WEGNER CPAS, LLP 2921 LANDMARK PLACE, SUITE 300 MADISON, WI 53713-4200

ELMBROOK HUMANE SOCIETY, INC. 20950 ENTERPRISE AVE BROOKFIELD, WI 53045-5224

Iddaalldlaadalddaldaddalddaldadllaal

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public Inspection

ΑI	For th	e 2019 calendar year, or tax year beginning and	d ending		
В	Check if applicab	c Name of organization		D Employer identific	cation number
	Addre]	
	Name chang	Doing business as		39-60917	12
	Initial return Final return		Room/suite	E Telephone number 262-782-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,480,235.
	Amen return	ded DDOOKETEID WI 530/5_522/		H(a) Is this a group re	
	Application	F Name and address of principal officer: OAMED DIVOGITION		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Τ.	Tax-ex	empt status: X 501(c)(3)) or 527	If "No," attach a	list. (see instructions)
J	Websi	te: ► WWW.EBHS.ORG		H(c) Group exemption	n number 🕨
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1964 N	Natate of legal domicile: WI
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ELME	BROOK H	UMANE SOCIE	TY'S
anc		MISSION IS TO PROVIDE SHELTER FOR HOMELE	ESS ANI	MALS, PROMO	TE THE
Governance	1	Check this box if the organization discontinued its operations or disp		1 1	
<u>3</u> 6	1			3	8
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			8
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			36 291
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		
		Contributions and greats (Part VIII line 1b)		Prior Year 1,070,409.	Current Year 982,801.
ne	8	Contributions and grants (Part VIII, line 1h)	i i	280,337.	258,321.
Revenue	9	Program service revenue (Part VIII, line 2g)		44,400.	105,543.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,403.	-534.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,393,743.	1,346,131.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		695,828.	819,114.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
be.	b	Total fundraising expenses (Part IX, column (D), line 25) 164,8	308.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		508,435.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,204,263.	1,268,038.
	19	Revenue less expenses. Subtract line 18 from line 12		189,480.	78,093.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		7,355,520.	8,180,515.
A As	21	Total liabilities (Part X, line 26)		48,180.	28,635.
		Net assets or fund balances. Subtract line 21 from line 20		7,307,340.	8,151,880.
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		alties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vilicii preparei	lias any knowledge.	
C:~	_	Signature of officer		I Date	
Sig		JAMES BROUGHTON, PRESIDENT/TREASURER			
Hei	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[[Date Check	PTIN
Pai	d	JENNY TARKOWSKI, CPA	sti	8/3/20 if self-employe	P00634290
	- parer	Firm's name WEGNER CPAS, LLP		our unproje	39-0974031
	Only	Firm's address 2921 LANDMARK PLACE, SUITE 300		o Env	
	•	MADISON, WI 53713-4200		Phone no. 60	8-274-4020
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1 1-11-11-1	X Yes No

Pa	rt III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	MELECC
	ELMBROOK HUMANE SOCIETY'S MISSION IS TO PROVIDE SHELTER FOR HO	
	ANIMALS, PROMOTE THE HUMAN ANIMAL BOND, AND PREVENT ANIMAL CRU	
	NEGLECT. AS A NO KILL ORGANIZATION, WE ARE COMMITTED TO SAVIN	
	HEALTHY, TREATABLE, AND ADOPTABLE ANIMAL THAT COMES TO OUR FAC	TPT.I.X
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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	000 450
4a	(Code:) (Expenses \$	270,452.
	WAUKESHA COUNTY'S FIRST NO KILL HUMANE SOCIETY THAT PROVIDES A	
	CARE AND SERVICES/PROGRAMS INCLUDING SHELTER AND CARE OF HOMEL	
	ANIMALS, RESCUE OF STRAY AND INJURED ANIMALS, ADOPTION, TRAINI	
	BEHAVIOR ASSISTANCE, HUMANE EDUCATION, FOSTER CARE, PET THERAP	
	SAFEKEEP, SURRENDER/RELINQUISHMENT, RE-HOMING ASSISTANCE, AND	
	SUPPORT. WE ASSIST APPROXIMATELY 1,500 DOMESTIC AND 200 WILD	ANIMALS
	ANNUALLY, WITH A NEARLY 98% LIVE RELEASE RATE IN 2019.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 975,867.	
		Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			 ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04 -	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			X
00	"Yes," complete Schedule L, Part IV	28c 29	Х	Α.
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		

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

		_		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return2a	36						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	· I						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X			
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 (Fl	· ·			37			
5a	, , , , , , , , , , , , , , , , , , , ,	Г	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Λ			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization contributions that were not tox deductible as charitable contributions?	1	60		Х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Г	6a					
D	were not tax deductible?	I	6b					
7	Organizations that may receive deductible contributions under section 170(c).		05					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the payor?	7a	х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	s required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	orm 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		0-					
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b					
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:	$\overline{}$						
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I						
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand		4.4		Х			
14a	71 7 7		14a 14b					
	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		Х			
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	·····	ı		-2			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	- 1	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
			Form	990	(2010)			

Form **990** (2019)

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		Х
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4-		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an experientian to make its Forms 1003 (1004 or 1004 A. if applicable), 900, and 900 T. (Section 501(a))	0 5:-1	۱۱ ۵۰۰-۱۱	ob!c
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	is only) avail	auie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain on Schedule O)			
10	·······································	d fine:	noic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinal	icial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	HEATHER GEHRKE - 262-782-9261			
	20950 ENTERPRISE AVE, BROOKFIELD, WI 53045-5224			

932006 01-20-20 Form **990** (2019)

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week (list any hours for related	stee or director						from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) JAMES BROUGHTON	1.00							_	_	_
PRESIDENT/TREASURER		Х		Х				0.	0.	0.
(2) JOE DONOVAN	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(3) JENNIFER KOVACICH	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) KIM PRESTON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) KELSEY LORENZ	1.00									
DIRECTOR		Х						0.	0.	0.
(6) LAURA LANDERGOTT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) WILL SCHULTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(8) NISHANT DESHPANDE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) HEATHER GEHRKE	50.00									
EXECUTIVE DIRECTOR				Х				89,362.	0.	7,917.
										- 000

Form **990** (2019)

Name and title Average hours per week (list any hours for related organizations) Below line) Dosttion Gon ontertoek more than one both an officer and a develor/trusted organization from related organizations Below line) Below line line line line line line line line	Part VII Section A. Officers, Directors, Tru (A)	(B)	<u> </u>		(C		<u>J</u>		(D)	(E)			(F)	
Nours per Nou	• •	1 ' '			•	•	1		` '	` '		Ec		٨
Subtotal	Name and title	1	(do not check more than one						1	•				
(list any hour for related organization organizations organizations organizations organizations organizations below line) 1		1 '							•	•				,
1b Subtotal		(list any	tor											tion
1b Subtotal		hours for	dire				pa		organization	•			•	
1b Subtotal			tee oi	nstee			ensat		(W-2/1099-MISC)			org	anizati	on
1b Subtotal		1 -	al trus	nal tr		oyee	o mp							
1b Subtotal		1	ividu	titutio	icer	emp	hest (ploye	mer				orga	anizatio	วทร
total from continuation sheets to Part VII, Section A		iii ie)	эц Н	lns	#0	Key	Hig	호						
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A			-											
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A			-											
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A			_											
total from continuation sheets to Part VII, Section A														
d Total (add lines 1b and 1c)	1b Subtotal							<u> </u>				ļ	7,91	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (B) (C) Compensation Compensation Formula in the organization of independent contractors that received more than \$100,000 of compensation from the organization of services Posscription of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.	c Total from continuation sheets to Part	VII, Section A						>						
Section B. Independent Contractors (A) None the organization is 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 of services None the organization. Report compensation from the organization. Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation from the organization. Provided more than \$100,000 of compensation.									<u> </u>				7,9.	L'/ •
Yes No		not limited to th	nose	liste	ed at	OOV	e) wł	o r	eceived more than \$100	0,000 of reportable	le			(
line 1a? If "Yes," complete Schedule J for such individual 4 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	compensation from the organization												Yes	No
4 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Compensation Compensation 1 Compensation 1 Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (A) (B) (C) Compensation Compensation 1 Compensation 2 Compensation 2 Compensation 3 Compensation 4 Compensat	o ,	,	,	кеу є	empl	oye	e, o	hig	ghest compensated emp	oloyee on				7,
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization in the organization of compensation in the organization in the organ	, ,											3		<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) (Compensation) Name and business address NONE Description of services Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	•	•							•	•		4		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) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C														
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) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	-	mplete Schedul	e J f	or su	ıch p	oers	son .					5		<u>X</u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O	·	compensated in	depe	ende	nt c	ontr	racto	rs t	that received more than	\$100.000 of com	npens	ation f	rom	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		ss address	NC	ONE	3					ervices	С			1
\$100,000 of compensation from the organization 0												-		
\$100,000 of compensation from the organization 0								_						
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compondation from the organization														
ENIII AAN I ZIII A			not lii	mite	d to		_	stec	d above) who received n	nore than				

Pa	rt V	Ш	Statement of Rev	renue					
			Check if Schedule O co	ontains a response	or note to any lir				
						(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	f
									sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ara oui		b	Membership dues	1b					
S, (С	Fundraising events	1c	68,558.				
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations	1d					
is,		е	Government grants (contrib	outions) 1e					
rior		f	All other contributions, gifts, g	rants, and					
the			similar amounts not included a	above 1f	914,243.				
d Off		g	Noncash contributions included in li	ines 1a-1f 1g \$	52,676.				
a Co		h	Total. Add lines 1a-1f		>	982,801.			
					Business Code				
ø.	2	а	ADOPTION FEES		813312	138,138.	138,138.		
Program Service Revenue	_		MUNICIPALITY (CONTRACTS	922190	86,525.			
		c	TRAINING CLASS		812910	17,858.			
an Se		d	ANIMAL MEDICAL		541940	11,922.			
Reg		e	SURRENDERS ANI		813312	3,878.	3,878.		
Pro		-	All other program service re			3,3,3	5,0.00		
			Total. Add lines 2a-2f			258,321.			
	3	9	Investment income (includi						
	Ū		other similar amounts)	,	,	94,675.			94,675.
	4		Income from investment of			31,0,00			3270730
	5		Royalties		•				
	3		Tioyaities	(i) Real	(ii) Personal				
	6	_	Gross rents	6а	(1) 1 01001101				
				6b					
			· · · · · · · · · · · · · · · · · · ·	6c					
			· · · · •	I					
			Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	′	a		7a 95,000.	(ii) Otrici				
		L-	Less: cost or other basis	7a 33,000.					
<u>o</u>		D		_{7b} 84,132.					
eun		_	······· F	7c 10,868.					
Revenue			٠ / ـ			10,868.			10,868.
er F			Net gain or (loss)			10,000.			10,000.
Ğ.	8	а	Gross income from fundraising including \$ 68						
١			<u> </u>						
			contributions reported on li		15,239.				
			Part IV, line 18		32,477.				
			Less: direct expenses			-17,238.			-17,238.
			Net income or (loss) from fu	· -	D	17,230.			17,230.
	9	d	Gross income from gaming		4,573.				
			Part IV, line 19		0.				
			Less: direct expenses			4,573.			4,573.
			Net income or (loss) from g	· —	<u> </u>	4,3/3.			4,373.
	10	а	Gross sales of inventory, le		29,626.				
			and allowances		4 - 4				
			Less: cost of goods sold			10 101	10 101		
		С	Net income or (loss) from s	ales of inventory		12,131.	12,131.		
sn	_				Business Code				
ne ge	11								
Miscellaneous Revenue		b							
Re		С							
Ĕ			All other revenue						
		е	Total. Add lines 11a-11d			1 246 121	270 452		02 070
	12		Total revenue. See instruction	1S	<u></u>	1,346,131.	270,452.	0.	92,878.

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).

Dο	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	97,280.	38,912.	39 012	19,456
_	trustees, and key employees	91,400.	30,312.	38,912.	19,430
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	578,137.	475,777.	25,895.	76,465
7	Other salaries and wages	370,137.	4/3,///•	43,093.	70,403
8	Pension plan accruals and contributions (include	9,142.	7,670.	286.	1 196
•	section 401(k) and 403(b) employer contributions)	81,895.	64,995.	5,684.	1,186 11,216
9	Other employee benefits	52,660.	40,355.	4,863.	7,442
10	Payroll taxes	32,000.	40,333.	4,003.	7,444
11	Fees for services (nonemployees):				
a					
b		10,217.		10,217.	
C		10,217		10,217	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f ~	// / L 100/ (II 05				
g	column (A) amount, list line 11g expenses on Sch 0.)	112,099.	102,959.	9,140.	
40		5,345.	102,555.	4,845.	500
12	Advertising and promotion	106,286.	59,937.	20,852.	25,497
13	Office expenses	668.	668.	20,032.	25,457
14 15	Information technology	0001	000.		
15 16	Royalties	47,588.	44,660.	1,898.	1,030
16 17	Occupancy	2,374.	2,374.	1,050.	1,000
17 18	Payments of travel or entertainment expenses	2,574.	2,374.		
10	'				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	5,324.	5,324.		
19 20	. F	3,3210	5,522.		
20 21	Payments to affiliates				
2 I 22	Depreciation, depletion, and amortization	81,911.	78,641.	2,119.	1,151
22 23		23,596.	18,082.	2,179.	3,335
23 24	Other expenses. Itemize expenses not covered	23,3301	20,002.	2,2,5	5,555
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEDICAL SUPPLIES	33,825.	33,825.		
b	SPECIAL EVENT	17,220.	00,0201		17,220
C		=:,===			=: , == 0
d					
e	All other expenses	2,471.	1,688.	473.	310
25	Total functional expenses. Add lines 1 through 24e	1,268,038.	975,867.	127,363.	164,808
<u>26</u>	Joint costs. Complete this line only if the organization	, ==, == (,	=:,,,,,,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	The state of the s				

Form **990** (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		278,898.	1	191,211.	
	2	Savings and temporary cash investments			44,407.	2	44,452.
	3	Pledges and grants receivable, net		384,041.	3	225,000	
	4	Accounts receivable, net			2,562.	4	0 .
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
ţs		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			3,125.	9	4,210
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,281,373.			
	b	Less: accumulated depreciation	10b	861,199.	1,473,408.	10c	1,420,174 3,371,098
	11	Investments - publicly traded securities			3,280,981.	11	
	12	Investments - other securities. See Part IV, line	305,371.	12	1,055,539		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,582,727.	15	1,868,831		
	16	Total assets. Add lines 1 through 15 (must eq			7,355,520.	16	8,180,515
	17	Accounts payable and accrued expenses			48,180.	17	28,635
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for	mer offic	er, director,			
Ě		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables [.]	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			48,180.	26	28,635.
s		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X			
č		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			7,304,448.	27	8,135,719.
Ä	28	Net assets with donor restrictions	2,892.	28	16,161.		
Ĭ.		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
ř		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
ξ	31	Retained earnings, endowment, accumulated				31	0 451 000
Š	32	Total net assets or fund balances			7,307,340.	32	8,151,880.
	33	Total liabilities and net assets/fund balances	<u></u>		7,355,520.	33	8,180,515.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	,34	<u>6,1</u>	<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	,26	8,0	<u> 38.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	7	8,0	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 7	,30	7,3	40.
5	Net unrealized gains (losses) on investments	5	48	0,7	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	28	5,7	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 8	,15	1,8	80.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
-	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,			990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ELMBROOK HUMANE SOCIETY, INC. 39-6091712 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	650,815.	682,261.	628,142.	1070409.	982,801.	4014428.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	650 045	600 061	600 110	4050400	000001	1011100	
	Total. Add lines 1 through 3	650,815.	682,261.	628,142.	1070409.	982,801.	4014428.	
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,						E45 005	
	column (f)						715,835.	
	Public support. Subtract line 5 from line 4.						3298593.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 628, 142.	(d) 2018	(e) 2019	(f) Total 4014428.	
	Amounts from line 4	650,815.	682,261.	020,142.	1070409.	982,801.	4014428.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	37,800.	54,427.	70,203.	79,497.	04 675	336,602.	
_	and income from similar sources	37,000.	34,42/•	10,203.	13,431.	94,675.	330,002.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
44	assets (Explain in Part VI.)						4351030.	
11	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (esa inetruetia	one)			12 1	,647,093.	
12 13	First five years. If the Form 990 is for	•	,	d fourth or fifth to			,041,055.	
13	organization, check this box and stor	•			•	. , . ,	ightharpoonup	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2019 (column (f))		14	75.81 %	
15	Public support percentage from 2018					15	83.18 %	
	33 1/3% support test - 2019. If the o					•		
	stop here. The organization qualifies	-						
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization	
	meets the "facts-and-circumstances"			-	•	_		
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	•	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□	
18	8 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	ow, picase con	ipicie i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(4) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(b) 2010	(c) 2017	(d) 2018	(6) 2019	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					-	<u> </u>
b Amounts included on lines 2 and 3 received from other than disgualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for t	he organization	's first second thir	L d fourth or fifth t	av vear as a secti	n 501(c)(3) organiz	zation
	J		,	,		·
Section C. Computation of Public						
15 Public support percentage for 2019 (lin			column (f))		15	9
16 Public support percentage from 2018 S					16	9
Section D. Computation of Invest					1 1	
17 Investment income percentage for 201			ne 13, column (f))		17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the o					33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2018. If the o						and
line 18 is not more than 33 1/3%, chec	•			·	•	
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u></u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		V	
_	When a section to the		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations		ш	
000	tion 5.7th Type in Supporting Siguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organ				
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

ELMBROOK HUMANE SOCIETY, INC.

39-6091712

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	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 or 990-EZ), 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, 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							
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

ELMBROOK HUMANE SOCIETY, INC.

39-6091712

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$94,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 349,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ELMBROOK HUMANE SOCIETY, INC.

39-6091712

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date receive		
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - - - - - - - -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_		- - - - - - - - - - -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - - - - - - - -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - \$		

Employer identification number

Name of organization 39-6091712 ELMBROOK HUMANE SOCIETY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ELMBROOK HUMANE SOCIETY, INC.

Employer identification number 39-6091712

Schedule D (Form 990) 2019

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	are the organization's property, subject to the organization's $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) \left(\frac{1}{$				L Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	into that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

932051 10-02-19

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a Public oxhibition b Scholarly research c Preservation for future generations 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 solicid 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?		rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Oth	er Simila	ar Asse	ts(continu	ied)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 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's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of 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, 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, line 21. 1b If "Yes" explain the arrangement in Part XIII and complete the following table: Amount 1c Beginning balance 1d Additions during the year 1d Additions during the year 1te If Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1a Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasisendowment \b % 1 Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasisendowment \b % 1 Part 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: 1 Part V Land, Buildings, and Equipment. Complete if the organizations is endowment funds. 1 Part V Land, Buildings, and Equipment. Complete if the organization expenses 1 Administrative expenses 2 Provide the estimat	3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t make:	significant	use of its		
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		collection items (check all that apply):									
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of 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 collection? Yes No	а	Public exhibition	d		Loan or exc	hange progra	am				
c	b	Scholarly research	е								
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? Ves	С	Preservation for future generations									
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? Part IV	4	_	llections and explain	n how tl	hev further t	he organizati	on's exe	empt purpo	se in Par	t XIII.	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	5										
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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or Form 990, Part IV, line 10. C										Yes	☐ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ It	Pai									line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance n Intervention of the part XIII and part XIII					Ü				,	,	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance n Intervention of the part XIII and part XIII	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	sets no	t included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance										Yes	☐ No
d Additions during the year e Distributions during the year f Ending balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b										
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		, ,	•							Amount	
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 (e) Four years back (for the year	С	Beginning balance						1c			
e Distributions during the year f Enling balance 1 I I I I I I I I I											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_										
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.										Yes	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four year		-						•			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
1a Beginning of year balance		·							ears back	(e) Four v	ears back
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	1a	Beginning of year balance	(a) cancert year	(-)		(0)		(4)		(5)	
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 ▶	_										
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											
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 \(\) _ % 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) basis (other) basis (other) c Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other											
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 ▶											
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 ▶	ŭ	-									
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 ▶											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Г									
a Board designated or quasi-endowment	_		ent year and halanc	e (line 1	a column (a)) hold ac:				1	
b Permanent endowment ▶			ent year end balanc	-	g, column (a)) Held as.					
c Term endowment ▶	_	-	0/2	_′0							
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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) 1a Land 210,405. b Buildings 1,434,399. 557,802. 876,597. c Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) basis (other) c Leasehold improvements d Equipment 636,569 303,397 333,172 60 0ther c Other	C		-								
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations	20		•	ation the	at are hold a	and administs	rod for t	tho organia	ration		
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 210,405. b Buildings 1,434,399.557,802.876,597. c Leasehold improvements d Equipment 636,569.303,397.333,172. e Other	Sa		ssion of the organiza	alion in	at are rielu a	iliu auliliiliste	ered for i	ine organiz	alion	Г	/os No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 210,405. 5210,405. b Buildings 1,434,399. 557,802. 876,597. c Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other											es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) 1a Land 210,405. Buildings 1,434,399. 557,802. 876,597. c Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other											
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) 1a Land 210,405. Buildings 1,434,399. 557,802. 876,597. c Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other	h										+
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) 1a Land 210,405. Buildings 1,434,399. C Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other										. 30	
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	<u> </u>			wment	iurius.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	ı u) Dort I	/ line 11e 9	Soo Form 000) Dort V	lino 10			
basis (investment) basis (other) depreciation 1a Land 210,405. 210,405. b Buildings 1,434,399. 557,802. 876,597. c Leasehold improvements 636,569. 303,397. 333,172. e Other 0ther 0					1	1			-d	(al) De els	
1a Land 210,405. 210,405. b Buildings 1,434,399. 557,802. 876,597. c Leasehold improvements 636,569. 303,397. 333,172. e Other 0ther		Description of property	1 ' '			1			ea	(a) Book	value
b Buildings		Land	,	ileili)		, ,	ue	preciation		210	105
c Leasehold improvements d Equipment 636,569. 303,397. 333,172. e Other								557 20	02		
d Equipment 636,569. 303,397. 333,172.					1,43	·=,JJJ•		551,00	<u> </u>	0 / 0	, 5310
e Other					62	6 560		303 30	97	333	172
					0.3	0,303.		505,5	9 1 •	333	, 1 / 4 •
				V a=!:	mn (D) 15 1	100)			. -	1.420	17/

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	THE SOCIETY	11101	5 0051712
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CASH AND CASH EQUIVALENTS	37,981.	END-OF-YEAR MARKE	r value
(B) FIXED INCOME SECURITIES	1,017,558.	END-OF-YEAR MARKE	r value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,055,539.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 er	nd-of-year market value
(1)	(-)	(2)	· · · · · · · · · · · · · · · · · · ·
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ASS	SETS HELD BY	WAUKESHA COUNTY	
(2) COMMUNITY FOUNDATION			1,868,831.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	1,868,831.
Part X Other Liabilities.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability	,,,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			+
<u>(6)</u>			+
(7)			
(8)			
(9) Table (Column (b) must equal Form 000. Port V col. (D) line	2E \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ZJ.)		· 1

Schedule D (Form 990) 2019

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...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D	(Form 990) 2019 ELMBROOK HUMANE SOCIETY, I	INC.		39-	6091712 _{Page} 4
		Reconciliation of Revenue per Audited Financial Statement				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0 1 1 7 2 1 1
1		evenue, gains, and other support per audited financial statements			1	2,147,311.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	400 713		
		nrealized gains (losses) on investments		480,713.		
		ed services and use of facilities				
		eries of prior year grants		202 072		
		(Describe in Part XIII.)	2d	302,972.		702 605
		nes 2a through 2d			2e	783,685
3		act line 2e from line 1			3	1,363,626.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
		ment expenses not included on Form 990, Part VIII, line 7b		17 405		
		(Describe in Part XIII.)		-17,495.		17 405
		nes 4a and 4b			4c	-17,495.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	\A/:4		5	1,346,131.
Pai	ווא זי	Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retu	rn.
_	Total	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	1,318,010.
1		expenses and losses per audited financial statements			-	1,310,010
		nts included on line 1 but not on Form 990, Part IX, line 25:	2a			
		ed services and use of facilities				
		rear adjustments				
		losses		49,972.		
		(Describe in Part XIII.)			0-	49,972.
		nes 2a through 2d			2e	1,268,038
		act line 2e from line 1			3	1,200,030
		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
		ment expenses not included on Form 990, Part VIII, line 7b				
		(Describe in Part XIII.)				0.
		nes 4a and 4b			4c	1,268,038
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,200,030
		Supplemental Information.		101 5 11/1	4 5 1	V " 0 D 1 VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,
		I, LINE 2D - OTHER ADJUSTMENTS:				
CHZ	ANGE	IN VALUE OF BENEFICIAL INTEREST IN AS	SETS H	ELD BY		
WC(CF					285,734
DIE	RECT	INE 8B		17,238.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D						302,972.
PAI	RT X	I, LINE 4B - OTHER ADJUSTMENTS:				
~^ ¢	מידי ר	F COORS SOLD PEROPER ON FORM 990 DAR	ייי די	T.TNE		

10B -17,495.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

	to www.irs.gov/Form990 for instr	uction	is and	the latest informat			mopeotion	
Name of the organization ELMBROO	K HUMANE SOCIETY,	INC	! .			Employer ide $39-6091$	ntification number 712	
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 17	7. Form 990-E2	Z filers are not	
Indicate whether the organization rais a	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitate and solicitate are solicitated and solicitated are solicitated as a solicitate are solicitated as a solicitated as	tion of tion of fundra (includer	non-g gover aising ding o sional f	overnment grants rnment grants events fficers, directors, tru fundraising services	stees,	Yes		
(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					
			<u> </u>	1 1 1 1:0	<u> </u>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	outions	s or has been notifie	a it is e	exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2019 ELMBROOK HUMANE SOCIETY, INC. 39-6091712 Page 2 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 NONE (add col. (a) through WAGFEST SPRING GALA col. (c)) (event type) (event type) (total number) Revenue 47,904 35,893. 83,797. 1 Gross receipts 42,227 26,331. 68,558. 2 Less: Contributions 5,677 15,239. 9,562. **3** Gross income (line 1 minus line 2) 0. 0. 4 Cash prizes 797. 797. 0. 5 Noncash prizes Direct Expenses 200. 1,403. 1,203. 6 Rent/facility costs 5,646. 14,007. 8,361. 7 Food and beverages 8 Entertainment 9,260. 9 Other direct expenses 7,010. 16,270. 32,477. **10** Direct expense summary. Add lines 4 through 9 in column (d) -17,238. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? No **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2019

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	nedule G (Form 990 or 990-EZ) 2019 ELMBROOK HUMANE SOCIETY, INC. 39-6	<u>091</u>	<u>712</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carning manager compensation • • •			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
П	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, Iir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990 or 990-EZ)	ELMBROOK	HUMANE	SOCIETY,	INC.	39-6091712 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)			
		· · · · · · · · · · · · · · · · · · ·				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number 39-6091712 ELMBROOK HUMANE SOCIETY, INC.

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		•	s
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
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	X	24	3,411.	SELLING P	RICE		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts	77		20 500	CELL THE D	D T O T		
	Other (SHELTER SUPPL)	X	559		SELLING P			
26	Other (AUCTION ITEMS)	X	44		SELLING PI SELLING PI			
27	Other (BUILDING EQUI)	Λ	4	100.	SEPPING P	KICE		
28	Other ()							
29	Number of Forms 8283 received by the organization which the organization completed Form 828							
	for which the organization completed Form 826	os, Part IV, I	Donee Acknowled	gernent [29]			Yes	No
30-2	During the year, did the organization receive by	, contributio	n any property rer	ported in Part I lines 1 throu	ah 28 that it		163	140
Jua	must hold for at least three years from the date				-			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.					554		
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31	х	
	Does the organization hire or use third parties of							
			9			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ELMBROOK HUMANE SOCIETY, INC.

Employer identification number 39-6091712

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

HUMAN ANIMAL BOND, AND PREVENT ANIMAL CRUELTY AND NEGLECT. AS A NO

KILL ORGANIZATION, WE ARE COMMITTED TO SAVING EVERY HEALTHY, TREATABLE,

AND ADOPTABLE ANIMAL THAT COMES TO OUR FACILITY REGARDLESS OF AGE,

BREED, TIME, OR MEDICAL NEEDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REGARDLESS OF AGE, BREED, TIME, OR MEDICAL NEEDS.

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

THE PREPARED FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR,

TREASURER, AND THE FINANCE COMMITTEE. A COPY OF THE RETURN IS THEN

PROVIDED TO THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED

WITH THE IRS.

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

CONFLICT OF INTEREST POLICY AND A MONITORING SYSTEM HAS BEEN IMPLEMENTED BY THE GOVERNING BODY. THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BODY DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST TO THE ORGANIZATION THROUGH BUSINESS, INVESTMENT, OR FAMILY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE GOVERNING BODY OR EXECUTIVE COMMITTEE. ANY DIRECTOR MAY RECUSE HIMSELF/HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE DIRECTOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** ELMBROOK HUMANE SOCIETY, INC. 39-6091712 BELIEVES HE/SHE HAS OR MAY HAVE A CONFLICT OF INTEREST WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND THE REMAINING DIRECTORS OR COMMITTEE MEMBERS SHALL DECIDE IF A VOTED UPON. CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL COVERED INDIVIDUALS ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: THE MEMBERS OF THE SOCIETY'S GOVERNING BODY CONDUCT A REVIEW OF COMPENSATION LEVELS. FACTORS CONSIDERED IN DETERMINING COMPENSATION LEVELS INCLUDE RISK, REQUIRED EDUCATION AND/OR JOB SKILLS, AND DATA ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SIMILAR SERVICES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY

WCCF 285,734.