WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> DANE COUNTY HUMANE SOCIETY, INC. 5132 VOGES RD MADISON, WI 53718-6941

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 622-800 | Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

Т

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.



AI	For the	2022 calendar year, or tax year beginning and	l ending		
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	DANE COUNTY HUMANE SOCIETY, INC.			
	Name change			39-08063	35
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	5132 VOCES RD		608-838-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,475,781.
	Ameno	MADISON, WI 53718-6941		H(a) Is this a group re	
	Applic: tion pendin	F Name and address of principal officer: FAMELIA MCCLOOD SMI	TH	for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		Sempt status: X $501(c)(3)$ $501(c)()$ $)$ (insert no.) $4947(a)(1)$	or 527	- ,	list. See instructions
_	Vebsit			H(c) Group exemption	
	orm of art I	organization: X Corporation Trust Association Other	L Year	of formation: 1921 N	State of legal domicile: WI
Г					
e	1	Briefly describe the organization's mission or most significant activities: PROV ADOPTION SERVICES TO REDUCE THE POPULATIO			
Jane	2	Check this box if the organization discontinued its operations or dispo			
/err	2				11 ners.
ģ	4	Number of independent voting members of the governing body (Part VI, interna)			11
<u>م</u>	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	150
itie	6	Total number of volunteers (estimate if necessary)			895
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		4,760,842.	4,097,591.
nue	9	Program service revenue (Part VIII, line 2g)		934,726.	1,141,963.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		314,472.	35,504.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,437.	-13,956.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,998,603.	5,261,102.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,500.	14,000.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,395,852.	3,866,783.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	b 17	Total fundraising expenses (Part IX, column (D), line 25) 890,6		1,352,702.	1,557,596.
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,769,054.	5,438,379.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,229,549.	-177,277.
Or or				ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		10,653,807.	10,872,478.
t Assets (21	Total liabilities (Part X, line 26)		311,166.	1,021,711.
Net		Net assets or fund balances. Subtract line 21 from line 20		10,342,641.	9,850,767.
Pa		Signature Block	I		· ·

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

Sign	Signature of officer			Date	
Here	PAMELA MCCLOUD SMITH, EXE	CUTIVE DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	SCOTT HAUMERSEN, CPA	SCOTT HAUMERSEN,	CPA 05/04	/23 self-employed	P00084908
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-	0974031
Use Only	Firm's address 2921 LANDMARK PL	STE 300			
	MADISON, WI 53713	-4236		Phone no. (608) 274-4020
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions			Form 990 (2022)

		39-0806335	Page 2
Pa			X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. <u>A</u>
•	DANE COUNTY HUMANE SOCIETY (DCHS) IS A LEADER IN CREATING	A MORE	
	HUMANE COMMUNITY FOCUSING ON THE HUMAN RELATIONSHIP WITH		
	ANIMALS. DCHS'S MISSION FOCUSES ON "HELPING PEOPLE HELP A		
	IS EFFECTIVE IN ITS MISSION THROUGH MAINTAINING FINANCIAL	LY STABLE AN	1D
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	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	XNo
	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 m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, an	d
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$2, 219, 006. including grants of \$14, 000.) (Revenue)	•s 468,9	357
4a	(Code:) (Expenses \$2,219,006. including grants of \$14,000.) (Revenue ANIMAL SERVICES - DCHS'S ANIMAL SERVICES INCLUDE OPEN-ADM	TSSTON ANTMA	
	INTAKE, CUSTOMER SERVICE, DAILY CARE OF ANIMALS, SPAY/NEU		
	SURGICAL SERVICES, HUMANE EUTHANASIA AND PARTICIPATION IN		
	SHELTERING ANIMALS OF ABUSE VICTIMS PROGRAM. IN ADDITION,	DCHS WORKEI)
	WITH MADISON AND DANE COUNTY ANIMAL SERVICES TO ENSURE IT	PROPERLY	
	FULFILLS THE SERVICES OUTLINED IN ITS CONTRACTS WITH THES		
	MUNICIPALITIES. IN 2022, MEDICAL STAFF AND VOLUNTEER VETE	RINARIANS	
	PERFORMED 2,779 SURGERIES.		
4b	(Code:) (Expenses \$731,483. including grants of \$0.) (Revenue	s <u>563,7</u>	726.)
	ADOPTION & RECEPTION SERVICES - DCHS'S ADOPTION & RECEPTI	ON SERVICES	
	INCLUDE CUSTOMER SERVICE AND ANIMAL ADOPTIONS AT DCHS'S M		1
	AND DCHS'S THRIFT STORE. THE MAIN ADOPTION CENTER ALSO C		
	SUPPLIES AND VARIOUS DCHS BRANDED MERCHANDISE FOR SALE TO ADOPTING ANIMALS AS WELL AS TO OTHER PATRONS. IN 2022, A	BOUT 3,050	j
	· · · · · · · · · · · · · · · · · · ·	18.	
	ANIMALD WERE ADDITED: DOID 5 2022 ANIMAL DAVE RATE WAD 5	10.	
			0
4c	(Code:) (Expenses \$554,019. including grants of \$0.) (Revenue WILDLIFE REHABILITATION - DCHS'S WILDLIFE REHABILITATION		0.)
	PROVIDES CARE FOR THE ILL, INJURED AND ORPHANED WILDLIFE		
	CENTRAL WISCONSIN. IN 2022, DCHS STAFF AND VOLUNTEERS HEL		LD
	ANIMALS OF 142 DIFFERENT SPECIES, INCLUDING SONGBIRDS, MA	-	
	RAPTORS, WATERFOWL AND REPTILES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 495,531. including grants of \$ 0.) (Revenue \$ 1	29,995.)	
4e	Total program service expenses 4,000,039.		
		Form 9 9	90 (2022)
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Part IV Checklist of Required Schedules

DANE COUNTY HUMANE SOCIETY, INC.

			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		<u> </u>
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			37
_	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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
U		11b		х
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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 DANE COUNTY HUMANE SOCIETY, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 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			v
	Schedule K. If "No," go to line 25a	24a		_X_
	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	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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		х
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	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			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		
02	Schedule N, Part II	32		х
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		х
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		х
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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		X	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a26Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22		990	(2022)
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Form 990					SOCIETY,	
Part V	Statemer	nts Regarding	g Other IR	S Filings ar	nd Tax Compli	iance (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		150			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccoui	nt)?		4a		<u>X</u>
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	ccour	nts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			1	5b		X
С	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 orga	anization soli	cit			37
	any contributions that were not tax deductible as charitable contributions?				6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts				
_	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).				-	x	
a ⊾	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 7h	X	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired		7b	~	
с	to file Form 8282?				7c		x
Ч		7d	1		70		
۵ ۵	It "Yes," indicate the number of Forms 8282 filed during the year				7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as require	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		-		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?	•			8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:						
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:		1				
а	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				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.				12-		
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
5	organization is licensed to issue qualified health plans	13b	1				
с	Enter the amount of reserves on hand	13c					
		·			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				-		
	excess parachute payment(s) during the year?				15		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	t inco	me?		16		Х
	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 ac	tivitie	S				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17		
	If "Yes," complete Form 6069.						
232005	12-13-22				Form	990	(2022)

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232005 12-13-22

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DANE COUNTY HUMANE SOCIETY, INC.

X

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

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	Inter the number of voting members of the governing body at the end of the tax year	1a	11		Tes	
	f there are material differences in voting rights among members of the governing body at the end of the tax year			-		
	ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>		-		
	officer, director, trustee, or key employee?		-	2		Х
	Did the organization delegate control over management duties customarily performed by or under the			-		
				3		х
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
	Did the organization have members or stockholders?			6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	nore members of the governing body?			7a	х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b	х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r hv the f	ollowing.	1.0		
	The governing body?	•	•	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	s 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		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re-	ienue C	ode)			
			<u></u>		Yes	No
10a I	Did the organization have local chapters, branches, or affiliates?			10a		X
	f "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b		
	has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	501010	ining the form.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$			120	- 23	
		,		12c	х	
	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
				14	X	
	-			14	- 23	
	Did the process for determining compensation of the following persons include a review and approval	by mue	pendent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
	The organization's CEO, Executive Director, or top management official			15a	- 27	X
	Other officers or key employees of the organization			15b		Δ
	TYes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	opt				
				16a		Х
	axable entity during the year? f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			108		~
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•			
	n joint venture arrangements under applicable rederal tax law, and take steps to sareguard the organ exempt status with respect to such arrangements?			16b		
	on C. Disclosure		<u></u>	100		l
	ist the states with which a copy of this Form 990 is required to be filed					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar		(section 501(c)(3)	s only)	availat	ole
	or public inspection. Indicate how you made these available. Check all that apply.	a 000-1		c orny)	availat	
ľ	Image: The second se	on Col	adula O			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	d finan	rial	
10 1	statements available to the public during the tax year.	mict OI	merest policy, and		JIAI	
5		ke and	ocorde			
ء 20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
20 S	State the name, address, and telephone number of the person who possesses the organization's boo SARA HOVEN $-608-838-0413$	ks and	records			
20 S	State the name, address, and telephone number of the person who possesses the organization's boo SARA HOVEN - 608-838-0413 5132 VOGES RD, MADISON, WI 53718-6941	ks and	records	Eorm	990	(202)
20 S	State the name, address, and telephone number of the person who possesses the organization's boo SARA HOVEN $-608-838-0413$	ks and I	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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				1		(D) Reportable	(E) Reportable	(F) Estimated amount of other	
	hours per week					s both	n an	compensation	compensation from related		
	Institutional trust Institutional trust Institutional trust Institutional trust Individual trust <		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations						
(1) PAMELA MCCLOUD SMITH EXECUTIVE DIRECTOR	55.00			x				112,831.	0.	16,249.	
(2) DOUGLAS BROWN	55.00			- 23				112,001.		10,219.	
ASSISTANT EXECUTIVE DIRECTOR		1		x				103,399.	0.	15,181.	
(3) JOSEPH GOODE	2.50										
PRESIDENT		x		x				0.	0.	0.	
(4) LAURA MURRAY	1.50										
PRESIDENT-ELECT		Х		Х				0.	0.	0.	
(5) MAGGIE PREMO	1.50										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(6) CATHY HOLMES	3.50										
SECRETARY		Х		Х				0.	0.	0.	
(7) AMY MANTHEY	1.50									_	
TREASURER		х		Х				0.	0.	0.	
(8) JOY CARDIN	1.50									•	
DIRECTOR	1 50	Х						0.	0.	0.	
(9) JOEL DAVIDSON	1.50								0	0	
DIRECTOR (10) SARA COLOPY	1.50	Х						0.	0.	0.	
DIRECTOR	1.50	x						0.	0.	0.	
(11) LINN ROTH	1.50	^						0.	0.	0.	
DIRECTOR	1.50	х						0.	0.	0.	
(12) JULIE FAGAN	1.50										
DIRECTOR		x						0.	0.	0.	
(13) AMY JOHNSON	1.50										
DIRECTOR		Х						0.	0.	0.	
		-									
										Earm 990 (2022)	

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) DANE COUN	ITY HUMA	NE	S	OC	ΙE	ΤY	,	INC.	39-08	063	335	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Fst	imate	h.
	hours per					than o s both		compensation	compensatior	ιl		ount	
	week					r/truste		from	from related			other	
	(list any	ctor						the	organizations	i		oensat	tion
	hours for	Individual trustee or director				pg .		organization	(W-2/1099-MIS			om the	
	related	ee o 1	Istee			insat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
	organizations	trust	lal tru		yee	ad mo		1099-NEC)			and	l relate	ed
	below	idual	Institutional trustee	er	Key employee	est ci loyee	ıer				orga	nizatio	ons
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
										\rightarrow			
										\rightarrow			
										\rightarrow			
										$ \rightarrow$			
1b Subtatal								216,230.		0.	31	Δ	30.
1b Subtotal								0.		0.		.,	0.
c Total from continuation sheets to Part VI								216,230.		0.	21	,43	
d Total (add lines 1b and 1c)										0.	21	.,4.	50.
2 Total number of individuals (including but no	ot limited to th	ose	listed	d ab	ove) who	o re	eceived more than \$100,	000 of reportable				~
compensation from the organization											1	. 1	2
										r		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey ei	mplo	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" col	mple	te S	Sche	dule	J f	or such individual		[4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e. J fo	or su	ch r	- Derso	on		-		[5		Х
Section B. Independent Contractors	<u></u>			<u> - 1 - 2</u>									
1 Complete this table for your five highest cor	npensated ind	eper	nden	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
the organization. Report compensation for t													
(A)	ne oalendar ye	ui u		9 111		~ ~~~	T	(B)			(C	`	
من Name and business	address	NC	ONE					Description of s	ervices	C	ompen		n
		110					-						
							+						
							_						
									Т				
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	e list	ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz					0			,					
, , , , , , , , , , , , , , , , , , ,					-								-

232008 12-13-22

						ΥH	UMANE	SOC	CIETY,	INC	•	39-0806	335 Page
Pa	rt V	/111											
			Check if Schedule O	conta	ins a resp	onse	or note to ar	ny line T			(B)	(C)	
									(A) Total rev		Related or exempt	Unrelated business revenue	Revenue excluded from tax under
													sections 512 - 514
nts nts	1						124,0						
Gra		b	Membership dues				26,1						
ts, o			Fundraising events				277,3	07.					
ilar İlar		d	-										
ns, Sin		e	Government grants (contr										
utio		T	All other contributions, gifts,	-			3,670,1	20					
Oth		~	similar amounts not included			¢	520,7						
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in Total. Add lines 1a-1f	lines la	a-17 19	φ	520,1		4 09	7,591.			
0 0			Total. Add lines faith				Business C	ode	-,	.,			
Ð	2	а	ADOPTION FEES				813312		52	6,370.	526,370.		
vic	-	b	GOVERNMENT CONTRACTS	5			813312			6,257.	306,257.		
Ser		c	CAMP REGISTRATION FI	EES			813312		12	1,219.	121,219.		
Program Service Revenue		d	VETERINARY STUDENT	ROG	RAM		813312		6	9,006.	69,006.		
Bogg		е	REDEMPTIONS				813312		1	2,541.	12,541.		
Pre		f	All other program service	rever	nue		813312		10	6,570.	106,570.		
		g	Total. Add lines 2a-2f						1,14	1,963.			
	3		Investment income (includ	ding c	dividends,	intere	est, and						
							3	8,122.			38,122		
	4		Income from investment of	of tax-	exempt b	ond p	proceeds						
	5		Royalties	······		. <u></u>							
					(i) Re	al	(ii) Persor	nal					
	6	a	Gross rents	6a									
		b	Less: rental expenses	6b									
			Rental income or (loss)	6c									
	7	d	Net rental income or (loss) Gross amount from sales of	,	(i) Secur	 ities	(ii) Othe	 r					
	'	а	assets other than inventory	7a	()	672.							
		h	Less: cost or other basis	14	, • - ,	• • • • •	-,-						
ē		~	and sales expenses	7b	705	956.	4,3	32.					
evenue		с	Gain or (loss)	7c		284.		66.					
Rev			Net gain or (loss)	· · · ·					-	2,618.			-2,618
Other I	8		Gross income from fundraisi										
ŧ			including \$	277,	307. of								
			contributions reported on	line ⁻	1c). See								
			Part IV, line 18			8a	10,4	80.					
		b	Less: direct expenses			8b	51,7	49.					
			Net income or (loss) from						- 4	1,269.			-41,269
	9	а	Gross income from gamin										
			Part IV, line 19										
			Less: direct expenses										
			Net income or (loss) from			es	<u> </u>						
	10	а	Gross sales of inventory, I			40	473,3	57					
		h	and allowances				-						
			Less: cost of goods sold Net income or (loss) from						2	0,715.	20,715.		
\rightarrow		č		54153		<i>y</i>	Business C		-	, •	,		
snc	11	а											
Miscellaneous Revenue		b											
eve		с											
Aisc		d	All other revenue				900099			6,598.			6,598
2			Total. Add lines 11a-11d							6,598.			
	12		Total revenue. See instruction	ons					5,26	1,102.	1,162,678.	٥.	833
232009	9 12-	-13-	22										Form 990 (2022

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2022.03040 DANE COUNTY HUMANE SOCIET 00299.11

DANE COUNTY HUMANE SOCIETY, 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).

INC.

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
		(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1 4 9 9 9			
	and domestic governments. See Part IV, line 21	14,000.	14,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	247,660.	185,220.	43,078.	19,362.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,968,499.	2,293,909.	239,490.	435,100.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	67,839. 352,210.	52,293. 271,496.	5,960. 30,945.	<u>9,58</u> 6.
9	Other employee benefits	352,210.			9,586. 49,769.
10	Payroll taxes	230,575.	177,735.	20,258.	32,582.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	33,631.		33,631.	
с	Accounting	23,842.		23,842.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,657.		12,657.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	49,179.	44,249.	1,698.	3,232.
12	Advertising and promotion	<u>49,179.</u> 6,270.	16.	<u>1,698.</u> 355.	<u> </u>
13	Office expenses	385,821.	146,452.	98,593.	140,776.
14	Information technology				
15	Royalties				
16	Occupancy	443,309.	272,103.	10,265.	160,941.
17	Travel	-			-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,614.	7,833.	12,224.	1,557.
20	Interest	·	-		•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	256,089.	224,532.	7,812.	23,745.
23	Insurance	41,021.	34,671.	2,960.	3,390.
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 0.)				
а	ANIMAL CARE SUPPLIES	272,726.	272,726.		
b					
с					
d					
е	All other expenses	11,437.	2,804.	3,923.	4,710.
25	Total functional expenses. Add lines 1 through 24e	5,438,379.	4,000,039.	547,691.	<u>4,710</u> 890,649.
26	Joint costs. Complete this line only if the organization	-	-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				
	12-13-22		I		Form 990 (2022

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232010 12-13-22

Form 990 (2022)

10030504 788028 00299.1AU01

33

Total liabilities and net assets/fund balances

Form 990 (2022)

1

2

3

Part X | Balance Sheet

57,374. 43,391. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 102,639. 125,667. 8 Inventories for sale or use 8 82,863. 117,672. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 9,200,190. basis. Complete Part VI of Schedule D _____ 10a 4,156,925. 5,236,907. 5,043,265. b Less: accumulated depreciation 10b 10c 1,761,493. 2,492,617. Investments - publicly traded securities 11 11 0. 478,696. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 0. 708,333. Other assets. See Part IV, line 11 15 15 10,653,807. 10,872,478. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 311,166. 291,482. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 730,229. 0. 25 of Schedule D 311,166. 1,021,711. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 9,084,803. 9,846,372. 27 27 Net assets without donor restrictions Net assets with donor restrictions 496,269. 765,964. 28 28 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 31 Retained earnings, endowment, accumulated income, or other funds 31 10,342,641. 9,850,767. Total net assets or fund balances 32 32 10,653,807. 10,872,478. 33

DANE COUNTY HUMANE SOCIETY, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

(B) End of year

500,373.

33,350.

Form 990 (2022)

2,060,238.

(A) Beginning of year

2,656,407.

25,000.

1

2

3

0.

	DANE COUNTY HUMANE SOCIETY, INC.	<u> 39-0</u>	806335	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,43		
3	Revenue less expenses. Subtract line 2 from line 1	3	-17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,34	-	
5	Net unrealized gains (losses) on investments	5	-31	4,5	<u>97.</u>
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	9,85	0,7	<u>67.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	e 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				
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

(Form 990)

Total

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Т

		of the Treasury nue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.									
Nan	ne of	the organizati		GO to www.ii 5.gov/			e latest illi	ormation.	Employer	Inspection identification numb			
		and of guinzat		COUNTY HU	MANE SOCIETY	TNC				9-0806335			
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete t	• his part.) S	ee instruction		<u> </u>			
					For lines 1 through 12, c								
1					on of churches described			1)(A)(i)					
2	H			•	Attach Schedule E (Forn		// // //	•,,~,,•,•					
3	H				anization described in so)(h)(1)(Δ)(ii	ii)					
4	H	•	•		njunction with a hospital				(iii). Enter	the hospital's name.			
•		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
-		•		Complete Part II.)	5 ,	•	, ,						
6	\square				nental unit described in	section 1	70(b)(1)(A)	(v).					
	X				ntial part of its support fr				ne general r	oublic described in			
				Complete Part II.)		5			5				
8					(1)(A)(vi). (Complete Par	t II.)							
9					in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college			
					ulture (see instructions).								
		university:											
10		An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, and	d gross receipts from			
		activities rela	ited to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment			
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busine	sses acqui	red by the org	anization a	after June 30, 1975.			
		See section	509(a)(2). (Co	mplete Part III.)									
11		An organizat	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).					
12		An organizat	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly	y supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section !	509(a)(3). (Check the box on			
	_	_lines 12a thro	ough 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving			
		the suppor	ted organizatio	on(s) the power to rea	gularly appoint or elect a	majority of	of the direc	tors or truste	es of the su	upporting			
	_	organizatio	n. You must o	complete Part IV, Se	ections A and B.								
b					or controlled in connect			-		-			
			-		anization vested in the sa	ame perso	ons that co	ntrol or manag	ge the supp	ported			
	_	¬ ~	.,	st complete Part IV,									
С			-	• •	g organization operated				ly integrate	ed with,			
	_	¬ ··	0). You must complete I	-							
d			-		porting organization oper				-				
					ation generally must sat				an attentiv	/eness			
	_	_			nplete Part IV, Sections								
е		_	0		written determination fro			Type I, Type	II, Type III				
	- .				nally integrated supporti	ng organiz	ation.			[
		er the number		•									
<u> </u>		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetarv	(vi) Amount of other			
		organizatior			(described on lines 1-10	Yes	ing document?	support (see ir		support (see instruction			
					above (see instructions))	100							

s)

DANE COUNTY HUMANE SOCIETY, INC.

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

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3521619.	3395302.	4327397.	4760842.	4097591.	20102751.		
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	2501610	2225222	1008008	4560040	4000001			
	Total. Add lines 1 through 3	3521619.	3395302.	4327397.	4760842.	4097591.	20102751.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11, column (f)						622 101		
~							<u>632,181.</u> 19470570.		
	Public support. Subtract line 5 from line 4.						µ94/05/0•		
	ndar year (or fiscal year beginning in)	(2) 2018	(b) 2010	(c) 2020	(d) 2021	(a) 2022	(f) Total		
	Amounts from line 4	(a) 2018 3521619.	(b) 2019 3395302.	(c) 2020 4327397.	(d) 2021 4760842.	(e) 2022 4097591	(f) Total 20102751.		
	Gross income from interest,	55210151	33333021	15275570	1,000120	10575510			
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	34,324.	53,317.	36,014.	37,423.	38,122.	199,200.		
9	Net income from unrelated business				,				
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						20301951.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 7	,054,378.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)			
	organization, check this box and stop								
Sec	ction C. Computation of Publi	ic Support Per	centage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.90 %		
	Public support percentage from 2021					15	93.75 %		
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2021. If the c								
47-	and stop here. The organization qual		••••		10 10 10-				
1/a	10% -facts-and-circumstances test	-							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is			
DI I	more, and if the organization meets the	0							
	organization meets the facts-and-circu								
18	Private foundation. If the organization				• •		L		
				<u>, 100, 170, 01 170</u>			(Form 990) 2022		
							·····		

232022 12-09-22

DANE COUNTY HUMANE SOCIETY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	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						<u> </u>
	Total. Add lines 1 through 5						<u> </u>
18	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
	acquired after June 30, 1975						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regulate corride on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			•		
800	check this box and stop here	o Support Dor		<u></u>			<u></u>
	•			a aluman (f))		45	0/
	Public support percentage for 2022 (Public support percentage from 2021					15 16	<u>%</u> %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organizat	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22		15			Sched	lule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 DANE COUNTY HUMANE SOCIETY, INC. 39-0806335 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Second
<u>detail in</u> Part VI. Section B. Type I Supporting Organizations

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? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one 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? <i>If</i> "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 2				Yes	No
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 1 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, 2	1	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2			1		
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	Did the organization operate for the benefit of any supported organization other than the supported			
supervised, or controlled the supporting organization.		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Section C. Type II Supporting Organizations		supervised, or controlled the supporting organization.	2		
	Sec	tion C. Type II Supporting Organizations			

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)*.

Section D	. All Type III Sເ	upporting Organization	s

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

17

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

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

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

11c

1

Yes No

Yes No

Sche	dule A (Form 990) 2022 DANE COUNTY HUMANE SOC			39-0806335 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 (<i>explain</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	e From 2021				
f	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
				Sc	hedule A (Form 990) 2022

DANE COUNTY HUMANE SOCIETY, INC.

39-0806335 Page 7

1

2

3

Current Year

Schedule A						SOCIETY,		
Part V	Type III	Non-	-Functionally In	tegrated 5	09(a)(3) Su	pporting Orga	anizations	(continued)

Section D - Distributions

3

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A	(Form 990) 2022	DANE	COUNTY	HUMANE	SOCIETY	Z, INC.	3	9-0806335	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, 4 , lines 2 and	4b, 4c, 5a, 6, 5 3; Part IV, Seo	9a, 9b, 9c, 11 ction E, lines	a, 11b, and 11 1c, 2a, 2b, 3a,	c; Part IV, Sect and 3b; Part V,	I, line 17a or 17l on B, lines 1 and line 1; Part V, Se	o; Part III, line 12; d 2; Part IV, Sectio ection B, line 1e; P	n C,
32028 12-09-2	2							Schedule A (Form	990) 20:
2020 12-09-2	-			2	0				555, 20

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

335

	DANE COUNTY HUMANE SOCIETY, INC.	39-0806
Organization type (ch		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizat	tion 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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)

Name of organization

Schedule B (Form 990) (2022)

Employer identification number

DANE COUNTY HUMANE SOCIETY, INC.

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		\$ <u>105,181.</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
2		\$ <u>115,740.</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
3		\$ <u>192,666.</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
4		\$ <u>165,891.</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
		\$	Person 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.)
223452 11-1	5-22		Schedule B (Form 990) (2022)

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39-0806335

Part 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
		\$	

Schedule B (Form 990) (2022)

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Page 3

39-0806335

Schedule B (Form 990) (2022)

DANE COUNTY HUMANE SOCIETY, INC.

Name of organization

Schedule	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
DANE	COUNTY HUMANE SOCIETY, I	INC.	39-0806335
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
223454 11-1	5-22		Schedule B (Form 990) (2022)

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SCHEDULE D	Supplemental F
(Form 990)	Complete if the organizat Part IV, line 6, 7, 8, 9, 10, 11a
Department of the Treasury Internal Revenue Service	Attacl Go to www.irs.gov/Form990 for

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, art 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.



Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39 - 0806335

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring
_			
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 apply).	
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic stru		<u>2</u> c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	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 it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing conservation	on assembnts during the year
'	Amount of expenses incurred in monitoring, inspecting, nand	and enforcing conservations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	
Ũ			
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance 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 treat	asures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

2	6				
-		-	-	-	

Sche	dule D (Form 990) 2022 DANE CO	UNTY HUMANE	SOCIETY,	INC.		39-08	06335	Pa	age 2
Par	t III Organizations Maintaining C	Collections of Art	, Historical Tr	easures, or	Other Si	milar Assets	s (contin	ued)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that r	make signifi	cant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program	n				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	how they further	the organizatior	n's exempt p	ourpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	f art, historical trea	asures, or other	similar asse	ets	_		_
_	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered "א	es" on Forr	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						-		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		Г		A		
					F		Amount		
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year				I	<u>1e</u>			
T Oo	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII				t. VIII	····· L] NO]
Par									1
	Complete	(a) Current year	(b) Prior year			Three years back	(e) Four	vears	back
1a	Beginning of year balance		())			,		5	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		(line 1g, 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	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administere	d for the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipn			0 5 000	B 1 1 1 1	10			
	Complete if the organization answere								
	Description of property	(a) Cost or of	. ,	st or other	(c) Accur		(d) Book	value	;
		basis (investm		s (other)	deprec	alion	1 000	<u> </u>	דו
	Land			89,097.	2 1 5 1	57F	$\frac{1,289}{2,220}$	<u>, 05</u>	<u>, / .</u>
b	Buildings			81,827.		<u>,575.</u>	3,230		
	Leasehold improvements			11,170.		5,588.		1,58	
	Equipment			83,118. 34,978.		9,298.		8,82 5,51	
	Other			· · · · ·		-	5,043		
ı otal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part)	<u>x, column (B), line</u>	<u>10c.)</u>			5,043	, 20	, , , ,

Schedule D (Form 990) 2022

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	Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 12.	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financ	al derivatives			
(2) Closely	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	IGHT-OF-USE LEASE ASSETS			708,333.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				F 00 000
Total. <u>(Col</u> Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"			708,333.
	(a) Description of liability	on i onn 330, Fait IV, Ille	The or the deer of the above rank A, III e 2	b. (b) Book value
				1
(1) Fe	deral income taxes			720 220
(1) Fe (2) LI				730,229
(1) Fe (2) L] (3)	deral income taxes			730,229
(1) Fe (2) L] (3) (4)	deral income taxes			730,229
(1) Fe (2) L1 (3) (4) (5)	deral income taxes			730,229
(1) Fe (2) L1 (3) (4) (5) (6)	deral income taxes			730,229
(1) Fe (2) L1 (3) (4) (5) (6) (7)	deral income taxes			730,229
(2) L] (3) (4) (5) (6) (7) (8)	deral income taxes			730,229
(1) Fe (2) L] (3) (4) (5) (6) (7) (8) (9)	deral income taxes			730,229.

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

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	dule D (Form 990) 2022 DANE COUNTY HUMANE SOCIETY	1			0806335 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,019,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-314,597.		
b	Donated services and use of facilities	. 2b	34,237.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-12,657.		
е	Add lines 2a through 2d			2e	-293,017.
3	Subtract line 2e from line 1			3	5,312,851.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-51,749.		
С	Add lines 4a and 4b			4c	-51,749.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,261,102.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	5,511,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	34,237.		
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d	51,749.		
е	Add lines 2a through 2d			2e	85,986.
3	Subtract line 2e from line 1			3	5,425,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	12,657.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	12,657.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,438,379.
Pa	rt XIII Supplemental Information.				
Drovi	de the descriptions required for Part II, lines 3, 5, and 9 [,] Part III, lines 1a and 4 [,] Part	t IV lines 1k	and 2b: Part V line /	· Dart	V line 2: Part VI

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX,

LINE 11F

PART	XI,	LINE	4B	_	OTHER	ADJUSTMENTS:

DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B -51,749.

29

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B

-12,657.

232054 09-01-22

Schedule D (Form 990) 2022 Part XIII Supplemental Infor	DANE	COUNTY	HUMANE	SOCIETY,	INC.	39-0806335	Page 5
Part XIII Supplemental Infor	mation ((continued)					
						Schedule D (Form 9	90) 2022
232055 09-01-22							

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047						
(Form 990)	Complete if the	r 19, or if the	2022										
	C		Open to Public										
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Ope Go to www.irs.gov/Form990 for instructions and the latest information. Inst												
Name of the organization	ו					Employer	identification number						
	DANE COUNTY HUMANE SOCIETY, INC. 39-0806335												
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.													
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)						
			Yes	No									
Total													
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fron	n registration						

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

Schedule G (Form 990) 2022

232081 10-27-22

DANE COUNTY HUMANE SOCIETY, INC.

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

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOTO'S GALA (event type)	event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	145,149.	142,638.	(287,787
r	2	Less: Contributions	138,394.	138,913.		277,307
	3	Gross income (line 1 minus line 2)	6,755.	3,725.		10,480
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages	24,432.	7,839.		32,271
٦	8	Entertainment	4 4 4 4 4 4 4	<u> </u>		500. 18,978.
	9	Other direct expenses		7,571.		18,978
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				51,749 -41,269
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
ř	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:		states?		Ves N
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

Sch	edule G (Form 990) 2022	DANE	COUNTY HUMANE SOCIETY, INC. 39	9-0806335 Page 3
11	Does the organization conduct g	aming activit	es with nonmembers?	Yes No
12	Is the organization a grantor, ben	eficiary or tr	stee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			Yes No
	Indicate the percentage of gamin			1 1
				13b %
14	Enter the name and address of the	ne person wł	o prepares the organization's gaming/special events books and records:	
	Name			
	Address			
	Address			
15a	a Does the organization have a cor	ntract with a	hird party from whom the organization receives gaming revenue?	Yes No
ŀ	If "Yes," enter the amount of gam	nina revenue	received by the organization \$ and the amoun	ıt
	of gaming revenue retained by th			
c	If "Yes," enter name and address			
	,			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Emple	yee Independent contractor	
		_ p.:		
17	Mandatory distributions:			
a		r state law te	make charitable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
k	Enter the amount of distributions	required un	ler state law to be distributed to other exempt organizations or spent in th	e
_	organization's own exempt activi			
Pa			rovide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable.	Also provide any additional information. See instructions.	
2320	83 10-27-22		So	chedule G (Form 990) 2022
			33	

Schedule G	(Form 990) Supplemental Infor	DANE	COUNTY	HUMANE	SOCIETY,	INC.	39-(
Part IV	Supplemental Infor	mation	(continued)				

Schedule G (Form 990)

232084 04-01-22

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SCHEDULE I (Form 990)		Go	rants and Oth vernments, an ete if the organization	d Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury				Open to Public				
								Inspection
Name of the organization Employer identifi								Employer identification number 39-0806335
Part I General Information on Grants and Assistance								
criteria used to	criteria used to award the grants or assistance?							
	nd Other Assistance to I that received more than \$	•				anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and a	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAPPILY EVER AFT SANCTUARY, INC. MARION, WI 54950	- E5714 BORK RD -	20-4031006	501(C)(3)	14,000.	0.			COVER CARE AND TREATMENT OF DOGS TRANSFERRED FROM DCHS
	ber of section 501(c)(3) and the section 501(c)(3) and the section section (c) (3) and the section (c)							1.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule | (Form 990) 2022 DANE COUNTY HUMANE SOCIETY, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DCHS DISBURSES GRANT FUNDS TO DESIGNATED ORGANIZATIONS FOR THE CARE AND

TREATMENT OF SPECIFIC INDIVIDUAL ANIMALS. DCHS MONITORS THE PROGRESS OF

THESE ANIMALS THROUGHOUT THEIR STAYS AT THESE ORGANIZATIONS. DCHS ALSO

ROUTINELY VERIFIES THAT THE ORGANIZATIONS ARE FULFILLING THEIR DECLARED

MISSIONS.

Page 2

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

39-0806335

2

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

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

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

Par	rt I Types of Property				
		(a)	(b)	(c)	(d)
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining
		applicable		Form 990, Part VIII, line 1g	noncash contribution amounts
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	X	7	12 220	OUOMED MARKEM DRICE
9	Securities - Publicly traded	Δ	/	43,220.	QUOTED MARKET PRICE
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	Х	1	35,000.	COST/SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (THRIFT STORE ME)	Х	157,911	442,496.	COST/SELLING PRICE
26	Other ()				
27	Other ()				
28	Other ()				
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	0
					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 the				
	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
	Does the organization hire or use third parties of				
	contributions?		-		32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r 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

232141 09-09-22

Part II Supplemental Information. 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.

<u>SCHEDULE M, PART I,</u> COLUMN (B):

DCHS IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

DCHS ANNUALLY RECEIVES APPROXIMATELY \$35,000 OF PET FOOD FROM ONE

CONTRIBUTOR. SHIPMENTS OF THIS FOOD ARE RECEIVED PERIODICALLY

THROUGHOUT THE YEAR.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUSTAINABLE OPERATIONS WITH BALANCED REVENUE AND EXPENSES. DCHS

EDUCATES AND SUPPORTS THE PUBLIC REGARDING ANIMAL WELFARE AND COMPANION

ANIMAL OWNERSHIP AND INSTILLS THE VALUE THAT A PET IS A LIFE-LONG

COMMITMENT AND PRIVILEGE. DCHS'S WILDLIFE CENTER PROVIDES RESPONSIBLE

CARE FOR THE ILL, INJURED AND ORPHANED WILDLIFE OF SOUTH CENTRAL

WISCONSIN. DCHS'S WORK ALSO INCLUDES PROMOTING A LEGISLATIVE AGENDA IN

SUPPORT OF CREATING A MORE HUMANE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

-EDUCATION AND OUTREACH SERVICES - DCHS'S HUMANE EDUCATION AND OUTREACH

SERVICES INCLUDE YOUTH AND ADULT EDUCATION PROGRAMS SUCH AS CAMP

PAWPRINT, SCOUT BADGE WORKSHOPS, SCHOOL FIELD TRIPS, SHELTER TOURS,

EDUCATIONAL PRESENTATIONS AND PUBLIC SPEAKING ENGAGEMENTS, AND DOG

TRAINING CLASSES. OUTREACH PROGRAMS INCLUDE PETS FOR LIFE, COMMUNITY

CAT DAYS AND COMMUNITY DOG DAYS, AND A PET FOOD PANTRY PROGRAM, FOCUSED

ON CLOSING THE SERVICE GAPS FOR PETS IN UNDERSERVED NEIGHBORHOODS AND

KEEPING EXISTING HUMAN-ANIMAL BONDS INTACT.

-DCHS'S VOLUNTEER PROGRAM INCLUDES RECRUITMENT, TRAINING, SUPERVISION

AND RETENTION OF DCHS'S VOLUNTEERS. IN 2022, 895 VOLUNTEERS PROVIDED

APPROXIMATELY 83,950 HOURS OF VOLUNTEER SERVICE TO DCHS.

-DCHS'S THRIFT STORE OFFERS GENTLY USED CLOTHING, PET SUPPLIES, LINENS,

HOUSEWARES, SHOES, PURSES, JEWELRY, PUZZLES, GAMES AND MORE FOR SALE TO

GENERATE REVENUE TO SUPPORT SHELTER OPERATIONS. THRIFT STORE EXPENSES

NET OF DONATED ASSETS) = \$53,035. REVENUE \$ 129,995.

 EXPENSES \$ 495,531.
 INCLUDING GRANTS OF \$ 0.
 REVENUE \$ 129,995.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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DANE COUNTY HUMANE SOCIETY, INC.

FORM 990, PART VI, SECTION A, LINE 6:

DCHS HAS A SINGLE CATEGORY OF MEMBERSHIP FOR WHICH A MINIMUM AMOUNT OF DUES

IS REQUIRED TO BE ENTITLED TO VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERSHIP ELECTS THE DIRECTORS OF DCHS AT THE ANNUAL MEMBERSHIP

MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

BYLAWS MAY BE AMENDED OR RESTATED BY THE AFFIRMATIVE VOTE, WRITTEN CONSENT OR WRITTEN BALLOT OF FIFTY-ONE PERCENT (51%) OF THE MEMBERS OF THE SOCIETY PRESENT AT AN ANNUAL OR SPECIAL MEETING AT WHICH A QUORUM IS PRESENT.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT AS PART OF THE ANNUAL FINANCIAL STATEMENT AUDIT ENGAGEMENT. WHEN COMPLETED, THE FORM 990 IS REVIEWED BY DCHS'S EXECUTIVE DIRECTOR AND THE GOVERNING BODY. UPON APPROVAL OF THE COMPLETED FORM 990 BY BOTH THE EXECUTIVE DIRECTOR AND THE GOVERNING BODY, THE FORM 990 WILL BE FILED WITH THE IRS. THE SECTIONS OF THE APPROVED FORM 990 OPEN TO PUBLIC INSPECTION ARE POSTED ON DCHS'S WEBSITE ONCE FILED.

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

 ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING

 BODY DELEGATED POWERS AGREES TO BE BOUND BY DCHS'S CONFLICT OF INTEREST

 POLICY. THIS CONFLICT OF INTEREST POLICY REQUIRES SELF-REPORTING. IN

 CONNECTION WITH ANY ACTUAL OR POSSIBLE REPORTED CONFLICT OF INTEREST, AN

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Schedule O (Form 990) 2022	Page 2
Name of the organization DANE COUNTY HUMANE SOCIETY, INC.	Employer identification number 39-0806335
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTER	EST AND BE GIVEN
THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRE	CTORS AND MEMBERS
OF COMMITTEES WITH GOVERNING BODY DELEGATED POWERS. AFTER	DISCLOSURE OF
THE INTEREST AND ALL MATERIAL FACTS, THE INTERESTED PERSON	SHALL LEAVE THE
GOVERNING BODY OR COMMITTEE MEETING WHILE THE DETERMINATIO	N OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING D	IRECTORS OR
COMMITTEE MEMBERS. THE GOVERNING BODY OR A DESIGNATED COM	MITTEE CONDUCTS
PERIODIC REVIEWS TO ENSURE THAT DCHS DOES NOT ENGAGE IN AC	TIVITIES THAT
COULD JEOPARDIZE ITS TAX-EXEMPT STATUS.	

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

THE PERFORMANCE OF THE DCHS EXECUTIVE DIRECTOR IS REVIEWED BY THE GOVERNING BODY ON AN ANNUAL BASIS. THIS REVIEW OCCURS WITHIN FOUR WEEKS OF THE ANNIVERSARY OF THE EXECUTIVE DIRECTOR'S HIRE DATE. WHEN THE REVIEW HAS BEEN COMPLETED AND FORMALLY APPROVED BY THE GOVERNING BODY, THE DIRECTORS DETERMINE AND APPROVE ANY SALARY ADJUSTMENT AND SUBMIT THE CHANGE TO DCHS'S ACCOUNTANT. APPROXIMATELY 60 DAYS PRIOR TO THE EXECUTIVE DIRECTOR'S ANNIVERSARY DATE, THE GOVERNING BODY APPOINTS A DIRECTOR TO LEAD THE REVIEW EFFORT. THE LEAD COMPILES ALL COMMENTS SUBMITTED BY THE DIRECTORS AND CREATES A SINGLE COHESIVE REVIEW THAT IS SHARED WITH THE EXECUTIVE DIRECTOR AFTER BEING APPROVED BY THE GOVERNING BODY.

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

DCHS MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

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FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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