allowances10a	8,440.				
		Less: cost of goods sold 10b	3,526.				
	C	Net income or (loss) from sales of inventory		4,914.	4,914.		
10			Business Code				
, ou	11 a	OTHER INCOME	900099	3,120.	3,120.		
ne a	b						
Miscellaneous Revenue	c						
Be	_	All other revenue					
Σ	_	-		3,120.			
		Total Add lines 11a-11d		1,512,510.	280,495.	0.	61,636.
	12	Total revenue. See instructions		T, JTG, JTO.	400,430.	U•	01,030.

232009 12-13-22

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 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, 93,308. 93,308. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 543,350. 427,196. 25,318. 90,836. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 48,542. 39,686. 1,930. 6,926. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,100. 7,100. Accounting Lobbying 54,000. 54,000. Professional fundraising services. See Part IV, line 17 4,453. 4,453. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 4,645. 5,681. 225. 811. Advertising and promotion 12 62,766. 27,184. 1,323. 34,259. Office expenses 13 13,733. 11,261. 549. 1,923. Information technology 14 15 Royalties 4,019. 28,171. 23,032. 1,120. 16 Occupancy 1,087. 889. 155. 43. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,701. 1,031. 50. 620. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 19,742. 16,140. 785. 2,817. Depreciation, depletion, and amortization 22 13,550. 10,507. 1,209. 1,834. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 66,220. 66,220. SHELTER EXPENSE SUPPLIES 57,548. 47,045. 2,290. 8,213. 3,472. REPAIRS & MAINTENANCE 24,336. 19,896. 968. С d 10.278. 7.410. 352. 2,516. All other expenses 1,055,566. 795,450. 47,715. 212,401. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or r	note to any lin	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		186,000.	1	718,952.	
2					2	185,052
3	Pledges and grants receivable, net			3	1,349,099	
4	Accounts receivable, net		14,045.	4	10,170	
5						
	trustee, key employee, creator or founder, sul	ostantial cont	ributor, or 35%			
	controlled entity or family member of any of the	nese persons			5	
6	Loans and other receivables from other disqu	s (as defined				
				6		
7				7		
8	Inventories for sale or use			3,829.	8	2,370 1,149
9	Prepaid expenses and deferred charges			979.	9	1,149
10a						
	basis. Complete Part VI of Schedule D		648,102.			
b			276,907.		302,975 364,477	
11		430,189.	11	364,477		
12			12			
13			13			
14						
15			0.510.400		0 004 044	
16						2,934,244
17				20,855.		56,618
					21	
22						
00			Г			
					24	
25						
	- Co-lea-dula D				25	
26				20 855.		56,618
20	•	hack hara	<u>X</u>	20,033.	20	30,010
		neok nere				
27				1.012.089.	27	875,838
			Г	1,477,486.		2,001,788
		7 000, 0110011				
29		ds			29	
31			Г		31	
		, 0	· · · · · · · · · · · · · · · · · · ·	0 400 555		2 977 626
32	Total net assets or fund balances		L	2,489,575.	32	2,877,626.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30	Check if Schedule O contains a response or	Check if Schedule O contains a response or note to any lin  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former offit trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons under section 4958(f)(1)), and persons described in section Notes and loans receivables from other disqualified person under section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intrangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Secured mortgages and notes payable to unrelated third part Unsecured notes and loans payable to unrelated third part Unsecured mortgages and notes payable to unrelated third part Unsecured mortgages and notes payable to unrelated third part Unsecured mortgages and notes payable to unrelated third part Unsecured mortgages and notes payable to unrelated third part Unsecured mortgages and notes payable to unrelated third part Unsecured mortgages and notes payable to unrelated third part Other liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Co of Schedule D Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with out on restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X  (A) Beginning of year  1	Check if Schedule O contains a response or note to any line in this Part X

Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,51						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,05	5,5	66.				
3	Revenue less expenses. Subtract line 2 from line 1								
4									
5	Net unrealized gains (losses) on investments	5	-6	8,8	93.				
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	2,87	7,6	26.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	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	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х				
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
		,	Form	990	(2022)				

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization LENAWEE HUMANE SOCIETY 38-1574080 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	707,660.	410,157.	965,956.	1810391.	1170379.	5064543.
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	707,660.	410,157.	965,956.	1810391.	1170379.	5064543.
	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)						268,870.
6	Public support. Subtract line 5 from line 4.						4795673.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	707,660.	410,157.	965,956.	1810391.	1170379.	5064543.
	Gross income from interest,	,	•	•			
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	398.	-10,162.	9,931.	22,931.	9,428.	32,526.
9	Net income from unrelated business		,	- ,	,	- ,	,
_	activities, whether or not the						
	business is regularly carried on	9,465.					9,465.
10	Other income. Do not include gain	. ,					
	or loss from the sale of capital						
	assets (Explain in Part VI.)	110.	5,828.	528.	2,684.	53,805.	62,955.
11	<b>Total support.</b> Add lines 7 through 10		•		•	•	5169489.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,336,321.
	First 5 years. If the Form 990 is for the	•	,			•	
	organization, check this box and stop	-					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	92.77 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	89.77 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	_		*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization				•		
	2.3		,,	, ,,,	,		/Farm 000\ 0000

Schedule A (Form 990) 2022

# 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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

# 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.)

	Yes	No
_		
1		
2		
_		
За		
3b		
3c		
4a		
та		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b		

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Pai	TIV Supporting Organizations (continued)			
		$\rightarrow$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,</del>	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	and organization maintained a close and commission many relationship man and capported organization (o).	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			
<u>Sac</u>	supported organizations played in this regard. Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	otion	-1	
2	Activities Test. Answer lines 2a and 2b below.	Juons	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	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			
		2a		
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			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
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.	Bb		

	dule A (Form 990) 2022 EENAWEE HOPANE BOCKETT			00 13/4000 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

Scriedule A	(FORTH 990) 2022 DEMANDE HOMANDE DOCTETT 50 1374000 Page 8					
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.					
	(See instructions.)					

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

LENAWEE HUMANE SOCIETY 38-1574080 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# LENAWEE HUMANE SOCIETY

38-1574080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>225,650.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# LENAWEE HUMANE SOCIETY

38-1574080

Part II	art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$	Cabadala P. (Farm 000) (0000)				

Page **4** 

Name of organization

Employer identification number

	E HUMANE SOCIETY		38-1574080					
Part III	from any one contributor. Complete columns (a)	through (e) and the following line enti	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yeary. For organizations					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)					
a) No.	Use duplicate copies of Part III if additional	space is needed.						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
rarti								
		(e) Transfer of gift	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
a) No		<u> </u>						
a) No. from	(b) Purpose of gift (c) Use of		(d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
a) No								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
_								
	(e) Transfer of gift							
	· · · · · · · · · · · · · · · · · · ·							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
	,							
a) No.								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
arti								
<del></del>								
	(e) Transfer of gift							
			<del></del>					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

LENAWEE HUMANE SOCIETY

**Employer identification number** 38-1574080

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	, ,		<b>b)</b> Fun	ds and other accounts		
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•	-			ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem <sub>l</sub>	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	<u> </u>	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial accou	unt liability	y?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) F	Prior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	nd administer	ed for the			Г		<del></del>
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations								3a(ii)		-
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unas.							
ı aı	Complete if the organization answere		) Part IV	/ line 11a S	66 Form 990	Part X li	ne 10				
									(a) Da al		
	Description of property	(a) Cost or o			or other (other)	` '	cumulate reciation	a	(d) Bool	k valu	ie
	Land	<del>- '</del>	nent)		5,081.	чер	reciation		1 [	<u> </u>	81.
	Land				7,432.	1	98,39	1			$\frac{61.}{41.}$
	Buildings				1,625.		$\frac{96,35}{21,62}$		/ :	,, 0	0.
	Leasehold improvements				$\frac{1,023.}{4,088.}$		60,96		1 1	λ 1	26.
	Equipment				9,876.		$\frac{60,30}{64,14}$				$\frac{20.}{27.}$
	Other		V!							_	75.
rota	. Add lines 1a through 1e. (Column (d) must e	guai Form 990, Part	x, colun	nn (B). line 10	JC.)						

Schedule D (Form 990) 2022

hedule D (Form 990) 2022 LENAWEE HU	MANE SOCIETY	38	-1574080 Pa
Complete if the organization answered "Yes	s" on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
<ul> <li>a) Description of security or category (including name of security)</li> </ul>		(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" 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)	(-)	(0)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
• •			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.	L		
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	a) Description	Tra. Gee Form 650, Fait X, into 16.	(b) Book value
·	ay Decemption		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	· 45 \		
al. (Column (b) must equal Form 990, Part X, col. (B) la art X Other Liabilities.	<u>ine 15.)</u>		
	" on Form 000 Part IV line	110 or 11f Soo Form 900 Part V line 25	
Complete if the organization answered "Yes	on Form 990, Part IV, line	The or Thi. See Form 990, Part A, line 23	1
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			

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

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

Schedule D (Form 990) 2022

(7) (8)

Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			1 402 004
1				1	1,473,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	60 000		
а	Net unrealized gains (losses) on investments		-68,892.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants		24 520	-	
d	,	2d	34,539.		24 252
е				2e	-34,353.
3	Subtract line 2e from line 1			3	1,508,057.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	4 450		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4,453.	-	
b	,	4b			4 4=0
С	Add lines 4a and 4b			4c	4,453. 1,512,510.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,512,510.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per H	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 005 650
1	Total expenses and losses per audited financial statements			1	1,085,652.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses		24 522	-	
d	,		34,539.		24 522
е	•			2e	34,539. 1,051,113.
3	Subtract line 2e from line 1			3	1,051,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		4,453.	_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,453. 1,055,566.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,055,566.
Ра	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4; Part III, lines 1a and $\frac{1}{2}$	ırt IV, lines 1b a	and 2b; Part V, line 4	; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional inform	nation.		
PAI	RT X, LINE 2:				
<u>LEI</u>	NAWEE HUMANE SOCIETY IS AN ORGANIZATION RE	ECOGNIZE	D AS EXEMP	T F	ROM
	DEDAL THEORE HAVES INDED SECRETOR FOLICA (2)			D ====	
FEI	DERAL INCOME TAXES UNDER SECTION 501(C)(3)	OF THE	INTERNAL	REV.	ENUE CODE
OF	1986, AS AMENDED.				

PROFESSIONAL STANDARDS REQUIRE AN ANALYSIS OF UNCERTAIN TAX POSITIONS FOR

THE PURPOSES OF DETERMINING WHETHER BENEFITS ASSOCIATED WITH THOSE

POSITIONS MAY BE RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES. BASED ON

THIS ANALYSIS, THE SOCIETY HAS DETERMINED IT HAS NO MATERIAL UNCERTAIN TAX

POSITIONS FOR WHICH THE ASSOCIATED BENEFITS MAY NOT BE RECOGNIZED NOR FOR

WHICH DISCLOSURE IS REQUIRED. FEDERAL TAX RETURNS GENERALLY, REMAIN OPEN

FOR EXAMINATION BY THE TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS.

# **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

38-1574080

Department of the Treasury Internal Revenue Service

Name of the organization

LENAWEE HUMANE SOCIETY

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

required to complete this part	Complete if the organization answe	ered "Y	es" or	ı Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e X Solicitar f X Solicitar g X Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Catal						
Solution       Total       Solution       Solu	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

232081 10-27-22

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

Schedule G (Form 990) 2022

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

			(a) Event #1 HOWL-O-WEEN	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events			
				WNW	NONE	(add col. (a) through			
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
Revenue	1	Gross receipts	89,613.	30,383.		119,996.			
æ	•	G1000 10000pt0	00,0200	00,000					
	2	Less: Contributions	33,103.	18,430.		51,533.			
	3	Gross income (line 1 minus line 2)	56,510.	11,953.		68,463.			
	4	Cash prizes	1,150.			1,150.			
S	5	Noncash prizes							
cpense	6	Rent/facility costs	995.			995.			
Direct Expenses	7	Food and beverages	8,898.			8,898.			
	8	Entertainment	1,800.	100.		1,900.			
	9	Other direct expenses	1,800. 14,094.	5,121.		19,215.			
	10	Direct expense summary. Add lines 4 through	9 in column (d)			32,158.			
_						36,305.			
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
Revenue									
Ж	1	Gross revenue			21,405.	21,405.			
Se	2	Cash prizes			3,000.	3,000.			
Direct Expenses	3	Noncash prizes							
irect E	4	Rent/facility costs							
	5	Other direct expenses			905.	905.			
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No	X No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)			3,905.			
	Net gaming income summary. Subtract line 7 from line 1, column (d)								
		ter the state(s) in which the organization condu	-			<b>.</b>			
		the organization licensed to conduct gaming ac				X Yes No			
a	) II " 	ff "No," explain:							
	_								
		ere any of the organization's gaming licenses re Yes," explain:				Yes X No			

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 LENAWEE HUMANE SUCTETY 56-1	L D / 4	000	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$  If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	LENAWEE	HUMANE	SOCIETY		38-1574080	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (contin	ued)				
		(COITIII)	ueu)				
-							
ī							
-							
-							
_							

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	LENAWEE HUMANE SOCIETY					38-1574080				
Pai	Part 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	n	Metho oncash o	(d) od of det contribut		•	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ( ANIMAL SUPPLIES )	X	0	23,890.						
26	Other ( AUCTION ITEMS )	X	0	9,850.	COS	T IF	PURC	CHA	SED	NE
27	Other ()									
28	Other ( )									
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>						
							_		Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, 1	that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for					
	exempt purposes for the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?		<u>[</u>	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash						
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,					
	describe in Part II.									

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

### **SCHEDULE O** (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LENAWEE HUMANE SOCIETY

**Employer identification number** 38-1574080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNTIL A PERMANENT HOME ENVIRONMENT CAN BE FOUND.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THROUGH OUR OUTREACH PROGRAM WE PROVIDE EDUCATIONAL PLATFORMS FOR BOTH
CHILDREN AND ADULTS. PROGRAMS INCLUDE OUR PET FOOD BANK (PROVIDING
FREE PET FOOD TO LOW COST INDIVIDUALS), MEOWZEN CAT YOGA, READING
BUDDIES, RUNNING BUDDIES, BIRTHDAY PARTIES AND WORKSHOPS. THESE
PROVIDE THE PUBLIC AN OPPORTUNITY TO LEARN ABOUT ANIMAL WELFARE, WHILE
ENGAGING AND PROVIDING SOCIALIZATION FOR OUR SHELTER ANIMALS. WE ALSO
OFFER HANDS-ON WEEK LONG SUMMER CAMP PROGRAMS THAT ARE PERFECT FOR ANY
YOUNG ANIMAL LOVER. THROUGH A DETAILED CURRICULUM, CHILDREN WILL LEARN
ABOUT ANIMAL WELFARE, HEALTH AND WELLNESS, INNER WORKINGS OF ANIMAL
SHELTERING, AND MORE! EACH CAMP FEATURES SPECIAL GUESTS, EDUCATIONAL
PRESENTATIONS AND HANDS-ON PROJECTS TAILORED TO THE SPECIFIC AGE GROUP.
EXPENSES \$ 32,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,120.
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
HUMANE EDUCATION

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 38-1574080 LENAWEE HUMANE SOCIETY FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE COMPARES THE FINANCIAL STATEMENTS TO THE 990 AND APPROVES BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS PROMPTLY NOTIFY THE BOARD PRESIDENT IF ANY CONFLICTS OF INTEREST ARISE THROUGHOUT THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD EVALUATES AND COMPARES THE SALARY OF THE EXECUTIVE DIRECTOR BY USING COMPARABLE RATES WITHIN THE COUNTY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST. FORM 990, PART XII, LINE 2C: PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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STATE COPY

PUBLIC DISCLOSURE COPY

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change LENAWEE HUMANE SOCIETY Name change 38-1574080 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 705 WEST BEECHER STREET 517-263-3463 1,599,174. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 49221 ADRIAN, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STEPHEN KRAUSE Yes X No for subordinates? 705 WEST BEECHER STREET, ADRIAN, 49221 MI\_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.LENHUMANESOC.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1921 M State of legal domicile: MI ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO CARE FOR UNWANTED ANIMALS AND Activities & Governance PROVIDE THEM WITH NECESSARY MEDICAL TREATMENT, FOOD, AND SHELTER 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 38 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,810,391. 1,170,379. Contributions and grants (Part VIII, line 1h) 8 265,603. 272,461. Program service revenue (Part VIII, line 2g) 42,725. 7,831. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -31,955. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,839. 11 2,086,764. 1,512,510. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 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) 651,579. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 685,200. 15 54,000. 54,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 274,066. 316,366. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 979,645. 1,055,566. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,107,119. 456,944. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,510,430. 2,934,244. Total assets (Part X, line 16) 20,855. 56,618. 21 Total liabilities (Part X, line 26) 三年 489,575. 2,877,626 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STEPHEN KRAUSE, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JANE E. PFEIFER 05/26/23 self-employed P00014949 JANE E. PFEIFER Paid Firm's EIN 31-0800053 CLARK, SCHAEFER, HACKETT & CO. Preparer Firm's name Firm's address 1656 HENTHORNE DR., SUITE 400 Use Only Phone no. 419-841-2848 MAUMEE, OH 43537 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Other program services (Describe on Schedule O.)

32,107 • including grants of \$ 3,120.) ) (Revenue \$

795,450. Total program service expenses

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			\ <b>.</b> ,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		1 IE		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	·	19	Х	
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	- 42	х
20a		20a		<del>- ^ `</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا		<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2022) LENAWEE HUMANE SOCIETY
Part IV Checklist of Required Schedules (continued)

	· (outliness)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α.
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	150		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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	L	х
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	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Form 990 (2022) LENAWEE HUMANE SOCIETY

Part 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 38					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X		
b			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		٠,		
	to file Form 8282?	l I	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		X		
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•					
•			8				
9	Sponsoring organizations maintaining donor advised funds.		0-				
a			9a 9b				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	- 114					
~	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	'e O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or					
	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.			000	(0000)		

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

Sec	tion A. Governing Body and Management					
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes," c	describe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	D-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records			
	MARCIE CORNELL - 517-263-3463 705 WEST BEECHER STREET ADRIAN MT 49221					

Form **990** (2022) 232006 12-13-22

# 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.

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

- 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.

(A)  Name and title	(B) Average hours per	(do box		(C Posi heck i	ition	l than ( s both	one n an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARCIE CORNELL	40.00							02.200	•	•
EXECUTIVE DIRECTOR	1 00	<u> </u>		X				93,308.	0.	0.
(2) ANNA MARIE ANZALONE	1.00	·		37					_	0
FRM 1ST VP, FRM DIRECTOR	1.00	Х		Х				0.	0.	0.
(3) ALEX BEASECKER TREASURER	1.00	х		х				0.	0.	0.
(4) ANGLEA BREAKSTONE	1.00	^		Λ				0.	0.	<u></u>
FRM SECRETARY, DIRECTOR	1.00	х						0.	0.	0.
(5) SARAH BUKU	1.00	25						•	•	<u>.</u>
FRM 1ST VP, DIRECTOR	1.00	х		х				0.	0.	0.
(6) TODD BUTLER	1.00	1							•	
VICE PRESIDENT		х		х				0.	0.	0.
(7) PATTY CLARK	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER DANLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CAROL GREENWALD	1.00									
FRM 2ND VP, DIRECTOR		Х		Х				0.	0.	0.
(10) MEGAN GREENWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TAMARIS HENAGAN	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(12) STEPHEN KRAUSE	1.00	]							_	_
PRESIDENT		Х		Х				0.	0.	0.
(13) HEATHER LEISENRING	1.00	1								_
DIRECTOR	1	Х						0.	0.	0.
(14) MILLIE PRUETT	1.00	ļ								•
FRM TREASURER, FRM DIRECTOR	1 00	Х						0.	0.	0.
(15) JENNIFER BORTON-RUPERT	1.00	٠,,							_	0
FRM PRESIDENT, DIRECTOR	1 00	Х	$\vdash$				<u> </u>	0.	0.	0.
(16) STEPHEN SHEHAN	1.00	₩.		v					_	^
SECRETARY (17) LINDA STAIR	1.00	Х		Х		-		0.	0.	0.
(17) LINDA STAIB FRM DIRECTOR	1.00	х						0.	0.	0.
232007 12-13-22		Λ	L			<u> </u>	l	1 0.	U •	Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,	1
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average	(do		Posi heck i		1 than d	one	Reportable	Reportable	Estimated
	hours per					is both or/trus		compensation	compensation	amount of
	week (list any		l a		10010	1	loo,	from	from related	other
	hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		99	ubeu		1099-NEC)	1099-1120)	and related
	below	dual t	rtio na	_	nploy	st cor	-	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			g
(18) JESSICA VASHER	1.00		_	Ŭ						
DIRECTOR		Х						0.	0	. 0.
(19) DANIELLE WARD	1.00									
DIRECTOR		Х						0.	0	0.
1b Subtotal								93,308.	0	
c Total from continuation sheets to Part VI	I, Section A							0.	0	
d Total (add lines 1b and 1c)								93,308.	0	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	_
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,	•		•	•	•	-	_	•	•	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	•							•	•	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	•				•			•		<sub>77</sub>
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										ation from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.	(0)
(A) Name and business	address	NT/	ONE	,				<b>(B)</b> Description of s	ervices	(C) Compensation
Traine and business	address	TAC	JIVI	<u>.                                    </u>			$\dashv$	Description of s	CI VICCO	Соттроповног
							$\dashv$			
							$\dashv$			
							1			
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organization					C	)		,		
										200

38-1574080

Form 990 (2022) LENAWEE
Part VIII Statement of Revenue

			Check if Schedule O contains a respon	nse or i	note to any lin	a in this Part VIII			
			Officer if Octredule O Cortains a respon	1136 01 1	note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts st	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues						
G,		С	Fundraising events1c		51,533.				
ifts			Related organizations 1d						
nis			Government grants (contributions) 1e						
Sir			All other contributions, gifts, grants, and						
ati e				1 1	18,846.				
ĕξ									
ont Od		_	Noncash contributions included in lines 1a-1f 1g \$	5	33,740.	1 100 200			
<u>2</u> <u>p</u>		h	Total. Add lines 1a-1f			1,170,379.			
				В	usiness Code				
ø	2	а	CLINIC SERVICES		541900	155,149.	155,149.		
Š		b	SHELTER SERVICES		541900	117,312.	117,312.		
Ser		С				,	,		
m Y		d		_					
gra Re				_					
Program Service Revenue		e		_					
ъ.			All other program service revenue			070 461			
		g	Total. Add lines 2a-2f			272,461.			
	3		Investment income (including dividends, in	nterest,	and				
			other similar amounts)		9,428.			9,428.	
	4		Income from investment of tax-exempt bor						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	2	Gross rents 6a		.,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securiti		(ii) Other				
			assets other than inventory 7a 45,47	8.					
		b	Less: cost or other basis						
ē			and sales expenses	5.					
eni		С	Gain or (loss) 7c -1,59	7.					
Revenue		d	Net gain or (loss)			-1,597.			-1,597.
her F			Gross income from fundraising events (not						
Othe	0		including \$ 51,533. of						
O			·						
			contributions reported on line 1c). See		60 462				
			Part IV, line 18		68,463.				
		b	Less: direct expenses	8b	32,158.				
		С	Net income or (loss) from fundraising even	its		36,305.			36,305.
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a	21,405.				
		b	Less: direct expenses	9b	3,905.				
			Net income or (loss) from gaming activities		, ,	17,500.			17,500.
			Gross sales of inventory, less returns	<u>'''''</u>		27,75000			27,5550
	10	a	3.7	40-	9 110				
			and allowances	10a	8,440.				
			Less: cost of goods sold	10b	3,526.	4 01 4	4 014		
		С	Net income or (loss) from sales of inventor			4,914.	4,914.		
w				_	usiness Code				
ňo	11	а	OTHER INCOME	L	900099	3,120.	3,120.		
ine Duc		b							
Miscellaneous Revenue		С							
Sc			All other revenue						
Σ			Total. Add lines 11a-11d			3,120.			
						1,512,510.	280,495.	0.	61,636.
	12		Total revenue. See instructions			<u> </u>	<u> </u>	1 0.	01,000.

232009 12-13-22

Form **990** (2022)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 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, 93,308. 93,308. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 543,350. 427,196. 25,318. 90,836. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 48,542. 39,686. 1,930. 6,926. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,100. 7,100. Accounting Lobbying 54,000. 54,000. Professional fundraising services. See Part IV, line 17 4,453. 4,453. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 4,645. 5,681. 225. 811. Advertising and promotion 12 62,766. 27,184. 1,323. 34,259. Office expenses 13 13,733. 11,261. 549. 1,923. Information technology 14 15 Royalties 28,171. 23,032. 1,120. 4,019. 16 Occupancy 1,087. 889. 155. 43. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,701. 1,031. 50. 620. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 19,742. 16,140. 785. 2,817. Depreciation, depletion, and amortization 22 13,550. 10,507. 1,209. 1,834. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 66,220. 66,220. SHELTER EXPENSE SUPPLIES 57,548. 47,045. 2,290. 8,213. 3,472. REPAIRS & MAINTENANCE 24,336. 19,896. 968. С d 10.278. 7.410. 352. 2,516. All other expenses 1,055,566. 795,450. 47,715. 212,401. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2022)

16080526 758050 4000044-005

Form 990 (2022)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			186,000.	1	718,952.
	2	Savings and temporary cash investments		215,601.	2	185,052.	
	3	Pledges and grants receivable, net		1,382,880.	3	1,349,099.	
	4	Accounts receivable, net			14,045.	4	10,170.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t			5		
	6	Loans and other receivables from other disqu	alified person	s (as defined			
		under section 4958(f)(1)), and persons describ	oed in section	4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,829.	8	2,370. 1,149.
Ä	9				979.	9	1,149.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	648,102.			
	b	Less: accumulated depreciation	10b	345,127.	276,907.	10c	302,975.
	11	Investments - publicly traded securities			430,189.	11	364,477.
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			2,510,430.	16	2,934,244.
	17	Accounts payable and accrued expenses			20,855.	17	56,618.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t	· ·			22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X			
		of Schedule D			20,855.	25	56,618.
	26	Total liabilities. Add lines 17 through 25	<u></u>	X	20,033.	26	30,010.
ç		Organizations that follow FASB ASC 958, o	neck nere				
nce	0.7	and complete lines 27, 28, 32, and 33.			1,012,089.	07	875 838
<u>a</u>	27				1,477,486.	27 28	875,838. 2,001,788.
g B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC			1,4//,400•	20	2,001,700.
Ë			, 956, CHECK	nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.	de			29	
əts	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				30	
ISS	30						
et 🌶	31	Retained earnings, endowment, accumulated			2,489,575.	31 32	2,877,626.
ž	32	Total liabilities and not assets/fund balances		l	2,510,430.	33	2,934,244.
	33	Total liabilities and net assets/fund balances			2,310,430.	<b>ა</b> ა	2,,,,,,,,,,,,,

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,51				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,05	5,5	66.		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,48	9,5	75.		
5	Net unrealized gains (losses) on investments	5	-6	8,8	93.		
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	2,87	7,6	26.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		,				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
		,	Form	990	(2022)		

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization LENAWEE HUMANE SOCIETY 38-1574080 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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.)

Sect	ion A. Public Support						
	ar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-,	(3)=====	(5) = = = =	(-,	(5) = = = =	(-)
	nembership fees received. (Do not						
	nclude any "unusual grants.")	707,660.	410,157.	965,956.	1810391.	1170379.	5064543.
<b>2</b> T	ax revenues levied for the organ-						
iz	zation's benefit and either paid to						
0	r expended on its behalf						
<b>3</b> T	he value of services or facilities						
fı	urnished by a governmental unit to						
tl	ne organization without charge						
4 T	otal. Add lines 1 through 3	707,660.	410,157.	965,956.	1810391.	1170379.	5064543.
<b>5</b> T	he portion of total contributions						
b	y each person (other than a						
g	overnmental unit or publicly						
S	upported organization) included						
0	n line 1 that exceeds 2% of the						
а	mount shown on line 11,						
С	olumn (f)						268,870.
	Public support. Subtract line 5 from line 4.						4795673.
Sect	ion B. Total Support						
Calend	ar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> A	mounts from line 4	707,660.	410,157.	965,956.	1810391.	1170379.	5064543.
<b>8</b> G	Gross income from interest,						
d	lividends, payments received on						
S	ecurities loans, rents, royalties,						
а	nd income from similar sources	398.	-10,162.	9,931.	22,931.	9,428.	32,526.
<b>9</b> N	let income from unrelated business						
а	ctivities, whether or not the						
b	usiness is regularly carried on	9,465.					9,465.
<b>10</b> C	Other income. Do not include gain						
0	r loss from the sale of capital						
а	ssets (Explain in Part VI.)	110.	5,828.	528.	2,684.	53,805.	62,955.
11 T	<b>total support.</b> Add lines 7 through 10						5169489.
	Gross receipts from related activities,					•	,336,321.
13 F	<b>irst 5 years.</b> If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	rganization, check this box and stor						
	ion C. Computation of Publi						00 77
	Public support percentage for 2022 (li		•	.,,		14	92.77 %
	Public support percentage from 2021					15	89.77 %
	3 1/3% support test - 2022. If the c						
	top here. The organization qualifies						
	3 1/3% support test - 2021. If the c	•		•		*	
	nd stop here. The organization qual						
	0% -facts-and-circumstances test						
	nd if the organization meets the facts					VI how the organiz	ation
	neets the facts-and-circumstances te						
	0% -facts-and-circumstances test	_					10% or
	nore, and if the organization meets th				-		
^	raanization moote the facts and circu	imetaneous tost. The	a arganization alla	ution on a publicly	aupported argani-	otion	1 1
	rganization meets the facts-and-circu Private foundation. If the organizatio		-	•			H

#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

16080526 758050 4000044-005

### 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")? |f "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?
- 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).
- 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.)

	Yes	No
1		
•		
2		
За		
Sa		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
le A (Forn	n 990)	2022

Schedule A (Form 990)

Par	TIV   Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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 inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2022 LENAWEE HUMANE SOCIETY			38-1574080 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

LENAWEE HUMANE SOCIETY 38-1574080 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

## LENAWEE HUMANE SOCIETY

38-1574080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>250,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 225,650.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$0,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 3 Name of organization Employer identification number

## LENAWEE HUMANE SOCIETY

38-1574080

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b)  (c)  FMV (or estimate)  (see instructions.)  (b)  Description of noncash property given  (c)  FMV (or estimate)  (see instructions.)  (c)  FMV (or estimate)  (see instructions.)  (d)  Description of noncash property given  (e)  FMV (or estimate)  (see instructions.)  (f)  FMV (or estimate)  (see instructions.)  (g)  FMV (or estimate)  (see instructions.)  (h)  Description of noncash property given  (g)  (h)  Description of noncash property given  (h)  (h)  (h)  Description of noncash property given  (h)  (h)  (h)  (h)  (h)  (h)  (h)  (h

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** LENAWEE HUMANE SOCIETY 38-1574080 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22 Schedule B (Form 990) (2022)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

LENAWEE HUMANE SOCIETY

**Employer identification number** 38-1574080

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relativest floars develor to membering, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	ollections of Ar		cal Tre	asures oi	r Other			/4080		ige ∠
_	Using the organization's acquisition, accession								(CONTIN	uea)	
3	. ,	on, and other record	s, check an	y or trie it	Silowing that	make si	grillicarit t	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c			nange progra						
b	Scholarly research	e	eOtr	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of		•		•				Yes		l NIa
Par	to be sold to raise funds rather than to be ma										No
I ai	reported an amount on Form 990, Par		ete ii the or	ganization	1 answered	Yes" on	Form 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodia		ion, for con-	tributions	or other see	oto not i	aaludad				
ıa									Yes		No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a								_ res		INO
ь	ii res, explain the arrangement in Part Alli a	and complete the lo	llowing table	₹.					Amount		
•	Poginning halanco						1c		7 tillourit		
Q C	Beginning balance Additions during the year										
u	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		
Par											
	· ·	(a) Current year	(b) Prior		(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	,	. ,	-					. ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a. co	olumn (a)	) held as:				ı		
а	Board designated or quasi-endowment	•	%	( )							
b	Permanent endowment		_								
С		<del></del> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that ar	e held an	d administer	ed for the	е				
	organization by:	-								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, lir	ne 11a. Se	ee Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ad	ccumulate	ed	(d) Book	value	<del>)</del>
		basis (investr	nent)	basis (		dep	preciation				
1a	Land				5,081.					5,08	
b	Buildings				7,432.	1	98,39		7.9	0,04	-
С	Leasehold improvements				1,625.		21,62				0.
d	Equipment				4,088.		60,96			3,12	
	Other				9,876.		64,14	19.		72	
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (i	B). line 10	Oc.)				302	2,97	/5.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LENAWEE HUM	IANE SOCIETY	38	3-1574080 Page
Part VII Investments - Other Securities.			
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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year 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"		11d. See Form 990, Part X, line 15.	T
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	15.)		
Part X Other Liabilities.	© 1∪.)		ı
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(5) (6) (7) (8)

Part	XI Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,473,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a l	Net unrealized gains (losses) on investments	2a	-68,892.		
b I	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	34,539.		
е /	Add lines 2a through 2d			2e	-34,353. 1,508,057.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,508,057.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	4,453.		
b (	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	4,453. 1,512,510.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,512,510.
Part	XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,085,652.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a l	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
d (	Other (Describe in Part XIII.)	2d	34,539.		
е /	Add lines 2a through 2d			2e	34,539. 1,051,113.
3 :	Subtract line <b>2e</b> from line <b>1</b>			3	1,051,113.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	4,453.		
	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	4,453.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)			5	1,055,566.
Part	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b a	and 2b; Part V, line 4	; Part X	K, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal inform	ation.		
PAR	ΓX, LINE 2:				
LEN	AWEE HUMANE SOCIETY IS AN ORGANIZATION REC	OGNIZE	D AS EXEMP	T FI	ROM
FED	ERAL INCOME TAXES UNDER SECTION 501(C)(3)	OF THE	INTERNAL :	REVI	ENUE CODE
OF :	1986, AS AMENDED.				
PRO	FESSIONAL STANDARDS REQUIRE AN ANALYSIS OF	UNCER	TAIN TAX P	OSI	TIONS FOR
THE	PURPOSES OF DETERMINING WHETHER BENEFITS A	ASSOCI	ATED WITH	THOS	SE
POS:	ITIONS MAY BE RECOGNIZED FOR FINANCIAL STA	<b>TEMENT</b>	PURPOSES.	B	ASED ON
THI	S ANALYSIS, THE SOCIETY HAS DETERMINED IT 1	HAS NO	MATERIAL	UNCI	ERTAIN TAX
POS:	ITIONS FOR WHICH THE ASSOCIATED BENEFITS M	TON YA	BE RECOGN	IZEI	NOR FOR
WHI	CH DISCLOSURE IS REQUIRED. FEDERAL TAX RE	TURNS	GENERALLY,	RE	MAIN OPEN

FOR EXAMINATION BY THE TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS.

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number	
LENAWEE HUMANE SOCIETY					38-1574080			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e X Solicitate f X Solicitate g X Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<u> </u>	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration	

232081 10-27-22

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

Schedule G (Form 990) 2022

Sch	edu		E HUMANE SOCI			1574080 Page 2
Pa	ırt I					
_		of fundraising event contributions and g			<u>-</u>	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			HOWL-O-WEEN		NONE	(add col. (a) through
				WNW	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	col. <b>(c)</b> )
<u>o</u>			(event type)	(event type)	(total number)	
Revenue			00 610	20 202		110 006
Şe	1	Gross receipts	89,613.	30,383.		119,996.
			22 402	10 420		F4 F22
	2	Less: Contributions	33,103.	18,430.		51,533.
			F.C. F10	11 052		60 462
_	3	Gross income (line 1 minus line 2)	56,510.	11,953.		68,463.
			1 1 5 0			1 1 1 5 0
	4	Cash prizes	1,150.			1,150.
	5	Noncash prizes				
Direct Expenses			005			005
ben	6	Rent/facility costs	995.			995.
Ш			0.000			0 000
ect S	7	Food and beverages	8,898.			8,898.
اة			1 000	100		1 000
	8	Entertainment		100.		1,900.
	9	Other direct expenses	•	5,121.		19,215.
	10					32,158.
		Net income summary. Subtract line 10 from				36,305.
Pa	irt i		answered "Yes" on Form	i 990, Part IV, line 19, or re	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
en.				billigo/progressive billigo		l coi. (a) trirough coi. (c)
Revenue		_				
$\dashv$	1	Gross revenue				01 405
					21,405.	21,405.
Se						
	2	Cash prizes			3,000.	21,405. 3,000.
띪						
xpenses		Cash prizes  Noncash prizes				
	3	Noncash prizes				
Direct Expens	3	Noncash prizes  Rent/facility costs			3,000.	3,000.
	3	Noncash prizes			3,000.	
	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses			3,000. 905. Yes%	3,000.
	3 4 5	Noncash prizes  Rent/facility costs		Yes%	3,000.	3,000.
	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %		3,000. 905. Yes%	3,000. 905.
	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses	Yes %		3,000.  905.  Yes%  No	3,000.
	3 4 5 6 7	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No sh 5 in column (d)	No No	3,000.  905.  Yes%  No	3,000. 905. 3,905.
	3 4 5 6	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No sh 5 in column (d)	No No	3,000.  905.  Yes%  No	3,000. 905.
Direct E	3 4 5 6 7 8	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the summary. Subtract line in the summary is subtract line.	Yes %  No  sh 5 in column (d)  7 from line 1, column (d)	No No	3,000.  905.  Yes%  No	3,000. 905. 3,905.
<b>o</b> Direct E	3 4 5 6 7 8 En	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization conditions.	Yes%  No  gh 5 in column (d)  7 from line 1, column (d)  lucts gaming activities: M	No No	3,000.  905.  Yes%  No	3,000. 905. 3,905. 17,500.
a 6 Direct E	3 4 5 6 7 8 Enrist	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct the organization licensed to conduct gaming as	yes%  No  yh 5 in column (d)  7 from line 1, column (d)  lucts gaming activities: Mactivities in each of these	No No	3,000.  905.  Yes%  No	3,000. 905. 3,905. 17,500.
a 6 Direct E	3 4 5 6 7 8 Enrist	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization conditions.	yes%  No  yh 5 in column (d)  7 from line 1, column (d)  lucts gaming activities: Mactivities in each of these	No No	3,000.  905.  Yes%  X No	3,000. 905. 3,905. 17,500.
a 6 Direct E	3 4 5 6 7 8 Enrist	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct the organization licensed to conduct gaming as	yes%  No  yh 5 in column (d)  7 from line 1, column (d)  lucts gaming activities: Mactivities in each of these	No No	3,000.  905.  Yes%  X No	3,000. 905. 3,905. 17,500.
g b 6 Direct E	3 4 5 6 7 8 En   Ist   Ist   Ist	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct the organization licensed to conduct gaming as	Yes%  No  9h 5 in column (d)  7 from line 1, column (d)  Plucts gaming activities: Mactivities in each of these	No No	3,000.  905.  Yes%  X No	3,000.  905.  3,905.  17,500.

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 LENAWEE HUMANE SOCIETY 56-1	L5/4U	00	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es [	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es [	X No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b> Y</b>	es [	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es [	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$  IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	rt III line	s 9 9h	10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	·,oc	0 0, 00	, 100,
	ica, ica, ica ira, ac application les premier any adamental membrane con membrane.			
_				
_				

Schedule G	G (Form 990)	LENAWEE HUMAN	NE SOCIETY	38-1574080 Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)		
		(continued)		
				·

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

LENAWEE HUMANE SOCIETY

Employer identification number 38-1574080

Par	rt I Types of Property						
		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	Method	(d) d of determining	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	I .	ontribution amount	:S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
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				<u> </u>		
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other				<del>                                     </del>		
18	Collectibles				<del>                                     </del>		
19	Food inventory						
20	Drugs and medical supplies				<del> </del>		
21	Taxidermy						
22	Historical artifacts				<del>                                     </del>		
23 24	Scientific specimens						
2 <del>4</del> 25	Archeological artifacts Other ( ANIMAL SUPPLIES )	Х	0	23 890	COST TE	PURCHASED	NE
26	Other (AUCTION ITEMS)	X	0			PURCHASED	
27	Other ( )	21		3,030.	CODI II	TORCIMIDED	
28	Other (						
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions	,1		
	for which the organization completed Form 828	-	•				
	3	,	3			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it		
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22 Schedule M (Form 990) 2022

### **SCHEDULE O** (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LENAWEE HUMANE SOCIETY

**Employer identification number** 38-1574080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
UNTIL A PERMANENT HOME ENVIRONMENT CAN BE FOUND.				
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:				
THROUGH OUR OUTREACH PROGRAM WE PROVIDE EDUCATIONAL PLATFORMS FOR BOTH				
CHILDREN AND ADULTS. PROGRAMS INCLUDE OUR PET FOOD BANK (PROVIDING				
FREE PET FOOD TO LOW COST INDIVIDUALS), MEOWZEN CAT YOGA, READING				
BUDDIES, RUNNING BUDDIES, BIRTHDAY PARTIES AND WORKSHOPS. THESE				
PROVIDE THE PUBLIC AN OPPORTUNITY TO LEARN ABOUT ANIMAL WELFARE, WHILE				
ENGAGING AND PROVIDING SOCIALIZATION FOR OUR SHELTER ANIMALS. WE ALSO				
OFFER HANDS-ON WEEK LONG SUMMER CAMP PROGRAMS THAT ARE PERFECT FOR ANY				
YOUNG ANIMAL LOVER. THROUGH A DETAILED CURRICULUM, CHILDREN WILL LEARN				
ABOUT ANIMAL WELFARE, HEALTH AND WELLNESS, INNER WORKINGS OF ANIMAL				
SHELTERING, AND MORE! EACH CAMP FEATURES SPECIAL GUESTS, EDUCATIONAL				
PRESENTATIONS AND HANDS-ON PROJECTS TAILORED TO THE SPECIFIC AGE GROUP.				
EXPENSES \$ 32,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,120.				
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS				
HUMANE EDUCATION				

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 38-1574080 LENAWEE HUMANE SOCIETY FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE COMPARES THE FINANCIAL STATEMENTS TO THE 990 AND APPROVES BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS PROMPTLY NOTIFY THE BOARD PRESIDENT IF ANY CONFLICTS OF INTEREST ARISE THROUGHOUT THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD EVALUATES AND COMPARES THE SALARY OF THE EXECUTIVE DIRECTOR BY USING COMPARABLE RATES WITHIN THE COUNTY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST. FORM 990, PART XII, LINE 2C: PROCESS HAS NOT CHANGED FROM PRIOR YEAR.