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 Internal Revenue Service

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

Open to Public

Α	For the	e 2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	LONGMONT HUMANE SUCTETY, INC.			
	Name change	Doing business as		84-06454	<u>55 </u>
	Initial return Final return/	9595 NELGON PD	Room/suite	E Telephone numbe 303-772-	
	termin ated			G Gross receipts \$	4,408,284.
	Ameno return			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: RUSSELL HINKLE		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of the status is $(3.5)(3.5)(3.5)(3.5)$	or 527	If "No," attach a	list. See instructions
J	Websit	e: WWW.LONGMONTHUMANE.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile; CO
	art I	Summary		•	¥ .
	1	Briefly describe the organization's mission or most significant activities: ${ t SEE \ t}$	SCHEDU	LE O	
Governance	<u> </u>				
5	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
۶	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
Activities &	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	166
įį.	6	Total number of volunteers (estimate if necessary)		6	377
-	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		985,628.	
Š	9	Program service revenue (Part VIII, line 2g)		2,193,084.	2,524,225.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,261.	6,505.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		202,670.	199,235.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,384,643.	4,278,494.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ų	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,807,936.	3,326,003.
Fynancac	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
2	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line 25) 561,52	18.		
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,376,712.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,184,648.	4,909,941.
_		Revenue less expenses. Subtract line 18 from line 12		-800,005.	-631,447.
t Assets or	ces		Ве	ginning of Current Year	End of Year
sets	ਰੂ 20	Total assets (Part X, line 16)		8,042,031.	7,426,244.
it As		Total liabilities (Part X, line 26)		1,140,663.	1,125,345.
Net		Net assets or fund balances. Subtract line 21 from line 20		6,901,368.	6,300,899.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		Cignoture of officer		Doto	
Sig		Signature of officer		Date	
He	re	RUSSELL HINKLE, CHIEF EXECUTIVE OFFICER			
_		Type or print name and title		Data Labori	DTIN
_		Print/Type preparer's name Preparer's signature		Date Check if	PTIN
Pai		KELSIE BOYLE, CPA		self-employ	
	parer	Firm's name BROCK AND COMPANY, CPAS, P.C.		Firm's EIN 8	4-0930288
US	Only	Firm's address 4940 PEARL EAST CR., SUITE 300		a	2 444 2071
_		BOULDER, CO 80301		Phone no. 3 0	3-444-2971
		RS discuss this return with the preparer shown above? See instructions			X Yes No
т Ц	A Ear	Panerwork Reduction Act Notice see the senarate instructions 332001 19	0 01 00		Earm MMU (2023)

Other program services (Describe on Schedule O.)

including grants of \$ 3,901,394. Total program service expenses

) (Revenue \$

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Form 990 (2023) LONGMONT HUMANE SOCIETY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0	v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
D	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			
	, 30 0	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

LONGMONT HUMANE SOCIETY, INC. 84-0645455 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No

2 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2023) LONGMONT HUMANE SOCIETY, INC.

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,		1.55			
	filed for the calendar year ending with or within the year covered by this return	_2a	166		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)'?	4a		X
D	If "Yes," enter the name of the foreign country		to (FDAD)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		21
	It "Yes" to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ua				6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Oa		
	and the state of t			6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the payor?	7a	Х	
	TENSOR IN THE STATE OF THE STAT		rovided to the payor.	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	to file Form 8282?		5 4	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
0	Section 501(c)(7) organizations. Enter:	ı	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	١	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
0-	amounts due or received from them.)	11b	<u> </u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	, 	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
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.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
4a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

LONGMONT HUMANE SOCIETY, INC. 84-0645455 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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 X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 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 Other officers or key employees of the organization Х 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? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

80501

THE ORGANIZATION - 303-772-1232 9595 NELSON RD., LONGMONT, CO

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)	orga	IIIZa) (2)	ірсі	Satt	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unle: cer ar	ss per id a d	son is	s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	Institutional trustee		ee,	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tı	utiona	_	mploy	st cor	Je.	1000 (VEO)		organizations
	line)	Indivi	Instit	Officer	Key employee	Highe emplo	Former			
(1) DARLENE COKER	4.00									
CHAIR		Х		Х				0.	0.	0.
(2) VONDA MODLIN	2.00								_	_
TREASURER		Х		Х				0.	0.	0.
(3) MARTHA RISK	2.00	l								
SECRETARY	1 00	Х		Х				0.	0.	0.
(4) DR. LOU CAVALLO	1.00	.,								•
PAST CHAIR	1 00	Х						0.	0.	0.
(5) SARAH DANZL	1.00	3,7							0	•
DIRECTOR (6) TERESA MACPHAIL	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(7) DAVE SCAROLA	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(8) DANIEL WEBB	1.00	-25						•	•	•
DIRECTOR		Х						0.	0.	0.
(9) REGAN SAMPLE	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(10) SUZAN FLECK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LINDSEY BEDDARD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DENISE LINN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) RUSSELL HINKLE	40.00							445 450		4 000
CHIEF EXECUTIVE OFFICER				Х				117,470.	0.	1,938.
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332007 12-21-23 Form **990** (2023)

Name and title Average Country	Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
to substotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation from the organization Total from from from from from from from from		(A)	(B)							(D)	(E)			(F)	
Pour park November		Name and title	1	(do not check more than one					one	Reportable	Reportable		E	stimate	ed
Subtotal 117,470. 0. 1,938.				box	, unle	ss per	rson i	is both	n an	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		n	aı	mount	of
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from any organization and related organizations. Name and business address NoNE					Cerar	ia a a	recio	T	iee)						
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compensation from the organization Yes No											000 of reportable				
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	_	· -	or inflited to th	036	11316	u al	JOVE	<i>y</i> wii	016	ceived more than \$100,	ooo or reportable	,			1
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·		Name and business	address	N	ONE	3				Description of s	ervices	C	ompe	ensatio	n
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		Talal according of the desired at 1 1 2 2 2	l li !	,.	:4	J A .	Ll.		<u> </u>	ala avalvada a vari di indi	46 a				
\$100,000 of compensation from the organization	2			ot IIr	nited	ı to i	_		tea	above) who received mo	ore than				

		Check if Schedule O contains a response or i	note to any line	e in this Part VIII			
		Cricok ii Geriedale O contains a response or i	Tiote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
irai	b	Membership dues 1b					
Ä,	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
nig.	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and					
e E	•		48,529.				
ē			10,938.				
ont od (g			1 540 500			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f		1,548,529.			
		<u> </u>	Business Code				
ė				1,351,346.			
ξ	b	ADOPTION, CONTRACTUAL,	621990	1,124,062.	1,124,062.		
Ser			611600	48,817.			
E S	d			,	,		
gra Re	•						
Program Service Revenue	e	All able on the country of the count					
ш.		All other program service revenue		2 524 225			
-		Total. Add lines 2a-2f		2,524,225.			
	3	Investment income (including dividends, interest,					
		other similar amounts)		6,505.			6,505.
	4	Income from investment of tax-exempt bond prod					
	5	Royalties					
		,	(ii) Personal				
	6 2	Gross rents 6a	``				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b					
el e	_	Gain or (loss) 7c					
Revenue		Net gain or (loss)					
er B							
ے	8 а	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
			30,869.				
	b	Less: direct expenses 8b 1	01,660.				
	С	Net income or (loss) from fundraising events		129,209.			129,209.
		Gross income from gaming activities. See					
		Part IV, line 19					
	L						
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			72,503.				
	b	Less: cost of goods sold 10b	28,130.				
	с	Net income or (loss) from sales of inventory		44,373.	44,373.		
			Business Code				
Sno	11 2		621990	25,653.	25,653.		
eo Teo							
Miscellaneous Revenue	b						
Sce Be	С.						
Ξ̈́		All other revenue		25 (52			
		Total. Add lines 11a-11d		25,653.	0 504 054		125 514
	12	Total revenue See instructions		4 278 494.	U 594 251.	0.	135.714.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			ірієїє соіштій (А).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	115 450	00.050	5 054	44 546
	trustees, and key employees	117,470.	99,850.	5,874.	11,746.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.000.011		4.5.450	
7	Other salaries and wages	2,909,044.	2,472,687.	145,452.	290,905.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	04 040	70 111	4 040	0 404
9	Other employee benefits	84,840.	72,114.	4,242.	8,484.
10	Payroll taxes	214,649.	182,452.	10,732.	21,465.
11	Fees for services (nonemployees):				
а	Management	05 001		05 001	
b	Legal	25,901.		25,901.	
	Accounting	19,300.		19,300.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	20 156		20 156	
	column (A), amount, list line 11g expenses on Sch 0.)	20,156.	C C7C	20,156.	C C7C
12	Advertising and promotion	13,352.	6,676.	650	6,676. 658.
13	Office expenses	4,388.	3,072.	658.	030.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,349.		34,349.	
20	Interest Payments to affiliate	34,349.		34,343.	
21	Payments to affiliates	277,672.	162,895.	6,181.	108,596.
22	Depreciation, depletion, and amortization	105,927.	21,185.	84,742.	100,330.
23	Other expanses, Itamiza expanses not severed	103,341.	21,100.	04,/44.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) PUBLIC CLINIC EXPENSES	558,332.	558,332.		
a b	UTILITIES	132,055.	121,490.	6,603.	3,962.
D	DEVELOPMENT EXPENSES	104,076.	3,122.	0,003.	100,954.
ر د	KENNEL SUPPLIES	92,170.	92,170.		100,934.
d	All other expenses	196,260.	105,349.	82,839.	8,072.
	Total functional expenses. Add lines 1 through 24e	4,909,941.	3,901,394.	447,029.	561,518.
<u>25</u> 26	Joint costs. Complete this line only if the organization	-, / U / , / T I •	J, J U 1 , J J 1 •	441,U4J•	301,310.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING 30F 30-2 (M3C 330-720)				Form 990 (2022)

Form 990 (2023)
Part X Balance Sheet

Pai	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			132,860.	1	484,301.
	2	Savings and temporary cash investments			784,403.	2	200,809.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,977.	4	44,272.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of the	hese persor	ns		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in section	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			59,130.	8	54,129.
As	9	B			29,558.	9	19,797.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		9,990,293.			
	b	Less: accumulated depreciation	5,858,112.	10c	5,620,212.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	588,588.	12	346,760.		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		569,403.	15	655,964.	
	16	Total assets. Add lines 1 through 15 (must e			8,042,031.	16	7,426,244.
	17	Accounts payable and accrued expenses			194,644.	17	255,629.
	18	Grants payable		18			
	19	Deferred revenue	6,145.	19	1,561.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or fo	ormer office	r, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
abi		controlled entity or family member of any of the	hese persor	ns		22	
Ξ	23	Secured mortgages and notes payable to unr	elated third	parties	930,058.	23	845,180.
	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X			
		of Schedule D			9,816.	25	22,975.
	26				1,140,663.	26	1,125,345.
		Organizations that follow FASB ASC 958, or	heck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			6,593,415.	27	5,970,623.
Ba	28	Net assets with donor restrictions			307,953.	28	330,276.
pur		Organizations that do not follow FASB ASC	C 958, chec	k here			
F		and complete lines 29 through 33.					
9	29	Capital stock or trust principal, or current fun-			29		
se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			6,901,368.	32	6,300,899.
	33	Total liabilities and net assets/fund balances			8,042,031.	33	7,426,244.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,2	78,	494.
2	Total expenses (must equal Part IX, column (A), line 25)	2			941.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	31,	447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,9	01,	368.
5	Net unrealized gains (losses) on investments	5		8,	655.
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		22,	323.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,3	00,	899.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	s 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?		2	1	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?		2l	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	,	1

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Name of the organization

LONGMONT HUMANE SOCIETY,

Employer identification number

OMB No. 1545-0047

Inspection

84-0645455 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). 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (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))

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

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

Section A. Public Support									
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	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								
	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)								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support	ı							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
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								
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12			
	First 5 years. If the Form 990 is for the	•				01(c)(3)			
	organization, check this box and stor	· ·			•	. , . ,			
Sec	tion C. Computation of Publi								
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and		
	stop here. The organization qualifies	as a publicly supp	orted organization						
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the fact								
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circu		-	•	• • •				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions			

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	ction A. Public Support	elow, please comp	iete Part II.)					
	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.")	1543293.	2081674.	1496274.	985,628.	1548529.	7655398.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2886375.	2180510.	2256671.	2472741.	2853250.	12649547.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization'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	35,999.	35,999.	35,999.	47,999.		203,995.	
	Total. Add lines 1 through 5	4465667.	4298183.	3788944.	3506368.	4449778.	20508940.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	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						0.	
c	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						20508940.	
Sec	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 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	4465667.	4298183.	3788944.	3506368.	4449778.	20508940.	
	and income from similar sources	3,543.	7,825.	3,736.	3,261.	6,505.	24,870.	
t	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 regularly carried on	3,543.	7,825.	3,736.	3,261.	6,505.	24,870.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	4469210.	4306008.	3792680.	3509629.	4456283.	20533810.	
14	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 5	01(c)(3) organization	on,	
_	check this box and stop here							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2023 (li		•	olumn (f))		15	99.88 %	
	Public support percentage from 2022					16	99.81 %	
	ction D. Computation of Inves					Г. _ Т	12 ~	
	Investment income percentage for 20					17	.12 % .10 %	
	Investment income percentage from 2					18	, -	
198	33 1/3% support tests - 2023. If the						T	
b	b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions		

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
		.03	.13
	1		
	2		
	3a		
	<u> </u>		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	Jd		
	5b		
	5c		
	6		
	-		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	401		
- این	10b	n 000)	2000

Par	rt 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	ction 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 or	fficers,		
	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 supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction 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	ction 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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
IJ	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.	20		
u	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	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2023 LONGMON'I' HUMANE SOCIE'I'Y			84-0645455 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

6

Schedule A (Form 990) 2023

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

emergency temporary reduction (see instructions).

instructions).

Sche	edule A (Form 990) 2023 LONGMONT HUMANE SOCIETY, INC.	8	4-0645455 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Sect	tion E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2023	ons	(iii) Distributable Amount for 2023

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

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

LONGMONT HUMANE SOCIETY, INC. **Employer identification number** 84-0645455

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	f a conservation easement on the last
	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	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar As	sets	(continu	ed)	<u> </u>
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	nificant use o	of its		-	
	collection items (check all that apply).										
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	ot purpose in	Part X	III.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of the	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran							t IV, lin	e 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other as	sets not ir	cluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	Ü						Amount		
С	Beginning balance						1c				_
	Additions during the year						1d				
e	Distributions during the year						1e				_
f	Ending balance						1f				_
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•	•			Ħ.	
Par											
	'	(a) Current year		Prior year	(c) Two year		d) Three years	back	(e) Four y	ears ba	.ck
1a	Beginning of year balance	, ,				,					_
b	Contributions										_
c	Net investment earnings, gains, and losses										_
d	Grants or scholarships										_
	Other expenditures for facilities										_
٠											
f	Administrative expenses										
g											_
2	Provide the estimated percentage of the curr	ent year end halance	L a (lina 10	r column (a)	// pold sc.						_
a	Board designated or quasi-endowment	ent year end balance	% (IIII) 5	y, coluitiii (a)	I) Held as.						
b	Permanent endowment	%	_′0								
C											
C											
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	stion the	t are held ar	ad administar	ad for the					
Sa	organization by:	SSION OF THE Organiza	ilion ina	i are rielu ar	iu auministei	eu ioi liie			[Y	es N	No.
									3a(i)	-	<u></u>
									3a(ii)		—
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir							3b		—
4	Describe in Part XIII the intended uses of the	•							SD		—
Par			willelit i	urius.							
	Complete if the organization answere). Part IV	/. line 11a. S	See Form 990	. Part X. lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated	T	(d) Book	valuo	—
	Description of property	basis (investr		` '	(other)		eciation		(u) Book	value	
10	Land	`		54013	(54.101)	ч					—
	Land			9 60	7,927.	4 0	33,390.	-	5,574	53	
D	Buildings Leasehold improvements			2,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	₹, 0	55,550	+-	,,,,,,	, 55	•
ن بہ	Leasehold improvements	I		3.6	3,916.	3	18,241	_	15	,675	-
	Equipment				8,450.		18,450		<u> </u>		<u>) </u>
	Other		V Bee	•					5,620		
ı old	. Aud iiiles ta lilioudit le. (Collimn (a) miist e	oual Form 990 Part	л. iine 1	uc column	(15))			· -	,, , , ,	,	- •

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Ochicadic D	(1 01111 330	, 2020	
Dart VIII	Invocto	aonte	Othor 9

Part VII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	1,619.
(2) BENEFICIAL INTEREST IN TRUSTEED ASSETS	330,276.
(3) RESTRICTED CASH	250,000.
(4) RIGHT-OF-USE FINANCING LEASE ASSET	22,322.
(5) INSURANCE RECEIVABLE	51,747.
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	655,964.

Part X Other Liabilities

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	(b) Book value
(1)	Federal income taxes	
(2)	FINANCE LEASE	22,975.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	22,975.

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

	edule D (Form 990) 2023 LONGMONT HUMANE SOCIETY, I				0645455 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,357,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	8,655.		
b	Donated services and use of facilities		47,999.		
С	Recoveries of prior year grants				
d			22,323.		
е	Add lines 2a through 2d			2e	78,977
3	Subtract line 2e from line 1			3	4,278,494
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,278,494.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Returr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,957,940
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	47,999.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	47,999.
3	Subtract line 2e from line 1			3	4,909,941.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	4,909,941.

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

PART X, LINE 2:

THE ORGANIZATION UTILIZES THE PROVISIONS OF ASC 740, PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE PRONOUNCEMENT REQUIRES THE USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 84-0645455 LONGMONT HUMANE SOCIETY, 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g 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 individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
			HOMEWARD	PAWS IN THE		` '
			BOUND	PARK	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	136,221.	10,933.	83,715.	230,869.
α.						
	2	Less: Contributions				
	_	2000. Contributions				
	_	Cross income (line 1 minus line 0)	136,221.	10,933.	83,715.	230,869.
	3	Gross income (line 1 minus line 2)	130,221.	10,933.	03,713.	230,009.
	4	Cash prizes				
	5	Noncash prizes				
S						
nse	_	Rent/facility costs				
Direct Expenses	0	Tient/lacility costs				
ŭ						
ect	7	Food and beverages				
Ë						
	8	Entertainment				
	9	Other direct expenses		4,293.	42,094.	101,660.
	10	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	•	101,660.
		. ,	٠,			129,209.
Da	rt I	Net income summary. Subtract line 10 from li		000 D-+N/ E 10		129,209.
Г	ונו		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		Т
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 295	bingo/progressive bingo	(5) Surer gammig	col. (a) through col. (c)
e e						
ď	1	Gross revenue				
	_	Cook prizos				
es		Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
世						
9	4	Rent/facility costs				
ֿ						
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor				
	О	volunteer labor	L No	No l	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fnf	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	_			Yes No
						1e3 NO
D	ıī "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
h						
	If "	Yes," explain:				
	lf "	Yes," explain:				

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11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ 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?	Yes	☐ 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:									
	Name									
	Address									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No							
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount									
	of gaming revenue retained by the third party \$									
С	If "Yes," enter name and address of the third party:									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation \$									
	Description of services provided									
	☐ Director/officer ☐ Employee ☐ Independent contractor									
17	Mandatory distributions:									
	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?	Yes	☐ No							
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
	organization's own exempt activities during the tax year \$									
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,							
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.									

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Schedule G	i (Form 990)	LONGMONT	HUMANE	SOCIETY,	INC.	84-0645455	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(continue}	ed)				

SCHEDULE 0 (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.

OMB No. 1545-0047 Inspection

Name of the organization

LONGMONT HUMANE SOCIETY, INC.

Employer identification number 84-0645455

201/01101/1 1101111/1 2001211/ 21/07
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO MANAGEMENT AND MEMBERS
OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO SUBMITTING.
FORM 990, PART VI, SECTION B, LINE 12C:
IN JANUARY OF EACH YEAR, BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT
OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST DISCLOSURE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE CEO'S SALARY IS SET BY THE BOARD OF DIRECTORS AFTER THEY HAVE
ADMINISTERED A YEARLY REVIEW OF COMPANY PERFORMANCE, AS WELL AS A PERSONAL
REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF TRUSTEED ASSETS 22,323.
PART I, LINE 1
CARING, SERVING, AND EDUCATING TO IMPROVE THE LIVES OF COMPANION
ANIMALS.