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

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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change DANE COUNTY HUMANE SOCIETY, INC. Name change 39-0806335 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 5132 VOGES RD 608-838-0413 6,885,138. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 53718-6941 MADISON, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAMELA MCCLOUD SMITH for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GIVESHELTER.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1921 M State of legal domicile; WI Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDING CARE TO COMPANION **Activities & Governance** ANIMALS AND WILDLIFE, PET ADOPTION SERVICES, AND COMMUNITY OUTREACH. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 154 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 4,097,591. 4,266,797. Contributions and grants (Part VIII, line 1h) 8 1,141,963. 1,457,910. Program service revenue (Part VIII, line 2g) 35,504. 60,578. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13,956. -2,452. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,782,833. 5,261,102. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,492. 14,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,866,783. 4,126,161. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,557,596. 1,749,323. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,885,976. 5,438,379. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -177,277-103,143. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 10,872,478. 10,904,686. Total assets (Part X, line 16) 1,021,711. 948,261. 21 Total liabilities (Part X, line 26) 三年 9,850,767. 9,956,425 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAMELA MCCLOUD SMITH, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JASON STEPHENS, CPA 04/18/24 P01263225 JASON STEPHENS, CPA Paid self-employed Firm's EIN 39-0974031 Firm's name WEGNER CPAS LLP Preparer Firm's address 2921 LANDMARK PL STE 300 Use Only Phone no. (608) 274-4020MADISON, WI 53713-4236 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DANE COUNTY HUMANE SOCIETY (DCHS) IS A LEADER IN FOSTERING
	COMPASSIONATE HUMAN AND ANIMAL CONNECTIONS TO BOTH THE ANIMAL
	SHELTERING COMMUNITY AND THE GENERAL PUBLIC. DCHS CREATES SAFE,
	HEALTHY, AND THRIVING COMMUNITIES FOR ANIMALS, INCLUDING PROVIDING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	3 , , , , , , ,
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,530,684. including grants of \$ 10,492.) (Revenue \$ 633,584.)
	ANIMAL SERVICES INCLUDE OPEN-ADMISSION LOCAL ANIMAL INTAKE, LIFESAVING
	TRANSFERS FROM OTHER COMMUNITIES, CUSTOMER SERVICE, DAILY CARE AND
	BEHAVIORAL SUPPORT OF ANIMALS, SPAY/NEUTER AND OTHER SURGICAL SERVICES,
	HUMANE EUTHANASIA AND PARTICIPATION IN THE SHELTERING ANIMALS OF ABUSE
	VICTIMS PROGRAM. IN ADDITION, DCHS WORKED WITH MADISON AND DANE COUNTY
	ANIMAL SERVICES TO ENSURE IT PROPERLY FULFILLS THE SERVICES OUTLINED IN
	ITS CONTRACTS WITH THESE MUNICIPALITIES. IN 2023, MEDICAL STAFF AND
	VOLUNTEER VETERINARIANS PERFORMED 3,603 SURGERIES.
	VOLUNTEER VETERINARIANS PERFORMED 3,003 SURGERIES.
4b	(Code:) (Expenses \$ 712,542. including grants of \$ 0.) (Revenue \$ $674,962.$
	ADOPTION & RECEPTION SERVICES INCLUDE CUSTOMER SERVICE AND ANIMAL
	ADOPTIONS AT DCHS'S MAIN LOCATION AND DCHS'S THRIFT STORE. THE MAIN
	ADOPTION CENTER ALSO OFFERS PET SUPPLIES AND VARIOUS DCHS BRANDED
	MERCHANDISE FOR SALE TO INDIVIDUALS ADOPTING ANIMALS AS WELL AS TO
	OTHER PATRONS. IN 2023, 3,263 ANIMALS WERE ADOPTED. DCHS'S 2023
	ANIMAL SAVE RATE WAS 91%.
	INTIME ON I WID 910.
4c	(Code:) (Expenses \$ $537,520.$ including grants of \$0 (Revenue \$)
	WILDLIFE CENTER IS A SPECIALIZED REHABILITATION PROGRAM THAT PROVIDES
	CARE FOR ILL, INJURED, AND ORPHANED WILD ANIMALS FOUND IN SOUTHERN
	WISCONSIN. IN 2023, DCHS STAFF AND VOLUNTEERS HELPED 2,088 WILD ANIMALS
	OF 132 DIFFERENT SPECIES, INCLUDING SONGBIRDS, MAMMALS, RAPTORS,
	WATERFOWL AND REPTILES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 572,216. including grants of \$ 0.) (Revenue \$ 174,436.)
4e	Total program service expenses 4,352,962.
	Form 990 (2023)

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	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	ا ا		.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41	47	

Form	1 990 (2023) DANE COUNTY HUMANE SOCIETY, INC. 39-0806	5335	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		,,,
	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			x
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	040		
ام	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		,,,
	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			_V
00	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?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
· al	Objects if Cabadyta O contains a grand and an extent a pay line in this Dark V			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 34	_		
IJ	Enter the hamber of Forms W Za included of fille Ta. Effet "0" if flot applicable Ib			

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

					Yes	No			
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	154						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
				5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			,,			
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons c	or gifts						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).	:			v				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X				
				7b	Λ				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		X			
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c		1			
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		ot?	7 6 7f		X			
g									
•									
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.			8					
а									
b				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	10k							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	112	ı						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11k	•						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406	1						
_	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	130	•	14a		Х			
						- 22			
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b					
13				15		X			
excess parachute payment(s) during the year? 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.	100	me?	.0					
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.								

DANE COUNTY HUMANE SOCIETY, INC. 39-0806335 Form 990 (2023) 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 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent

persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	WI
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18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

SARA HOVEN - 608-838-0413

10230418 788028 00299.1AU01

5132 VOGES RD, MADISON, WI 53718-6941

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	pox, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any	_	T		<u> </u>	Ī	T	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	nal tru		oyee	om of		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAMELA MCCLOUD SMITH	55.00	<u> </u>	Ĕ	#0	- A	불'등	Fo			
EXECUTIVE DIRECTOR	33:00	1		Х				120,558.	0.	16,037.
(2) DOUGLAS BROWN	55.00							220,3301		20,00,0
ASSISTANT EXECUTIVE DIRECTOR	00.00			х				101,357.	0.	15,333.
(3) LAURA MURRAY	1.50									,
PRESIDENT		Х		Х				0.	0.	0.
(4) MAGGIE PREMO	1.50									
VICE PRESIDENT		X		Х				0.	0.	0.
(5) CATHY HOLMES	2.50								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) AMY MANTHEY	1.50	l								
TREASURER	1 00	Х		Х				0.	0.	0.
(7) JOY CARDIN	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(8) JOEL DAVIDSON	1.00									•
DIRECTOR (9) SARA COLOPY	1 00	Х						0.	0.	0.
(9) SARA COLOPY DIRECTOR	1.00	X						0.	0.	0
(10) LINN ROTH	1.50	A						0.	0.	0.
DIRECTOR	1.50	X						0.	0.	0.
(11) JULIE FAGAN	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(12) AMY JOHNSON	1.00	Α						· ·	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(13) DAN AIMAN	1.00							•		
DIRECTOR		х						0.	0.	0.
(14) BETH JACOBSEN	1.00								-	
DIRECTOR		Х						0.	0.	0.
		-								
		-				-	-			
		1								
-		1	I	l	L	L	<u> </u>		l	- 000 (2222)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	(C) Position (do not check more box, unless person i officer and a director				l than o s both	one n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated splants	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	ed other ons compens IISC/ from t		ation he ation ated
										\perp		
										\perp		
										\perp		
										_		
										_		
										+		
										+		
1b Subtotal			<u> </u>			<u> </u>		221,915.).	31,3	370.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							221,915.).	31,3	0.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	•	-	2
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual										3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	J fo	or su	ıch r	oers	on .		<u></u>		<u> L</u>	5	Х
Complete this table for your five highest countered the organization. Report compensation for the organization.										nsatio	n from	
(A) Name and business	address	NC	ONE	C				(B) Description of s	ervices	Cor	(C) mpensatio	on
							_					
2 Total number of independent contractors (iii	actuding but a	at lin	nitea	l to t	thos	ما م	tad	ahove) who received mo	ore than			

Form 990 (2023) DANE CO Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			Check if Concadio C Contains a	Тооронос С	or riote to arry in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				Т. Т	110 140				SECTIONS 212 - 214
nts nts			Federated campaigns	1a	112,140.				
ira Ou			Membership dues	1b	22,733.				
s, (Am		С	Fundraising events	1c	324,886.				
a ii		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e					
r Si		f	All other contributions, gifts, grants, and						
the the			similar amounts not included above	1f	3,807,038.				
E C		g	Noncash contributions included in lines 1a-1f	1g \$	755,862.				
Sol		h	Total. Add lines 1a-1f			4,266,797.			
		Business Code							
a	2	а	ADOPTION FEES		813312	636,241.	636,241.		
, <u>vi</u>			GOVERNMENT CONTRACTS		813312	377,865.	377,865.		
Ser		С	CAMP REGISTRATION FEES	813312	161,807.	161,807.			
E S		_	VETERINARY STUDENT PROGRAM		813312	65,000.	65,000.		
Program Service Revenue			REDEMPTIONS		813312	13,933.	13,933.		
Pro			All other program service revenue		813312	203,064.	203,064.		
			-			1,457,910.	200,001.		
	3	y	Investment income (including divide			1,137,310.			
	3					105,335.			105,335.
	4		Income from investment of tax-exen			200,000.			200,000.
	4				oceeus				
	5		Royalties	i) Real	(ii) Personal				
	_	_		i) i icai	(ii) i ersoriai				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	Securities	(ii) Other				
	′	а	(/		(ii) Other				
				492,300.					
•		b	Less: cost or other basis	E27 0E7					
ň				537,057. -44,757.					
eve			. ,			-44,757.			-44,757.
her Revenue			Net gain or (loss)			-44,757.			-44,737.
ţ.	8	а	Gross income from fundraising events (including \$ 324,886.						
ŏ				- 1					
			contributions reported on line 1c). S		20 145				
			Part IV, line 18		20,145.				
			Less: direct expenses		53,946.	-33,801.			22 001
			Net income or (loss) from fundraisin			-33,601.			-33,801.
	9	а	Gross income from gaming activities	I .					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return		F26 254				
		_	and allowances		536,374.				
			Less: cost of goods sold		511,302.	25 072	25 072		
_		С	Net income or (loss) from sales of in	ventory	Business Code	25,072.	25,072.		
sn		_			Business Code				
Miscellaneous Revenue	11								
llar		b							
sce Re		ч С	All other revenue		900099	6,277.			6,277.
Ξ			All other revenue			6,277.			·, 2//.
	12	e	Total. Add lines 11a-11d			5,782,833.	1,482,982.	0.	33,054.
	12		TOTAL TOTOLING. OUG IIISH HULHUHS			, ,	_,,		,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 10,492. 10,492. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 193,666. 21,979. 37,639. 253,284. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,156,322. 2,413,382. 273,897. 469,043. Other salaries and wages 7 Pension plan accruals and contributions (include 79,871. 61,071. 6,931. 11,869. section 401(k) and 403(b) employer contributions) 392,236. 299,911. 34,037. 58,288. Other employee benefits 9 244,448. 186,909. 21,213. 36,326. 10 Payroll taxes 11 Fees for services (nonemployees): Management 20,863. 7,248. 5,525. 8,090. Legal 25,600. 25,600. Accounting Lobbying Professional fundraising services. See Part IV, line 17 14,962. 14,962. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 32,271. 25,331. 6,145. column (A), amount, list line 11g expenses on Sch O.) 10,101. 10,101. Advertising and promotion 12 400,323. 141,529. 116,134. 142,660. 13 Office expenses Information technology 14 15 Royalties 10,724. 528,881. 359,487. 158,670. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 34,977. 17,619. 15,201. 2,157. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 218,876. 249,717. 7,626. 23,215. Depreciation, depletion, and amortization 22 46,300. 39,182. 3,213. 3,905. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 377,636. 377,636. ANIMAL CARE SUPPLIES 7,692. 623. 2,647. 4,422. All other expenses 5,885,976. 4,352,962. 565,834. 967,180. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500,373.	1	350,342.
	2	Savings and temporary cash investments			2,060,238.	2	1,338,569.
	3	Pledges and grants receivable, net	33,350.	3	3,000.		
	4	Accounts receivable, net	43,391.	4	82,682		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pei	rsons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			125,667.	8	151,076.
۲	9	Prepaid expenses and deferred charges			117,672.	9	111,338
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	4,406,642.	5,043,265.	10c	5,434,749
	11	Investments - publicly traded securities			1,761,493.	11	2,135,271.
	12	Investments - other securities. See Part IV, line 1		478,696.	12	672,953	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14	4444		
	15	Other assets. See Part IV, line 11	708,333.	15	624,706		
	16	Total assets. Add lines 1 through 15 (must equa	10,872,478.	16	10,904,686		
	17	Accounts payable and accrued expenses		291,482.	17	297,612	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	-	· · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	•	•	730,229.	0.5	650,649.
	26				1,021,711.	26	948,261.
	26	Organizations that follow FASB ASC 958, chee		e X	1,021,711.	20	740,201
Se		and complete lines 27, 28, 32, and 33.	JK HEI				
ğ	27	Net assets without donor restrictions			9,084,803.	27	9,364,331.
3ale	28	Net assets with donor restrictions			765,964.	28	592,094.
<u>ا</u> ۾		Organizations that do not follow FASB ASC 95					22 = 7 22 = 1
Ψ		and complete lines 29 through 33.	, o				
þ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,850,767.	32	9,956,425.
4	33	Total liabilities and net assets/fund balances		10,872,478.	33	10,904,686.	

OIII	000 (2020) 21112 0001(11 11011111/12 20011211 / 11101		00000		ı ay	U
Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,8			
3	Revenue less expenses. Subtract line 2 from line 1	3		.03		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,8			
5	Net unrealized gains (losses) on investments	5	2	808	<u>, 80</u>)1.
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	9,9	56	, 42	<u> 25.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				[
			_	Y	es	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?		2	2b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c 2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

DANE COUNTY HUMANE SOCIETY, 39-0806335 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

Sec	ction A. Public Support		alt II	/			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2020	(0) 2021	(u) 2022	(6) 2020	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	3395302.	4327397.	4760842.	4097591.	4266797.	20847929.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3395302.	4327397.	4760842.	4097591.	4266797.	20847929.
	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)						136,550.
6	Public support. Subtract line 5 from line 4.						20711379.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3395302.	4327397.	4760842.	4097591.	4266797.	20847929.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	53,317.	36,014.	37,423.	38,122.	105,335.	270,211.
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						21118140.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 7	,647,947.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I	, ,,,	•	.,,		14	98.07 %
	Public support percentage from 2022					15	95.90 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	• • •	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		
						Schedule A	(Form 990) 2023

332022 12-21-23

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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
3		
7		
•		
8		
9a		
Oh		
9b		
9с		
10a		
10b		<u> </u>

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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		
Sect	tion 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 year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2023

DANE COUNTY HUMANE SOCIETY 39-0806335 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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).

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

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>114,857.</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		\$104,941.	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		\$ 180,495.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 121,902.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>175,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$119,200 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DANE COUNTY HUMANE SOCIETY, INC.

39-0806335

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	DONATED GLOVES		
		\$\$	12/31/23
(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) (2023) Page 4

Name of organization **Employer identification number** 39-0806335 DANE COUNTY HUMANE SOCIETY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	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						\$

332051 09-28-23

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

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,289,097.		1,289,097.
b Buildings		6,407,790.	3,345,395.	3,062,395.
c Leasehold improvements		11,170.	8,450.	2,720.
d Equipment		992,178.	801,302.	190,876.
e Other		1,141,156.	251,495.	889,661.
Total. Add lines 1a through 1e. (Column (d) must equ	5,434,749.			

Schedule D (Form 990) 2023

		HUMANE SOCIE	ry, inc.	39-0806335 _{Page} 3
Part				
	Complete if the organization answered "Yes"		T	
(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Fin	ancial derivatives			
	osely held equity interests			
(3) Oth				
(A)	CASH EQUIVALENTS HELD BY	252.645		
(B)	INVESTMENT MANAGERS	258,647.		
(C)	CERTIFICATES OF DEPOSIT	414,306.	COST	
(D)				
(E)				
(F)				
(G)				
(H)		650 050		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	672,953.		
Part	VIII Investments - Program Related.	5 000 B 1 N 1	44 0 5 000 5 1 7 1 10	
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	0.1.(1) 15 000 B 17(1) 10 1 (B))			
Part	Col. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
rait	Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 900 Bart V line 15	
		Description	Tru. See Form 990, Fart A, line 13	(b) Book value
	OPERATING LEASE RIGHT-OF-	<u> </u>		624,706.
(1)	OPERATING LEASE RIGHT-OF-	OSE ASSETS		024,700.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(O-1, (h) 15 000 D-+ V line 15	/ (D))		624,706.
Part	(Column (b) must equal Form 990, Part X, line 15, co X Other Liabilities	I. (D))		024,7004
1 0 0	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X.	line 25.
1.	(a) Description of liability		5	(b) Book value
(1)	Federal income taxes			(5) 255.1 14140
(2)	OPERATING LEASE LIABILITIE	ES		650,649.
(3)	OLDINITIO DUADU DIADIDITI.			030,043.
(4)				
(5)				
(6)				
(7)				

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

Schedule D (Form 990) 2023

650,649.

(8) (9)

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		Revenue per Re	turn	
1				1	6,053,414.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	0,033,414.
a		2a	208,801.		
b	Donated services and use of facilities		22,796.		
c	Recoveries of prior year grants				
d	611 (5 11 1 5 12 11)		-14,962.		
e				2e	216,635.
3	Subtract line 2e from line 1			3	5,836,779.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b			-53,946.		
	Add lines 4a and 4b			4c	-53.946.
					-53,946. 5,782,833.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	5,947,756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,796.		
b	Prior year adjustments		-		
С					
d			53,946.		
е				2e	76,742.
3	Subtract line 2e from line 1			3	76,742. 5,871,014.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a	14,962.		
b			-		
С	Add lines 4a and 4b	· ·		4c	14,962.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	5,885,976.
Pa	rt XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line 4	; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inform	nation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
		000 57			
TN/	ESTMENT MANAGEMENT FEES REPORTED ON FORM	990, PA	ART IX,		
	TD 11D				14.060
$\overline{\Gamma T \Gamma}$	NE 11F				-14,962.
D 3 T	OM VI I IND 4D OMITED AD THOMADAMA				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
D T T	NEGE EXPENSES DEPONED ON TORM 000 DARK		. N.T. O.D.		F2 046
DTF	RECT EXPENSES REPORTED ON FORM 990, PART	<u> VIII, ГІ</u>	NE 8B		-53,946.
D 3 T	OM VII I IND OD OMHDD AD HIGHMUNING				
PAL	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
D T T	DECE EXPENSES DEPONDED ON BODY 000 PIPE.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NTE OD		E2 04C
דדת	RECT EXPENSES REPORTED ON FORM 990, PART	<u> v т т т т</u>	NT 0R		55,946.
-					

Schedule D (Form 99	0) 2023	DANE	COUNTY	HUMANE	SOCIETY,	INC.	39-0806335	Page 5
Schedule D (Form 99) Part XIII Supple	emental Inforr	mation $_{\ell}$	(continued)					
		,						
<u> </u>	<u></u>	· · · · · ·						
<u> </u>								
-								
-								

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2023

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organization Employer identification number											
DANE COUNTY HUMANE SOCIETY, INC. 39-0806335											
Part I Fundrais	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.										
			the followin	a activ	uition (Chook all that apply					
a Mail solicitat		ed funds through any of e				overnment grants					
	email solicitations					nment grants					
c Phone solici		g [Special								
		9 L	openiai	Tarrare	o.i.ig	0.000					
•	d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No											
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundra	isers) pursu:	ant to	agreer	ments under which th	he fun	draiser is to b	e		
compensated at le	ast \$5,000 by the	organization.									
				, <u>,</u>			(\maxunt naid	T		
(i) Name and addres	s of individual	(ii) Activity		(iii) fundr	aiser	(iv) Gross receipts	to (o	Amount paid r retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	draiser)	(ii) Activity		or con	ustody itrol of utions?	from activity		undraiser ed in col. (i)	organization		
							1100				
				Yes	No	-					
Total											
		n is registered or license				or has been notified	it is e	xempt from re	egistration		
or licensing.		g							-9		

332081 09-13-23

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

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
					NONE	(add col. (a) through			
			BARK & WINE	TOTO'S GALA		col. (c))			
a			(event type)	(event type)	(total number)	001. (0))			
Revenue									
ě	1	Gross receipts	172,865.	172,166.		345,031.			
"									
	2	Less: Contributions	164,865.	160,021.		324,886.			
			0 000	10 145		00 145			
	3	Gross income (line 1 minus line 2)	8,000.	12,145.		20,145.			
	4	Cash prizes							
	_	Nanagah prizos							
က္က	Э	Noncash prizes							
Direct Expenses	6	Rent/facility costs	1,326.			1,326.			
ğ	Ŭ								
뜅	7	Food and beverages	4,670.	25,856.		30,526.			
Ë			-						
_	8	Entertainment	75.			75. 22,019.			
	9	Other direct expenses	8,382.	13,637.					
	10	Direct expense summary. Add lines 4 through	9 in column (d)			53,946.			
		Net income summary. Subtract line 10 from li				-33,801.			
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>						
e l			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				billigo/progressive billige		(c)			
Be	4	Cross revenue							
		Gross revenue							
	2	Cash prizes							
ses									
ber	3	Noncash prizes							
Ě									
Direct Expenses	4	Rent/facility costs							
의									
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No				
	_	D:	5						
	1	Direct expense summary. Add lines 2 through	i 5 in column (d)						
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)						
		Net garning income summary. Subtract line r	monthine i, column (a)						
9	En	ter the state(s) in which the organization condu	cts gaming activities:						
		the organization licensed to conduct gaming ac				Yes No			
		No," explain:							
	_								
	_								
	Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								
b	b If "Yes," explain:								
	_								
	_								

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 DANE COUNTY HUMANE SOCIETY, INC. 39-0	8063	35 Page 3						
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?	Ye	es No						
13	Indicate the percentage of gaming activity conducted in:								
	The organization's facility	13a	%						
	An outside facility	13b	%						
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,						
•	Enter the hame and dadress of the person time propares the organization organization of garming, openial events become and records.								
	Name								
	Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es No						
	. Deed the diganization have a contract with a time party from whom the diganization received garning revenue.	. —							
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount								
~	of gaming revenue retained by the third party \$								
_	: If "Yes," enter name and address of the third party:								
٠	in Tes, enternance and address of the tillid party.								
	Name								
	- Name								
	Address								
16	Gaming manager information:								
16	Gaming manager mormation.								
	Nama								
	Name								
	Coming manager companyation								
	Gaming manager compensation \$								
	Description of convices provided								
	Description of services provided								
	Director/officer Employee Independent contractor								
	Director/officer Employee Independent contractor								
47	Mandatan distributions								
	Mandatory distributions:								
а	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ye	es No						
	retain the state gaming license?	16	25 NO						
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the								
Dа	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (t III. linaa	0 0h 10h						
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III les	9, 90, 100,						
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								

Schedule G	i (Form 990)	DANE	COUNTY	HUMANE	SOCIETY,	INC.	39-0806335	Page 4
Part IV	(Form 990) Supplemental Infor	mation $_{\it (}$	continued)					
_								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DANE COUN	TY HUMANE	SOCIETY, I	NC.				39-0806335
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				-		
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990. Part	IV. line 21, for any
recipient that received more than					amzation anoworda	oo on romi ooo, ran	11, mio 21, 101 dily
1 (a) Name and address of organization or government	(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 AFTER ANIMAL SANCTUARY, INC E5714 BORK RD - MARION, WI 54950-9602	20-4031006	501(C)(3)	10,000.	0.			COVER CARE AND TREATMENT OF DOGS TRANSFERRED FROM DCHS
2 Enter total number of section 501(c)(3) a	ınd government org	anizations listed in th	ie line 1 table		<u> </u>	1	1.
3 Enter total number of other organization	-						

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
DCHS DISBURSES GRANT FUNDS TO DESIG	GNATED OR	GANIZATION	IS FOR THE	CARE AND	
TREATMENT OF SPECIFIC INDIVIDUAL A	NIMALS. D	CHS MONITO	ORS THE PRO	GRESS OF	
THESE ANIMALS THROUGHOUT THEIR STA	YS AT THE	SE ORGANIZ	ZATIONS. DC	HS ALSO	
ROUTINELY VERIFIES THAT THE ORGANIZ					
MISSIONS.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

Par	DANE COUNTY	11014771417	DOCTET!	INC.	39-0000333
rar	t I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
	Securities - Publicly traded	Х	10	35,410.	QUOTED MARKET PRICE
	Securities - Closely held stock			,	
	Securities - Partnership, LLC, or				
•	trust interests				
2	Securities - Miscellaneous				
3	Qualified conservation contribution -				
	I Patagla atmost mas				
4	Qualified conservation contribution - Other				
5	Real estate - Residential				
5 6	Real estate - Commercial				
7	Real estate - Other				
8	Collectibles	Х	2	35 /08	QUOTED MARKET PRICE
	Food inventory			33, 430.	QUOTED MARKET TRICE
	Drugs and medical supplies				
1	Taxidermy				
	Historical artifacts				
	Scientific specimens				
	Archeological artifacts	v	160 202	E04 4E0	COCM/CELLING DDICE
5	Other (THRIFT STORE ME)	X	160,383		COST/SELLING PRICE
6	Other (SUPPLIES)	X	4	180,495.	COST/SELLING PRICE
_	Other (
	,	1			
8	Other ()				
8	Other () Number of Forms 8283 received by the organi	7	•		0
8	Other ()	7	•		0
<u>8</u> 9	Other () Number of Forms 8283 received by the organifor which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29	Yes N
<u>8</u> 9	Other () Number of Forms 8283 received by the organifor which the organization completed Form 82 During the year, did the organization receive b	83, Part V, E	onee Acknowledg	ement 29 orted in Part I, lines 1 throug	Yes N
<u>8</u> 9	Other () Number of Forms 8283 received by the organifor which the organization completed Form 82	83, Part V, E	onee Acknowledg	ement 29 orted in Part I, lines 1 throug	Yes N gh 28, that it for
<u>8</u> 9	Other () Number of Forms 8283 received by the organifor which the organization completed Form 82 During the year, did the organization receive b	83, Part V, E by contribution the initial co	on any property rep	ement 29 orted in Part I, lines 1 throug	yes N yh 28, that it for
8 9 0a	Other () Number of Forms 8283 received by the organifor which the organization completed Form 82 During the year, did the organization receive be must hold for at least 3 years from the date of	83, Part V, E by contribution the initial co	on any property rep	ement29 orted in Part I, lines 1 throug ch isn't required to be used	yes N yh 28, that it for
8 9 0a b	Other () Number of Forms 8283 received by the organi for which the organization completed Form 82 During the year, did the organization receive b must hold for at least 3 years from the date of exempt purposes for the entire holding period	83, Part V, E by contribution the initial co	onee Acknowledg on any property rep ntribution, and whi	orted in Part I, lines 1 through the isn't required to be used	Yes N ph 28, that it for 30a X
0a b 1	Other () Number of Forms 8283 received by the organi for which the organization completed Form 82 During the year, did the organization receive b must hold for at least 3 years from the date of exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance poes the organization hire or use third parties	e83, Part V, E by contribution the initial co ? policy that re or related or	Donee Acknowledgen any property reportribution, and white the review of an izations to solid	orted in Part I, lines 1 through the isn't required to be used for any nonstandard contribution, process, or sell noncash	Yes No. 1
8 9 0a b 1 2a	Other () Number of Forms 8283 received by the organifor which the organization completed Form 82 During the year, did the organization receive be must hold for at least 3 years from the date of exempt purposes for the entire holding period if "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance Does the organization hire or use third parties contributions?	e83, Part V, E by contribution the initial co ? policy that re or related or	Donee Acknowledgen any property reportribution, and white the review of an izations to solid	orted in Part I, lines 1 through the isn't required to be used for any nonstandard contribution, process, or sell noncash	Yes No. 1
8 9 0a b 1 2a b	Other () Number of Forms 8283 received by the organi for which the organization completed Form 82 During the year, did the organization receive b must hold for at least 3 years from the date of exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance poes the organization hire or use third parties	e83, Part V, E by contribution the initial co ? policy that re or related or	Donee Acknowledgen any property reportribution, and white the review of ganizations to solid	orted in Part I, lines 1 through the isn't required to be used to be used of any nonstandard contribution, process, or sell noncash	Yes No. 30a X 31 X 32a X

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DANE COUNTY HUMANE SOCIETY INC.

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

Employer identification number 39-0806335

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CARE AND TRANSITIONAL SHELTERING TO COMPANION ANIMALS, FARM ANIMALS, AND WILDLIFE. DCHS IS EFFECTIVE IN ITS MISSION THROUGH MAINTAINING FINANCIALLY STABLE AND SUSTAINABLE OPERATIONS WITH BALANCED REVENUE AND EXPENSES. DCHS'S WORK ALSO INCLUDES PROMOTING A LEGISLATIVE AGENDA IN SUPPORT OF CREATING A MORE HUMANE COMMUNITY.

EDUCATION AND OUTREACH SERVICES INCLUDE YOUTH AND ADULT EDUCATION PROGRAMS SUCH AS CAMP PAWPRINT, SCOUT BADGE WORKSHOPS, SCHOOL FIELD SHELTER TOURS, EDUCATIONAL PRESENTATIONS AND PUBLIC SPEAKING AND DOG TRAINING CLASSES. OUTREACH PROGRAMS INCLUDE PETS ENGAGEMENTS, 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.

VOLUNTEER PROGRAM INCLUDES RECRUITMENT, TRAINING, SUPERVISION AND RETENTION OF DCHS'S VOLUNTEERS. IN 2023, 1,111 VOLUNTEERS PROVIDED APPROXIMATELY 94,830 HOURS OF VOLUNTEER SERVICE TO DCHS. EXPENSES \$ 150,185. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,629.

0.

INCLUDING GRANTS OF \$

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS TO CHANGED THE REQUIREMENT FOR CONSENT

TO CONDUCT BUSINESS WITHOUT A MEETING FROM UNANIMOUS CONSENT TO TWO-THIRDS For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 11-14-23

Schedule O (Form 990) 2023

EXPENSES \$ 422,031.

REVENUE \$ 161,807.

Schedule O (Form 990) 2023 Page 2

Name of the organization

DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

CONSENT.

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization DANE COUNTY HUMANE SOCIETY, INC.

Employer identification number 39-0806335

CONNECTION WITH ANY ACTUAL OR POSSIBLE REPORTED CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS 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 DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING DIRECTORS OR COMMITTEE MEMBERS. THE GOVERNING BODY OR A DESIGNATED COMMITTEE CONDUCTS PERIODIC REVIEWS TO ENSURE THAT DCHS DOES NOT ENGAGE IN ACTIVITIES 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 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.