

**2024 TAX RETURN**

Client Copy

**Client:** 2051

**Prepared for:** LEXINGTON HUMANE SOCIETY  
1600 OLD FRANKFORT PIKE  
LEXINGTON, KY 40504  
(859) 233-0044

**Prepared by:** Justin B. Nichols, CPA  
Summers, McCrary & Sparks PSC  
110 East Lowry Lane  
Lexington, KY 40503  
8592648785

**Date:** February 9, 2026

**Comments:**

**Route to:** \_\_\_\_\_

**2024 Exempt Org. Return**  
prepared for:

**LEXINGTON HUMANE SOCIETY**  
1600 OLD FRANKFORT PIKE  
LEXINGTON, KY 40504

**Summers, McCrary & Sparks PSC**  
110 East Lowry Lane  
Lexington, KY 40503

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LEXINGTON, KY 40503  
8592648785**

February 9, 2026

LEXINGTON HUMANE SOCIETY  
1600 OLD FRANKFORT PIKE  
LEXINGTON, KY 40504

Dear Client:

Your 2024 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your Federal Return of Organization Exempt from Income Tax needs to be filed with the State of Kentucky's Office of the Attorney General. Please mail the enclosed copy to:

Office of the Attorney General  
1024 Capital Center Drive, Suite 200  
Frankfort, KY 40601

Please be sure to call us if you have any questions.

Sincerely,

Justin B. Nichols, CPA

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 202025

**2024**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

LEXINGTON HUMANE SOCIETY

EIN or SSN

61-0444762

Name and title of officer or person subject to tax

Rebecca Sherman Chairperson

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>6,578,731.</u>
<b>2a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b>	_____
<b>5a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	_____
<b>6a</b> Form 990-T check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b>	_____
<b>7a</b> Form 4720 check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b>	_____
<b>8a</b> Form 5227 check here . . . . .	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b>	_____
<b>9a</b> Form 5330 check here . . . . .	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b>	_____
<b>10a</b> Form 8038-CP check here . . . . .	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b>	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Summers, McCrary & Sparks PSC to enter my PIN 02051 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61249220102

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Justin B. Nichols, CPA

Date \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C LEXINGTON HUMANE SOCIETY, 1600 OLD FRANKFORT PIKE, LEXINGTON, KY 40504
D Employer identification number 61-0444762
E Telephone number (859) 233-0044
G Gross receipts \$ 7,487,287.

F Name and address of principal officer: Susan Malcomb, Same As C Above
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: X 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or, 527

J Website: www.lexingtonhumanesociety.org
H(c) Group exemption number

K Form of organization: X Corporation, Trust, Association, Other
L Year of formation: 1968
M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ADVOCATE THE COMPASSIONATE TREATMENT OF ANIMALS; EDUCATE THE COMMUNITY ON RESPONSIBLE, LIFELONG PET OWNERSHIP; AND PROMOTE ADOPTION AS THE BEST OPTION WHEN SEARCHING FOR A NEW PET.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Sign Here: Signature of officer Rebecca Sherman, Date, Chairperson

Paid Preparer Use Only: Preparer's name Justin B. Nichols, CPA, Preparer's signature Justin B. Nichols, CPA, Date, Check self-employed, PTIN P01363721, Firm's name Summers, McCrary & Sparks PSC, Firm's address 110 East Lowry Lane, Lexington, KY 40503, Firm's EIN 61-0990940, Phone no. 8592648785

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVOCATE THE COMPASSIONATE TREATMENT OF ANIMALS; EDUCATE THE COMMUNITY ON RESPONSIBLE, LIFELONG PET OWNERSHIP; AND PROMOTE ADOPTION AS THE BEST OPTION WHEN SEARCHING FOR A NEW PET.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 1,916,785. including grants of \$ ) (Revenue \$ )

HUMANE SERVICES - TO PREVENT CRUELTY TO ANIMALS & CULTIVATE PUBLIC SENTIMENT TOWARDS HUMANE TREATMENT OF ANIMAL LIFE

4b (Code: ) (Expenses \$ 1,879,468. including grants of \$ ) (Revenue \$ )

ANIMAL CONTROL - UNDER CONTRACT WITH LOCAL GOVERNMENT TO HANDLE ANIMAL CONTROL IN ACCORDANCE WITH LOCAL AND STATE ORDINANCES

4c (Code: ) (Expenses \$ 1,535,189. including grants of \$ ) (Revenue \$ )

ADOPTION SERVICES - PROVIDE ADOPTION SERVICES FOR ANIMALS

4d Other program services (Describe on Schedule O.) See Schedule O

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,331,442.

**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)? <i>If "Yes," complete Schedule A.</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> .....		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? <i>If "Yes," complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> .....		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? <i>If "Yes," complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> .....		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> .....	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? <i>If "Yes," complete Schedule D, Part VII.</i> .....		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> .....		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? <i>If "Yes," complete Schedule D, Part IX.</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> .....	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)? <i>If "Yes," complete Schedule D, Part X.</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> .....		X
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	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. . . . .		
	<b>2a</b> 134		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .		
<b>4a</b>	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)? . . . . .		X
<b>b</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). . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (20), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b (See Schedule O), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
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.
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. See Schedule O
20 State the name, address, and telephone number of the person who possesses the organization's books and records. KARL SEESER 1600 OLD FRANKFORT PIKE LEXINGTON KY 40504 (859) 233-0044

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Susan Malcomb Director	40 0	X					85,819.	0.	0.	
(2) Rebecca Sherman Chairperson	1 0	X		X			0.	0.	0.	
(3) Larissa Kern Director	1 0	X					0.	0.	0.	
(4) Susan Pope Vice Chair	1 0	X		X			0.	0.	0.	
(5) Kathy Jaeger Treasurer	1 0	X		X			0.	0.	0.	
(6) Trevor Graves Director	1 0	X					0.	0.	0.	
(7) Stephanie McGregor Director	1 0	X					0.	0.	0.	
(8) Lisa Culp Director	1 0	X					0.	0.	0.	
(9) Susan Burke Director	1 0	X					0.	0.	0.	
(10) Traci Felix Director	1 0	X					0.	0.	0.	
(11) Tom Ackerman Director	1 0	X					0.	0.	0.	
(12) Liz Bazner Director	1 0	X					0.	0.	0.	
(13) Cindy Burton Director	1 0	X					0.	0.	0.	
(14) Jemma Kaluski Secretary	1 0	X		X			0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) John Milward Director	1 0	X					0.	0.	0.	
(16) Jody Shoup Director	1 0	X					0.	0.	0.	
(17) Craig Cammack Director	1 0	X					0.	0.	0.	
(18) Joe Daughtery Director	1 0	X					0.	0.	0.	
(19) Larry Hall Director	1 0	X					0.	0.	0.	
(20) Lauren Morgan Director	1 0	X					0.	0.	0.	
(21) Kate Stoess Director	1 0	X					0.	0.	0.	
(22)										
(23)										
(24)										
(25)										

<b>1b Subtotal</b> .....	85,819.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	85,819.	0.	0.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <u>0</u>			

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> .....		X

**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) Name and business address	(B) Description of services	(C) Compensation

<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <u>0</u>	
--	--

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,901,463.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	124,744.				
	<b>h Total.</b> Add lines 1a-1f .....		2,901,463.				
<b>Program Service Revenue</b>	<b>2a</b> METRO CONTRACT		<b>Business Code</b>				
			900099	2,045,999.	2,045,999.		
	<b>b</b> ADOPTION FEES		900099	551,136.	551,136.		
	<b>c</b> LICENSE, RABIES, SERVICE		900099	306,436.	306,436.		
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			2,903,571.				
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			121,647.		121,647.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses .....	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	491,916.			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		438,764.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>		53,152.			
<b>d</b> Net gain or (loss) .....			53,152.	53,152.			
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	879,720.			
	<b>b</b> Less: direct expenses .....		<b>8b</b>	414,077.			
	<b>c</b> Net income or (loss) from fundraising events .....			465,643.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>				
	<b>b</b> Less: direct expenses .....		<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less .....	<b>10a</b>	returns and allowances .....	188,970.				
		<b>b</b> Less: cost of goods sold. ....	<b>10b</b>	55,715.			
	<b>c</b> Net income or (loss) from sales of inventory .....			133,255.	133,255.		
<b>Miscellaneous Revenue</b>	<b>11a</b> -----		<b>Business Code</b>				
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				6,578,731.	3,089,978.	0.	
						121,647.	

**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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, trustees, and key employees	85,819.	74,955.	3,895.	6,969.
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.	0.	0.	0.
7 Other salaries and wages	3,276,754.	2,861,947.	148,708.	266,099.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	422,329.	366,300.	22,406.	33,623.
10 Payroll taxes	282,319.	246,598.	14,285.	21,436.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	90,297.	83,824.	6,473.	
12 Advertising and promotion	14,470.	8,516.	5,954.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,871.	2,665.	206.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	211,105.	193,415.	13,528.	4,162.
23 Insurance	95,636.	90,233.	5,122.	281.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>SECOND CHANCE</u>	286,033.	286,033.		
b <u>PROJECT PURRFECT</u>	234,444.	234,444.		
c <u>REPAIRS &amp; MAINTENANCE</u>	209,029.	198,269.	10,760.	
d <u>ANIMAL HEALTH AND WELFARE</u>	203,391.	203,391.		
e All other expenses	534,772.	480,852.	42,850.	11,070.
25 Total functional expenses. Add lines 1 through 24e	5,949,269.	5,331,442.	274,187.	343,640.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....	2,170,257.	<b>1</b>	2,254,653.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	36,375.	<b>8</b>	47,497.
	<b>9</b> Prepaid expenses and deferred charges .....	63,626.	<b>9</b>	50,060.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,778,764.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,864,519.	2,048,039.	<b>10c</b> 1,914,245.
	<b>11</b> Investments – publicly traded securities .....	3,805,070.	<b>11</b>	4,920,552.
	<b>12</b> Investments – other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	630,902.	<b>15</b>	580,766.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,754,269.	<b>16</b>	9,767,773.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	162,755.	<b>17</b>	210,384.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	33,332.	<b>19</b>	67,517.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	288,885.	<b>25</b>	215,995.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	484,972.	<b>26</b>	493,896.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,193,821.	<b>27</b>	7,925,070.
	<b>28</b> Net assets with donor restrictions .....	1,075,476.	<b>28</b>	1,348,807.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	8,269,297.	<b>32</b>	9,273,877.	
<b>33</b> Total liabilities and net assets/fund balances .....	8,754,269.	<b>33</b>	9,767,773.	

**Part 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	6,578,731.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,949,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	629,462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,269,297.
5	Net unrealized gains (losses) on investments	5	356,869.
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) See Schedule O	9	18,249.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,273,877.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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.			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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.			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Name of the organization <b>LEXINGTON HUMANE SOCIETY</b>	Employer identification number <b>61-0444762</b>
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**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  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)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,523,961.	2,577,703.	1,731,194.	1,703,843.	2,901,463.	10,438,164.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	1,523,961.	2,577,703.	1,731,194.	1,703,843.	2,901,463.	10,438,164.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						10,438,164.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	1,523,961.	2,577,703.	1,731,194.	1,703,843.	2,901,463.	10,438,164.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	142,298.	186,245.	91,856.	125,813.	121,647.	667,859.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						11,106,023.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	93.99 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	94.18 %

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests—2023.** 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%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2025. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			

BAA

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>LEXINGTON HUMANE SOCIETY</b>	Employer identification number <b>61-0444762</b>
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your 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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

<b>Name of organization</b> LEXINGTON HUMANE SOCIETY	<b>Employer identification number</b> 61-0444762
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**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	Nancy Barron ----- 150 Grand Blvd ----- Lexington, KY 40507 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Petsmart Charities ----- 19601 N 27th Ave ----- Phoenix, AZ 85027-4010 -----	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THOMAS L CLARK ----- 345 BLUEBERRY ROAD ----- LEXINGTON, KY 40503 -----	\$ 223,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEBORAH BURG ESTATE ----- 1937 LONG POND WALK ----- LEXINGTON, KY 40502 -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ESTATE OF GEORGE TAYLOR MARTIN ----- 2480 TULSA DR ----- LEXINGTON, KY 40503 -----	\$ 391,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>LEXINGTON HUMANE SOCIETY</b>	Employer identification number <b>61-0444762</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **LEXINGTON HUMANE SOCIETY** Employer identification number **61-0444762**

**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 information once. See instructions.)..... \$                      *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

Employer identification number

LEXINGTON HUMANE SOCIETY

61-0444762

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		3,777.		3,777.
b Buildings		4,600,609.	3,017,858.	1,582,751.
c Leasehold improvements		367,490.	226,148.	141,342.
d Equipment		806,888.	620,513.	186,375.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 1,914,245.

<b>Part VII Investments – Other Securities</b>		N/A
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) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))		

<b>Part VIII Investments – Program Related</b>		N/A
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)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))		

<b>Part IX Other Assets</b>	
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) <u>benficial interest in perpetual trust</u>	358,813.
(2) <u>Lease Receivable</u>	221,953.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))	580,766.

<b>Part X Other Liabilities</b>	
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) <u>LEASE PAYABLE</u>	215,995.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	215,995.

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. See Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information**

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 - FASB ASC 740 Footnote**

The Society follows the provisions of FASB ASC 740 Income Taxes. FASB ASC 740 prescribes a recognition threshold and measurement attribute for how an entity should recognize, measure, present and disclose in its consolidated financial statements uncertain tax positions that the entity has taken or expects to take on a tax return. FASB ASC 740 requires that the consolidated financial statements reflect expected future tax consequences of such positions presuming the taxing authorities' full knowledge of the position and all relevant facts, but without

**Part XIII** Supplemental Information *(continued)*

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**Part X - FASB ASC 740 Footnote (continued)**

considering time values. The Society has determined the provisions of FASB ASC 740 have not had a material impact on the consolidated financial statements. The Society is not currently being audited for any for any tax periods. Under federal tax statutes of limitations, the Society believes it is no longer subject to federal income tax examinations for fiscal years prior to June 30, 2018.

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

LEXINGTON HUMANE SOCIETY

Employer identification number

61-0444762

**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.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of nongovernment grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>DIRECT MAIL</u> (event type)	<u>RAFFLES</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	617,837.	74,385.	187,498.	879,720.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	617,837.	74,385.	187,498.	879,720.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	388,124.		25,953.	414,077.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					414,077.
	11	Net income summary. Subtract line 10 from line 3, column (d)					465,643.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13 a</b>		%
<b>b</b> An outside facility	<b>13 b</b>		%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter the 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:

**a** 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... \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

LEXINGTON HUMANE SOCIETY

Employer identification number

61-0444762

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

**Schedule M (Form 990) 2024**

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

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**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

LEXINGTON HUMANE SOCIETY

61-0444762

**Form 990, Part III, Line 4d - Other Program Services Description**

Expenses	Including Grants	Revenue
SPAY AND WE'LL PAY - PROVIDES FREE OR LOW COST SURGERIES FOR QUALIFYING PET OWNERS		

**Form 990, Part VI, Line 11b - Form 990 Review Process**

UPON COMPLETING INITIAL PREPARATION OF FORM 990 BY THE CPA FIRM PREPARING THE RETURN A PDF COPY IS EMAILED TO BOARD MEMBERS FOR THEIR REVIEW. A 2 WEEK OPEN TIME FRAME IS PROVIDED FOR DIRECTORS TO REVIEW AND MAKE INQUIRIES WITH REGARDS TO ANY ISSUES DISCLOSED IN THE RETURN. FOLLOWING THE RESOLUTION OF ANY QUESTIONS OR OTHER ISSUES THAT HAVE ARISEN, THE PAPER FILING VERSION OF FORM 990 AND ACCOMPANYING SCHEDULES WILL BE PROVIDED TO THE DESIGNATED OFFICER FOR FINAL AUTHORIZATION SIGNATURE.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

EACH DIRECTOR IS REQUIRED ON AN ANNUAL BASIS TO COMPLETE A CONFLICT OF INTEREST SURVEY. THE BOARD GOVERNANCE CHAIR COMPILES THE RESULTS OF THE SURVEYS AND MAKES A PRESENTATION DURING A REGULAR BOARD MEETING ADVISING BOARD MEMBERS ON CONFLICT OF INTERESTS.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

THE BOARD CHAIR COMPLETES AN EVALUATION OF THE PRESIDENT'S PERFORMANCE FOR THE FISCAL YEAR AND EVALUATES THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS (SAWA'S) SALARY SURVEY TO COMPARE EXECUTIVE WAGES. THE EXECUTIVE COMMITTEE THEN REVIEWS THE BOARD CHAIR'S EVALUATION AND REVIEW OF SAWA'S SALARY SURVEY AND FORWARDS TO THE FULL BOARD FOR APPROVAL.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER RELATED DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

LEXINGTON HUMANE SOCIETY

61-0444762

**Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances**

CHANGE IN PRESENT VALUE OF PERPETUAL TRU.....	\$	19,172.
CHANGE IN PRESENT VALUE OF PERPETUAL TRUSTS.....		
LOSS ON EQUIPMENT DISPOSITION.....		-923.
	Total	<u>\$ 18,249.</u>

## LEXINGTON HUMANE SOCIETY

61-0444762

	2024	2023	Diff
<b>REVENUE</b>			
Contributions and grants.....	2,901,463	1,703,843	1,197,620
Program service revenue.....	2,903,571	2,716,422	187,149
Investment income.....	174,799	269,065	-94,266
Other revenue.....	598,898	618,859	-19,961
Total revenue.....	6,578,731	5,308,189	1,270,542
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits...	4,067,221	3,796,956	270,265
Other expenses.....	1,882,048	1,651,137	230,911
Total expenses.....	5,949,269	5,448,093	501,176
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	629,462	-139,904	769,366
Total assets at end of year.....	9,767,773	8,754,269	1,013,504
Total liabilities at end of year.....	493,896	484,972	8,924
Net assets/fund balances at end of year.	9,273,877	8,269,297	1,004,580

2024

**General Information**

**Page 1**

LEXINGTON HUMANE SOCIETY

61-0444762

**Forms needed for this return**

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch M

**Carryovers to 2025**

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

### Prior to transmission of the return

**Form 990**

The organization should review their Federal Return along with any accompanying schedules and statements.

**Paperless e-file**

The organization should read, sign and date the Form 8879-TE, IRS e-file Signature Authorization.

**Even Return**

No payment is required.

### After transmission of the return

**Receive acknowledgement of your e-file transmission status.**

Within several hours, access the program and get your first acknowledgement (ACK) that the program has received your transmission file.

Access the program again after 24 and then 48 hours to receive your Federal ACKs.

**Keep a signed copy of Form 8879-TE, IRS e-file Signature Authorization in your files for 3 years.**

**Do not mail:**

Form 8879-TE IRS e-file Signature Authorization

**Rental Income Worksheet  
Form 990**

**Land**

Gross Rental Income.....	\$	0.
Expenses		
Total Expenses.....	\$	0.
Net Rental Income or Loss		<u>\$ 0.</u>

**Special Events Worksheet**

Special Event	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income or Loss
DIRECT MAIL	\$ 617,837.	\$ 0.	\$ 617,837.	\$ 388,124.	\$ 229,713.
RAFFLES	74,385.	0.	74,385.	0.	74,385.
Subtotal	<u>\$ 692,222.</u>	<u>\$ 0.</u>	<u>\$ 692,222.</u>	<u>\$ 388,124.</u>	<u>\$ 304,098.</u>
TAILS & ALES	66,189.	0.	66,189.	0.	66,189.
MUTT STRUT	44,867.	0.	44,867.	7,886.	36,981.
DOGGIE PADDLE	43,401.	0.	43,401.	0.	43,401.
BARK BASH	33,041.	0.	33,041.	18,067.	14,974.
*Subtotal	<u>\$ 187,498.</u>	<u>\$ 0.</u>	<u>\$ 187,498.</u>	<u>\$ 25,953.</u>	<u>\$ 161,545.</u>
Total	<u>\$ 879,720.</u>	<u>\$ 0.</u>	<u>\$ 879,720.</u>	<u>\$ 414,077.</u>	<u>\$ 465,643.</u>

\*Events combined on the return as the third event.

**Computation of Cost of Goods Sold (Form 990)**

1. Inventory at start of year.....	36,375.
2. Purchases.....	66,837.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	0.
6. Total (Add lines 1 through 5).....	<u>103,212.</u>
7. Inventory at end of year.....	<u>47,497.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>55,715.</u></u>

**Form 990, Part III, Line 4e  
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	5,331,442.	5,331,442.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	2,903,571.	Part VIII, Line 2, Col. A

## LEXINGTON HUMANE SOCIETY

61-0444762

Form 990, Part IX, Line 11g  
Other Fees For Services

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fund- raising</u>
BANK CHARGES	41,495.	38,211.	3,284.	
PROFESSIONAL FEES	48,802.	45,613.	3,189.	
Total	<u>\$ 90,297.</u>	<u>\$ 83,824.</u>	<u>\$ 6,473.</u>	<u>\$ 0.</u>

Form 990, Part IX, Line 24e  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
AUTO AND TRUCK	44,609.	44,609.		
CHIPPING	17,216.	17,216.		
DUES AND SUBSCRIPTIONS	7,885.	7,885.		
EQUIPMENT LEASE	408.	408.		
KENNEL MAINTENANCE	54,852.	54,852.		
MISCELLANEOUS EXPENSES	38,341.	5,336.	33,005.	
MUTT STRUTT EXPENSES	7,224.	7,224.		
OUTSIDE SERVICES	13,134.	4,126.		9,008.
Postage and Shipping	7,037.	6,657.	380.	
Printing and Publications	7,246.	6,906.	340.	
REFUNDS	2,532.	2,532.		
SPAY AND WE'LL PAY	138,674.	138,674.		
SUPPLIES	17,492.	16,814.	678.	
TELEPHONE	43,048.	42,180.	868.	
TRAINING AND EDUCATION	7,006.	7,006.		
UNIFORMS	14,649.	14,649.		
UTILITIES	103,120.	94,355.	6,703.	2,062.
WEBSITE	10,299.	9,423.	876.	
Total	<u>\$ 534,772.</u>	<u>\$ 480,852.</u>	<u>\$ 42,850.</u>	<u>\$ 11,070.</u>

LEXINGTON HUMANE SOCIETY

61-0444762

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
1	SWAB ARF .95	10/01/98		13,071							13,071	13,071	S/L	5		0
2	Gooseneck Trailer	10/22/98		6,800							6,800	6,800	S/L	5		0
3	Horse Trailer 2	4/29/00		4,464							4,464	4,464	S/L	5		0
4	2011 Scion	1/27/11		18,034							18,034	18,034	S/L	5		0
129	FF-2012 Silverado Dually	6/30/15		39,500							39,500	39,500	S/L	5		0
132	FF-2015 Ram 2500	6/30/15		30,270							30,270	30,270	S/L	5		0
147	FF-2011 EZ Go Golf Cart	3/29/16		4,169							4,169	4,169	S/L	5		0
154	2003 Ford 350 Cargo Van	5/09/17		4,000							4,000	4,000	S/L	5		0
155	2011 EZGO Golf Cart	6/28/17		2,690							2,690	2,690	S/L	5		0
194	2007 Ford Freestar Van	10/21/19		2,500							2,500	2,333	S/L	5		167
230	Transmission, GM Dullely	6/30/22		3,952							3,952	1,580	S/L	5		790
231	2012 EZGO TXT Gas Golf Cart	1/27/23		4,979							4,979	1,411	S/L	5		996
232	2006 Freightliner Cargo Truck	4/19/23		24,310							24,310	5,672	S/L	5		4,862
233	7x20 Utility Trailer	6/10/23		3,515							3,515	762	S/L	5		703
Total Auto / Transport Equipment				162,254		0	0	0	0	0	162,254	134,756				7,518
Buildings																
88	Building #2 Pha	11/01/77		127,319							127,319	127,319	S/L	19		0
89	Building #3 Adn	6/01/85		153,385							153,385	153,385	S/L	19		0
90	New Kennel	4/01/93		711,234							711,234	711,234	S/L	19		0
91	Storage Building	1/01/97		1,314							1,314	1,314	S/L	19		0
92	Storage Building	6/01/97		1,323							1,323	1,323	S/L	19		0
93	Additional Kennel	7/01/97		9,361							9,361	9,361	S/L	19		0

LEXINGTON HUMANE SOCIETY

61-0444762

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
94	ACO Office Building	1/01/98		1,957							1,957	1,957	S/L	19		0
95	Landscaping	5/02/02		2,850							2,850	2,850	S/L	19		0
96	New Building	5/15/07		2,778,604							2,778,604	1,589,977	S/L	30		92,620
97	Paver Stones	5/15/07		6,701							6,701	6,058	S/L	19		353
98	Landscaping	5/15/07		30,997							30,997	28,001	S/L	19		1,631
99	Paddock	5/15/07		6,000							6,000	5,424	S/L	19		316
100	Shed & Fencing	5/15/07		3,400							3,400	3,073	S/L	19		179
101	Red Storage Barn	6/30/11		19,300							19,300	16,731	S/L	15		1,287
121	Fixed Secondary Door	6/20/14		1,840							1,840	970	S/L	19		97
151	Architecture Design	4/03/16		2,350							2,350	1,023	S/L	19		124
171	Spays The Way Addition	11/09/17		297,749							297,749	104,473	S/L	19		15,671
172	STONE PILLAR REPLACEMENT	6/12/19		2,100							2,100	1,068	S/L	10		210
183	DUMPSTER PAD	7/13/18		5,400							5,400	3,240	S/L	10		540
192	Steel Pole Barn	3/10/20		99,437							99,437	22,681	S/L	19		5,234
193	Canine Cabins & Paddock	2/27/20		137,966							137,966	31,464	S/L	19		7,261
198	New Roof	4/01/21		119,619							119,619	38,876	S/L	10		11,962
199	New gate system & keypad - LHS	3/25/21		3,452							3,452	2,243	S/L	5		690
219	Entrance skirt to front drive pave	8/31/21		4,954							4,954	739	S/L	19		261
221	Vet Tech Area Construction	10/04/21		35,807							35,807	5,183	S/L	19		1,885
223	Storage Shed	4/13/22		7,240							7,240	857	S/L	19		381
234	New Commercial Garage Door	8/23/22		6,984							6,984	854	S/L	15		466
237	Mitsubishi Ductless System - Exotic	12/13/22		5,248							5,248	831	S/L	10		525
238	Pole & Mount for license plate read	1/30/23		5,336							5,336	1,080	S/L	7		762
239	Front office & reception flooring	3/08/23		3,825							3,825	340	S/L	15		255
240	Admin Building Windows	5/30/23		2,179							2,179	236	S/L	10		218
241	80 gallon water heater - adoptions	6/26/23		3,199							3,199	320	S/L	10		320
247	Admin Windows Window World	9/19/23		2,179							2,179	233	S/L	7		311
Total Buildings				4,600,609		0	0	0	0	0	4,600,609	2,874,718				143,559

## LEXINGTON HUMANE SOCIETY

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Improvements																
85	Crematory	5/11/12		22,000							22,000	22,000	S/L	10		0
86	AC - Motor	6/21/12		1,554							1,554	1,554	S/L	10		0
108	Goodman 7.5 Ton Heat Pump	2/20/13		5,386							5,386	4,069	S/L	15		359
109	Music System	3/05/13		1,015							1,015	1,015	S/L	7		0
110	Main Kennel Air Cond.	6/21/13		14,240							14,240	4,972	S/L	31.5		452
120	Morque Air Unit	6/11/14		1,443							1,443	1,443	S/L	10		0
122	Furnace-A/C Front-Admin	6/30/15		5,300							5,300	4,770	S/L	10		530
123	Furnace-A/C Rear-Admin	6/30/15		4,850							4,850	4,365	S/L	10		485
124	Stone Pillars - Entrance	6/30/15		3,015							3,015	1,089	S/L	25		121
125	Unit 14 Condenser Motor	6/30/15		1,292							1,292	1,161	S/L	10		131
126	4 Access Control Panels	6/30/15		4,639							4,639	4,639	S/L	7		0
127	Fence at Entrance	6/30/15		2,694							2,694	2,421	S/L	10		273
128	Hot Water Heater	6/30/15		1,040							1,040	936	S/L	10		104
130	Blower Motor -Exotic Room	6/30/15		1,253							1,253	1,125	S/L	10		128
131	Crematory Wall Replacemen	6/30/15		6,235							6,235	5,616	S/L	10		619
133	Horse Trailer Improv	6/30/15		2,539							2,539	2,539	S/L	5		0
134	Parking Lot	6/30/15		28,847							28,847	10,386	S/L	25		1,154
135	Unit 19 Fuse & Holder	6/30/15		1,372							1,372	1,233	S/L	10		139
136	Unit 19 A/C Unit	6/30/15		18,982							18,982	17,082	S/L	10		1,900
145	Unit 19 Econ & Gas Line	7/16/15		7,300							7,300	6,509	S/L	10		730
146	2015 Dodge A/C & Bed	8/20/15		2,681							2,681	2,681	S/L	5		0
149	Concrete Pad-Dumpster	6/20/16		1,965							1,965	1,576	S/L	10		197
150	Surgical Light	6/22/16		2,500							2,500	2,500	S/L	7		0
159	Cremation floor,roof,bric	10/31/16		15,092							15,092	7,713	S/L	15		1,006

LEXINGTON HUMANE SOCIETY

61-0444762

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
160	Compressor-unit #6	6/30/17		1,955							1,955	1,372	S/L	10		196
167	2 Industrial YJ Fans	8/24/17		3,000							3,000	2,931	S/L	7		69
168	Goodman Air Unit #11	9/15/17		1,978							1,978	1,933	S/L	7		45
169	AOS 30 Gal Wat. Htr	11/30/17		1,233							1,233	1,159	S/L	7		74
170	8 Yard Recycling Dumpster	6/26/18		1,496							1,496	1,284	S/L	7		212
173	UNIT #8 HEAT STRIP & CORE	1/11/19		1,240							1,240	974	S/L	7		177
174	UNIT #9 BLOWER & CONTROL	5/10/19		2,000							2,000	1,478	S/L	7		286
175	HVAC UNIT #4	5/14/19		10,000							10,000	5,167	S/L	10		1,000
176	SHED FOR ADMIN	5/28/19		4,405							4,405	2,242	S/L	10		441
177	HVAC UNIT #8	6/27/19		9,873							9,873	4,935	S/L	10		987
178	HVAC UNIT #18	1/11/19		17,682							17,682	9,724	S/L	10		1,768
179	HVAC UNIT #13	8/23/18		2,925							2,925	1,709	S/L	10		293
180	HVAC UNIT #6	11/08/18		17,300							17,300	9,803	S/L	10		1,730
181	WASTE REMOVAL PUMP	12/18/18		3,950							3,950	2,173	S/L	10		395
182	SEWER LIFT STATION	12/18/18		1,234							1,234	677	S/L	10		123
184	GAS PACK - SEGURY UNIT	7/29/16		9,000							9,000	6,537	S/L	7		0
190	Covetrus Exam Table	12/18/19		1,169							1,169	752	S/L	7		167
191	Sign for Canine Cabin & Paddock	2/10/20		2,455							2,455	1,550	S/L	7		351
195	4 ton heat pump	9/10/20		9,500							9,500	7,283	S/L	5		1,900
196	Touchscreen Controls for Crematory	11/30/20		7,995							7,995	4,092	S/L	7		1,142
197	Water Heater for Surgery Suite	11/06/20		2,092							2,092	1,533	S/L	5		418
218	Goodman HVAC	8/10/21		9,250							9,250	2,698	S/L	10		925
220	Goodman Heap Pump	9/10/21		7,500							7,500	4,250	S/L	5		1,500
Total Improvements				286,466		0	0	0	0	0	286,466	189,650				22,527

LEXINGTON HUMANE SOCIETY

61-0444762

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Land																
87	Land	1/01/34		3,777							3,777					0
	Total Land			3,777		0	0	0	0	0	3,777	0				0
Machinery and Equipment																
5	Cages	9/30/94		834							834	834	S/L	8		0
6	Cages	10/31/94		1,654							1,654	1,654	S/L	8		0
7	Cages	2/28/95		626							626	626	S/L	8		0
8	Cage Unit	2/17/98		8,892							8,892	8,892	S/L	8		0
9	Cages	3/29/99		1,534							1,534	1,534	S/L	8		0
10	Portable Shelter	7/09/99		1,350							1,350	1,350	S/L	7		0
11	Intel Works	1/24/00		1,050							1,050	1,050	S/L	5		0
12	Vet Equipment	6/06/00		995							995	995	S/L	8		0
13	Office Equipment	7/17/01		2,609							2,609	2,609	S/L	8		0
14	Anesthesia	11/09/01		1,500							1,500	1,500	S/L	8		0
15	Voicemail System	3/03/03		3,128							3,128	3,128	S/L	5		0
16	Compressor	6/09/03		1,752							1,752	1,752	S/L	5		0
17	Offsite Copier	2/26/04		560							560	560	S/L	5		0
18	Offsite Furniture	3/15/04		2,350							2,350	2,350	S/L	7		0
19	Offsite Furniture	4/15/04		1,218							1,218	1,218	S/L	7		0
20	Air Conditioner	4/08/05		2,647							2,647	2,647	S/L	7		0
21	Buffer	4/11/07		800							800	800	S/L	5		0
22	Steel Table	6/11/07		1,071							1,071	1,071	S/L	5		0
23	Cages (NB)	5/15/07		24,325							24,325	24,325	S/L	10		0
24	Dishwasher (NB)	5/15/07		9,056							9,056	9,056	S/L	10		0

## LEXINGTON HUMANE SOCIETY

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
25	Kennels & Bowls	5/15/07		72,975							72,975	72,975	S/L	10		0
26	Animal Incinerator	5/15/07		2,440							2,440	2,440	S/L	10		0
27	Steel Humidifier	5/15/07		5,073							5,073	5,073	S/L	10		0
28	Crematorium (NB)	5/15/07		46,360							46,360	46,360	S/L	10		0
29	Security Panel	5/15/07		3,300							3,300	3,300	S/L	10		0
30	Signs (NB)	5/15/07		3,169							3,169	3,169	S/L	10		0
31	Grooming Tub	5/15/07		2,690							2,690	2,690	S/L	10		0
32	Medical Equipment	5/15/07		4,456							4,456	4,456	S/L	10		0
33	Anesthesia Mac	5/15/07		2,956							2,956	2,956	S/L	10		0
34	Stainless Steel	5/15/07		9,116							9,116	9,116	S/L	10		0
35	Benches (NB)	5/15/07		1,737							1,737	1,737	S/L	10		0
36	Cremated Remains	5/15/07		2,295							2,295	2,295	S/L	10		0
37	Balance on Cremated	7/19/07		5,000							5,000	5,000	S/L	10		0
38	Cremation System	7/19/07		3,006							3,006	3,006	S/L	10		0
39	Installment of Cremation	8/24/07		3,997							3,997	3,997	S/L	10		0
40	Rad Software	11/29/07		748							748	748	S/L	3		0
41	Pet Edge	11/29/07		2,013							2,013	2,013	S/L	10		0
42	Installation of New	11/29/07		833							833	833	S/L	5		0
43	Installation of New	12/14/07		473							473	473	S/L	5		0
44	Furniture for New	12/14/07		750							750	750	S/L	7		0
45	Installation of New	2/24/08		653							653	653	S/L	5		0
46	Instant Signs	3/08/08		3,289							3,289	3,289	S/L	10		0
47	Multi-Office Desk	3/24/08		5,000							5,000	5,000	S/L	7		0
48	Instant Signs	3/25/08		375							375	375	S/L	10		0
50	Installation of New	4/21/08		743							743	743	S/L	5		0
53	Butler Pet- Oxygen	5/16/08		2,010							2,010	2,010	S/L	10		0
54	Cardinal Office	5/16/08		1,400							1,400	1,400	S/L	7		0

## LEXINGTON HUMANE SOCIETY

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55	Shor-line - 2 Set	5/21/08		7,324							7,324	7,324	S/L	10		0
58	Pet Edge- 2 Sets	6/20/08		4,254							4,254	4,254	S/L	10		0
59	Security Speciality	8/28/08		5,000							5,000	5,000	S/L	5		0
60	Security Speciality	9/28/08		4,775							4,775	4,775	S/L	5		0
62	Shor-line - Banks	3/17/09		1,978							1,978	1,978	S/L	10		0
63	Security Specialty	6/17/09		4,750							4,750	4,750	S/L	5		0
64	Home Depot - 3	6/17/09		2,767							2,767	2,767	S/L	5		0
65	Security Specialty	6/17/09		4,750							4,750	4,750	S/L	5		0
66	Security Specialty	7/23/09		975							975	975	S/L	5		0
67	Security Specialty	9/01/09		1,000							1,000	1,000	S/L	5		0
69	Happy The Glass	9/15/09		1,500							1,500	1,500	S/L	5		0
70	Security Specialty	11/25/09		8,075							8,075	8,075	S/L	5		0
72	Compressor	6/09/11		4,256							4,256	4,256	S/L	5		0
73	2 Grinder type S	11/22/10		6,158							6,158	6,158	S/L	7		0
74	Condensor Coil	6/23/11		5,426							5,426	5,426	S/L	5		0
76	Petsmart Ea	10/14/11		550							550	550	S/L	5		0
77	32 Gates	12/20/11		3,200							3,200	3,200	S/L	10		0
78	Doggie Play	12/28/11		19,300							19,300	19,300	S/L	10		0
102	Panasonic Phone System	7/20/12		14,386							14,386	14,386	S/L	7		0
106	Bates Security System	5/16/13		2,668							2,668	2,668	S/L	7		0
107	3 Dell Computers	6/28/13		2,164							2,164	2,164	S/L	5		0
112	E6530 Laptop	2/28/14		1,510							1,510	1,510	S/L	5		0
113	Dell 3020 Computer	3/31/14		1,025							1,025	1,025	S/L	5		0
114	Dell Optiplex 3020 Comput	4/25/14		676							676	676	S/L	5		0
115	Ethernet Switch	4/09/14		428							428	428	S/L	5		0
116	Office Furniture	6/24/14		4,173							4,173	4,173	S/L	5		0
117	Dell Optiplex 3020	6/30/14		856							856	856	S/L	5		0

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118	Dell Optiplex 3020 5qty	6/30/14		3,434							3,434	3,434	S/L	5		0
119	Dell Latitude 3000 laptop	6/30/14		855							855	855	S/L	5		0
137	Honeywell DVR - Security	6/30/15		1,856							1,856	1,856	S/L	5		0
138	Laptop & Desktop - Box La	6/30/15		3,842							3,842	3,842	S/L	5		0
139	Computer - Fin Mgr - Box	6/30/15		3,379							3,379	3,379	S/L	5		0
140	T320 Server & Switch	6/30/15		5,929							5,929	5,929	S/L	7		0
143	BlackJack Industrial Fan	6/27/16		2,500							2,500	2,500	S/L	5		0
144	Dell Latitude Laptop	6/30/16		1,227							1,227	1,227	S/L	5		0
157	Anesthesia Machine 1	2/23/17		1,860							1,860	1,860	S/L	7		0
158	Anesthesia Machine 2	2/23/17		1,860							1,860	1,860	S/L	7		0
161	New Signs	8/31/17		1,113							1,113	1,087	S/L	7		26
162	New Signs	9/01/17		1,113							1,113	1,087	S/L	7		26
163	New Outdoor Campus Signs	5/15/18		2,964							2,964	2,609	S/L	7		355
164	Konica Minolta Biz Hub	3/20/18		2,045							2,045	2,045	S/L	5		0
165	Outdoor Speaker & Pager	5/23/18		1,203							1,203	1,203	S/L	5		0
166	Sophos XG210 Firewall	6/30/18		3,743							3,743	3,743	S/L	5		0
185	OXYGEN CONCENTRATOR	9/18/18		2,645							2,645	2,645	S/L	5		0
186	3 DELL OPTIPLEX 5060	11/30/18		3,040							3,040	3,040	S/L	5		0
187	3 COMPUTERS W/ADAPTERS	2/28/19		3,002							3,002	3,002	S/L	5		0
188	DELL LATITUDE 3590 LAPTOP	4/19/19		1,290							1,290	1,290	S/L	5		0
189	2 DELL OPTIPLEX 3050	6/26/19		2,403							2,403	2,403	S/L	5		0
200	Dell T440 Power Edge Server - LHS	5/25/21		2,476							2,476	1,091	S/L	7		354
222	New gate, sensor & keypad	10/21/21		3,645							3,645	1,944	S/L	5		729
224	Cage Assembly	4/10/22		5,323							5,323	1,496	S/L	8		665
225	Dental Machine	5/10/22		2,840							2,840	769	S/L	8		355
226	Hydrostatic Lawn Tractor	5/17/22		2,599							2,599	677	S/L	8		325
227	Vending Machine	6/10/22		5,498							5,498	1,431	S/L	8		687

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228	Cage Assembly	6/10/22		15,808							15,808	4,117	S/L	8		1,976
229	Keypad Access Control Panel	6/23/22		4,506							4,506	1,802	S/L	5		901
242	Commercial Hobart Dishwasher	9/28/22		9,232							9,232	2,308	S/L	7		1,319
243	Security access control system	1/06/23		11,067							11,067	1,660	S/L	10		1,107
244	Admin Reception Cubicle Desk Syste	5/25/23		12,057							12,057	1,306	S/L	10		1,206
245	Security Cameras - Rear of Prop	3/31/23		47,455							47,455	5,932	S/L	10		4,746
246	Engraving Machine	6/30/23		3,495							3,495	499	S/L	7		499
248	New IP Cameras	9/07/23		52,280							52,280	6,224	S/L	7		7,469
249	New Access Control Panel	11/01/23		2,345							2,345	223	S/L	7		335
250	Bricks in Crematory	6/10/24		26,000							26,000	310	S/L	7		3,714
Total Machinery and Equipment				626,661		0	0	0	0	0	626,661	451,417				26,794
XACC																
152	ACC Shed	6/30/16		4,295							4,295	2,288	S/L	15		286
156	Leininger Cabinet&Woodwk	4/30/17		4,729							4,729	2,258	S/L	15		315
201	Video Intercom - LFACC	6/30/21		2,634							2,634	1,581	S/L	5		527
202	New gate system & keypad - LFACC	3/25/21		3,452							3,452	2,243	S/L	5		690
203	Dell T440 Power Edge Server - LFAC	5/25/21		2,476							2,476	1,091	S/L	7		354
235	New Flooring LFACC Building	10/17/22		10,165							10,165	1,130	S/L	15		678
236	New Steel Framed Commercial door	11/04/22		2,655							2,655	233	S/L	19		140
Total XACC				30,406		0	0	0	0	0	30,406	10,824				2,990
Total Depreciation				<u>5,710,173</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,710,173</u>	<u>3,661,365</u>				<u>203,388</u>

LEXINGTON HUMANE SOCIETY

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Grand Total Depreciation			<u>5,710,173</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,710,173</u>	<u>3,661,365</u>				<u>203,388</u>