Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

		2022 calendar year, or tax year beginning	and	ending										
-	heck if	C Name of organization			D Employer identific	cation number								
а	pplicabl	e:	, ,											
	Addre	INGHAM COUNTY HUMANE SOC	IETY											
F	Name	Doing business as CAPITAL AREA	HUMANE SOCIETY	7	38-16015	42								
	Initial	Number and street (or P.O. box if mail is not deliver	ed to street address)											
	Final	7005 W CDAND PIVER AVEN			517-626-6	5821								
	termir ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	4,365,368.								
	Amen				H(a) Is this a group re	turn								
	Application		WILLSON		for subordinates	? Yes X No								
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in									
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	7.0K H	list. See instructions								
	Vebsi		,		H(c) Group exemption									
		organization: X Corporation Trust Assoc	ciation Other	L Year		State of legal domicile; MI								
	ırt I	Summary												
1000000	1	Briefly describe the organization's mission or most sign	nificant activities:											
ce		ANIMAL SHELTER AND ADOPTION												
Governance														
ver		Number of voting members of the governing body (Par			3	12								
		Number of independent voting members of the govern				12								
≪		Total number of individuals employed in calendar year				90								
iţie		Total number of volunteers (estimate if necessary)				424								
Activities &		Total unrelated business revenue from Part VIII, colum				0.								
ĕ		Net unrelated business taxable income from Form 990				0.								
		- 100 A			Prior Year	Current Year								
-	8	Contributions and grants (Part VIII, line 1h)			3,008,600.	2,966,215.								
Revenue	9	Program service revenue (Part VIII, line 2g)	Action Control	1,052,476.	890,928.									
.ve		Investment income (Part VIII, column (A), lines 3, 4, and		181,256.	100,516.									
R	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		520 - 55 - 50	26,943.	-24,893.								
		Total revenue - add lines 8 through 11 (must equal Par			4,269,275.	3,932,766.								
		Grants and similar amounts paid (Part IX, column (A), I			0.	0.								
		Benefits paid to or for members (Part IX, column (A), lin			0.	0.								
		Salaries, other compensation, employee benefits (Part			1,933,391.	2,109,163.								
ses		Professional fundraising fees (Part IX, column (A), line			0.	0.								
Expenses		Total fundraising expenses (Part IX, column (D), line 25		04.										
EX	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11i			1,294,010.	1,272,313.								
		Total expenses. Add lines 13-17 (must equal Part IX, c			3,227,401.	3,381,476.								
		Revenue less expenses. Subtract line 18 from line 12			1,041,874.	551,290.								
- Sec		Tieveriae 1000 experieses paperaes line ve trem mo ve			ginning of Current Year	End of Year								
ets c	20	Total assets (Part X, line 16)			8,253,013.	8,655,568.								
Asse	21	Total liabilities (Part X, line 26)			474,598.	715,668.								
Net Assets Fund Baland	22	Net assets or fund balances. Subtract line 21 from line	20		7,778,415.	7,939,900.								
Pa	rt II	Signature Block												
Und	er nens	Ities of perjury, I declare that I have examined this return, incl	luding accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is								
		et, and complete. Declaration of preparer (other than officer) is												
1100,	¥	This in the contract of the co		- F- F-	* 71171	72								
Sigi		Signature of office			Date	6)								
Her	1	JULIA WILLSON, PRESIDENT & (CEO											
riei	9	Type or print name and title												
		Property Property represents required actions	eparer's signature		Date Check	PTIN								
Paid	1		NE E. PFEIFER	lo	7/07/23 if self-employe	P00014949								
	arer		CKETT & CO.	10		1-0800053								
	Only	Firm's address 3505 COOLIDGE RD.			THIT OLIN S									
036	Jilly	EAST LANSING, MI 48	823		Phone no. (5)	17)-351-5508								
Max	tho I	29 discuss this return with the preparer shown above?			1. Mono no. (S	X Yes No								

Form	990 (2022) INGHAM COUNTY HUMANE SOCIETY	38-16015	4 2 Pag	e 2
Pai	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			\neg
			L	
1	Briefly describe the organization's mission:			
	ANIMAL SHELTER AND ADOPTION SERVICES			
_	Did the service the service and adult are serviced as a service above the service and the serv	***************************************		
2	Did the organization undertake any significant program services during the year which were not listed on the		ा जिल्ला	
	prior Form 990 or 990-EZ?	L	Yes X	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X	No
•	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as n			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expens	ses, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 2,804,374. including grants of \$) (Revenue)	e \$ 9	27,150	•)
	THE PROVISION OF ANIMAL SHELTER AND ADOPTION PROGRAMS, PE			
	HUMANE TREATMENT OF ANIMALS, AND PROVISION OF PUBLIC SPAN			
		LINEOIEK	СПТИТС	
	SERVICES.			
	·			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
	N/A			

4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
	N/A			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ Including grants of \$) (Revenue \$)		
	2 804 374			

Form 990 (2022) INGHAM COUNTY HUMANE SOCIETY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	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,		х	
120	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d	х	
_	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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's separate of consolidated inhancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	20 30 8 B B D V 10 B	12a	х	
h	Schedule D, Parts XI and XII	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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		X
			000	

Form 990 (2022) INGHAM COUNTY HUMA
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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			-
2.02	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"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	200		
C	"Yes," complete Schedule L, Part IV	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		-21
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	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	
232004	12-13-22	Form	990	(2022)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 90 2a **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

232005 12-13-22

Form 990 (2022)

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2022) INGHAM COUNTY HUMANE SOCIETY 38-1601542 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 1a 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 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 with a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

7095 W. GRAND RIVER, LANSING, MI 48906 232006 12-13-22

statements available to the public during the tax year.

CINDY SHORTZ - 517-626-6821

Form 990 (2022)

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

Form 990 (2022) 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	/dr	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an					compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	шреп		1099-NEC)	1099-1420)	and related
	below	Idual	Institutional trustee	- I	Key employee	est co	l is	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JULIA WILLSON	40.00									
PRESIDENT & CEO				X				112,096.	0.	5,138.
(2) JENNIFER MARCH	2.00								333 333	
CHAIRPERSON		X		X				0.	0.	0.
(3) MICHAEL BEEBE	1.00									
VICE CHAIRPERSON		X		X				0.	0.	0.
(4) CLAYTON STIFFLER	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) PAM HARDEN	1.00									
SECRETARY		X		Х				0.	0.	0.
(6) DAVID VANDERKLOCK	2.00									
MEMBER		X						0.	0.	0.
(7) BREINA PUGH	1.00							5-33-3316-3-33-33		
MEMBER		X						0.	0.	0.
(8) KATHY HELZER	1.00									The sa
MEMBER		Х						0.	0.	0.
(9) PAM AMATO	1.00									
MEMBER		X						0.	0.	0.
(10) CHRIS METTS	1.00									
MEMBER		X						0.	0.	0.
(11) AMANDA JURCISIN	1.00									
MEMBER		X						0.	0.	0.
(12) LISETTE POLETES	1.00									
MEMBER		Х						0.	0.	0.
(13) JOELLYN TUCKER	1.00									
MEMBER		Х						0.	0.	0.
						T				

Form 990 (2022) INGHAM CC									38-160	154	2 F	age 8	
Part VII Section A. Officers, Directors, Trus (A) Name and title	ployees, and Highest C (C) Position (do not check more than one box, unless person is both an						(D) Reportable	(E) Reportable		(F) Estimat			
	hours per week (list any hours for related organizations below line)	tee or director		officer	recto		tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	ed other ns compens ISC/ from the		r ation ne ition ited	
											Sec. 25 - 24 - 20 - 20 - 20 - 20 - 20 - 20 - 20		
										+			
										-			
										+			
1h. Subtotal								112,096.	0	_	5.1	.38.	
1b Subtotal c Total from continuation sheets to Part VII	, Section A							112,096.	0		0. 5,138.		
d Total (add lines 1b and 1c) Total number of individuals (including but no										•	J, 1		
compensation from the organization											Yes	No No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			100		0.00					3		x	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e coi	mpe	nsat	ion	and	oth	er compensation from t	ne organization	4		x	
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services			X	
rendered to the organization? If "Yes," composition B. Independent Contractors										5		Λ	
Complete this table for your five highest cor the organization. Report compensation for t										sation	from		
(A) Name and business	address	NC	NE	C				(B) Description of s	ervices		(C) ensatio	on	
Total number of independent contractors (in		ot lim	nited	l to tl	-		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				0					Forr	990	(2022)	

Form 990 (2022) INGHAM COUNTY HUMANE SOCIETY
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under			
					Tanonom o yong o	24511665 16161146	sections 512 - 514			
ts ts	1 a	Federated campaigns 1a	37,980.							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b								
	c	Fundraising events 1c								
	c	Related organizations 1d								
s,	е	Government grants (contributions) 1e	335,370.							
rigin	f	All other contributions, gifts, grants, and								
ibe			298,770.							
dit	9	Noncash contributions included in lines 1a-1f 1g \$	6,426.							
<u>ਨੂੰ ਭ</u>	h	Total. Add lines 1a-1f		2,966,215.						
		0.00	Business Code							
ce		OSC INCOME	812900	414,514.	414,514.					
er.		ADOPTIONS	812900	386,863.	386,863.					
Program Service Revenue		NEWSLETTER	812900	34,159.	34,159.					
grar Bev	d		812900 812900	27,427.	27,427.					
, ro		KIDS CAMP		14,406. 13,559.	14,406. 13,559.					
<u>. </u>		All other program service revenue	812900	890,928.	13,339.					
-	g	Total. Add lines 2a-2f Investment income (including dividends, intere	ot and	030,320.			Barrier Barrier			
	3	other similar amounts)		62,330.			62,330.			
	4	Income from investment of tax-exempt bond p		02/3301			02,330.			
	5	Royalties	occus							
	•	(i) Real	(ii) Personal							
	6 a	Gross rents 6a								
		Less: rental expenses 6b	*****							
		Rental income or (loss) 6c								
		Net rental income or (loss)								
		Gross amount from sales of (i) Securities	(ii) Other							
		assets other than inventory 7a 353, 463.								
	b	Less: cost or other basis								
e l		and sales expenses 76 315,277.								
Other Revenue	С	Gain or (loss) 7c 38,186.								
Be	d	Net gain or (loss)		38,186.			38,186.			
Je.		Gross income from fundraising events (not								
₹		including \$ 294,095. of								
		contributions reported on line 1c). See								
1		Part IV, line 18								
- 1		Less: direct expenses 8b	93,890.							
1		Net income or (loss) from fundraising events		-61,115.			-61,115.			
	9 a	Gross income from gaming activities. See								
		Part IV, line 19 9a								
		Less: direct expenses 9b								
		Net income or (loss) from gaming activities								
	10 a	Gross sales of inventory, less returns	E2 024			Constitution of				
		and allowances 10a								
1		Less: cost of goods sold 10b	23,435.	20 500	20 500					
-	С	Net income or (loss) from sales of inventory	Business Code	29,589.	29,589.					
sn	44 ~	MISCELLANEOUS INCOME	900099	6,633.	6,633.					
9E 3H	11 a	TITO CHILITATIO OD TINCOME	20002	0,055.	0,055.					
alla Ven	b									
Miscellaneous Revenue	q	All other revenue								
Σ		Total. Add lines 11a-11d		6,633.						
	12	Total revenue. See instructions		3,932,766.	927,150.	0.	39,401.			
232009					, , , , , ,		Form 990 (2022)			

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	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	· · · · · · · · · · · · · · · · · · ·			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	117,235.	15,660.	67,645.	33,930.
6	Compensation not included above to disqualified	117,255.	13,000.	07,043.	33,330.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,737,713.	1,560,759.	89,051.	87,903.
8	Pension plan accruals and contributions (include	_,,,,	_,000,100*	03,031.	01,505.
Ū	section 401(k) and 403(b) employer contributions)	19,592.	17,104.	1,400.	1.088-
9	Other employee benefits	81,711.	69,964.	6,609.	1,088. 5,138.
10	Payroll taxes	152,912.	129,945.	12,921.	10,046.
11	Fees for services (nonemployees):	,	,		
а					
b					77.4
c	E 12.9	6,100.		6,100.	
c					
е					
f	Investment management fees				*
g					
	column (A), amount, list line 11g expenses on Sch O.)	11,390.	5,018.		6,372.
12	Advertising and promotion	11,390. 5,932.	219.		6,372. 5,713.
13	Office expenses	279,794.	92,597.	1,662.	185,535.
14	Information technology				
15	Royalties				
16	Occupancy	195,818.	189,698.	3,672.	2,448.
17	Travel	22,127.	10,784.	11,208.	135.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	181,663.	173,346.	4,990. 1,371.	3,327.
23	Insurance	45,694.	43,409.	1,371.	914.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	ANIMAL CARE	421,629.	421,629.		
b	BUILDING SUPPLIES	25,240.	23,978.	757.	505.
C	MISCELLANEOUS	22,612.	1,990.	20,622.	505.
d	HUMAN EDUCATION	22,387.	22,387.	,	
	All other expenses	31,927.	25,887.	1,290.	4,750.
25	Total functional expenses. Add lines 1 through 24e	3,381,476.	2,804,374.	229,298.	347,804.
26	Joint costs. Complete this line only if the organization	3,232,270	_, , _ , _ , _ ,		22110030
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	1	1		

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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 46,661. 25,698. Cash - non-interest-bearing 1 2,701,554. 1,878,915. Savings and temporary cash investments 2 2 118,473. Pledges and grants receivable, net 324,613. 3 3 4,215. 3,202. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 83,568. 80,228. 8 Inventories for sale or use 13,691. 63,570. Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a 4,712,533. basis. Complete Part VI of Schedule D 10a 2,339,233. 2,373,300. 2,523,335. Less: accumulated depreciation 10b 10c 1,478,592. 1,568,477. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 987,912. 2,632,577. Other assets. See Part IV, line 11 15 15 8,253,013. 8,655,568. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 139,228. 617,284. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 335,370. 0. Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 98,384. 0. 25 715,668. 474,598. 26 Total liabilities. Add lines 17 through 25 26 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,544,794. 7,437,524. Net assets without donor restrictions 27 27 502,376. 1,233,621. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 7,778,415. 7,939,900. Total net assets or fund balances 32 32 8,253,013. 8,655,568. 33 Total liabilities and net assets/fund balances

Form	1990 (2022) INGHAM COUNTI HOMANE SOCIETI	20	-1001242	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,93	2,7	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,38	1,4	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	55	1,2	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,77		
5	Net unrealized gains (losses) on investments	5	-30	5,4	86.
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	-8	4,3	19.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,93	9,9	00.
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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 C	D.		
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				