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CLIENT'S COPY

ANDERSON HAGER & MOE S.C. CERTIFIED PUBLIC ACCOUNTANTS PO BOX 986 HAYWARD, WI 54843 7156342653

February 19, 2025

NORTHWOODS HUMANE SOCIETY INC PO BOX 82 HAYWARD, WI 54843

NORTHWOODS HUMANE SOCIETY INC:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very Truly Yours,

MARK BECKMAN CPA

ANDERSON HAGER & MOE S.C. CERTIFIED PUBLIC ACCOUNTANTS PO BOX 986 HAYWARD, WI 54843

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Form 8879-TE			IRS E-fil	e Signatur	e Authoriza	ation		OMB No. 1545-0047	
					•	0.00 21	24		
	For calendar y	/ear 2023			, 2023, and ending		20 <u>2 4</u>	2023	
Department of the Treasury					eep for your record				
Internal Revenue Service Name of filer			GO to www.irs	s.gov/Formoo/91	E for the latest info	mation.	EIN or SSN		
	NOODS HI	τΜΔΝ	NE SOCIE	TY THC				*4807	
Name and title of officer or p				PERSSON				1007	
Name and the of officer of p			PRESIDE						
Part I Type of	Return and	d Re	turn Inform						
Check the box for the ret Form 5330 filers may ent or 10a below, and the an whichever is applicable, I than one line in Part I.	er dollars and o nount on that li plank (do not e	cents. ine for enter -(For all other fo the return beir)-). But, if you e	orms, enter whole c ng filed with this for entered -0- on the re	lollars only. If you ch m was blank, then le aturn, then enter -0- c	eck the box on li eave line 1b, 2b , on the applicable	ine 1a, 2a, 3 , 3b, 4b, 5b, e line below.	3a, 4a, 5a, 6a, 7a, 8 6b, 7b, 8b, 9b, or 1 Do not complete n	a, 9a, 0b, nore
1a Form 990 check	here	X			990, Part VIII, colum				
2a Form 990-EZ ch	eck here				990-EZ, line 9)			2b	
3a Form 1120-POL					line 22)			3b	
4a Form 990-PF ch					ncome (Form 990-P			4b	
5a Form 8868 chec					ne 3c)			5b	
6a Form 990-T che					III, line 4)			6b	
7a Form 4720 chec					II, line 1)				
8a Form 5227 chec					x year (Form 5227, I			8b	
9a Form 5330 chec					, line 19)			9b	
10a Form 8038-CP of Part II Declara		ianat	b Amount ture Authori	ization of Offic	requested (Form 80 er or Person Su	ibject to Tax	ine 22)	10b	
with a state ag on the return's As an officer of return. If I have	ider, transmitti pipt or reason i le, I authorize t tution account bit the entry to s prior to the p ive confidentia mber (PIN) as VDERSON , e on the tax ye ency(ies) regula disclosure cor person subjection indicated with	er, or reje for reje the U.3 this a bayme il inform my sig <u>, H2</u> ear 202 ating of asent s ct to ta hin this	electronic retur ection of the tra S. Treasury and ated in the tax (ccount. To revo nt (settlement) mation necessa gnature for the AGER & M 23 electronically charities as par screen. ax with respect s return that a co	n originator (ERO) : ansmission, (b) the d its designated Fir preparation softwa oke a payment, I m date. I also authori ary to answer inqui electronic return ar COE S.C. ERO firm name y filed return. If I ha t of the IRS Fed/St	to send the return to a reason for any dela bancial Agent to initia re for payment of the ust contact the U.S. ze the financial instit ries and resolve issu nd, if applicable, the ave indicated within t ate program, I also a enter my PIN as my s being filed with a s	the IRS and to r y in processing t ate an electronic e federal taxes or Treasury Financ tutions involved i es related to the consent to elect this return that a authorize the afor signature on the	eceive from he return or funds withdi wed on this i ial Agent at n the proces payment. I h ronic funds v e enter my Pl copy of the rementioned	the IRS (a) an refund, and (c) the rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electron nave selected a withdrawal. IN 54843 Enter five numbers do not enter all zer return is being filed ERO to enter my PI 23 electronically filed	ic , but ros
Signature of officer or person sub Part III Certific	ect to tax ation and A	Authe	entication				Date		
ERO's EFIN/PIN. Enter				cation					
number (EFIN) followed b	-		-	Cation		07054843 ot enter all zeros			
I certify that the above nu submitting this return in a Business Returns.		-		-	•				or
ERO's signature ANI	DERSON,	HAC	GER & MO	E S.C.		Date			
	D - 1				rm - See Instruc		20		
					S Unless Reque	ested 10 Do S	50	- 0070 TE	
For Privacy Act and Pap	erwork Redu	ction	Act Notice, se	e instructions.				Form 8879-TE (;	2023)

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - I	dentification					
Type or	vpe or Name of exempt organization, employer, or other filer, see instructions. T					tion number (TIN)
Print						
File by the	NORTHWOODS HUMANE SOCIE				**_*	**4807
due date for filing your return. See	Number, street, and room or suite no. If a P.O. PO BOX 82	. box, see instruct	ions.			
instructions	City, town or post office, state, and ZIP code. HAYWARD, WI 54843	For a foreign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is	s for (file a separat	e application for each return)			
Applicat	ion Is For	Return Code	Application Is For			Return Code
Form 990) or Form 990-EZ	01	Form 4720 (other than individ	ual)		09
Form 472	20 (individual)	03	Form 5227			10
Form 990)-PF	04	Form 6069			11
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990)-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	0-T (corporation)	07	Form 5330 (other than individ	ual)		14
Form 104	I1-A	08				
Pla Pla <u>Pla Part II - A</u>	pplication is for an extension of time to file Form n Name	Organizations (s			10	
Telepl If the If this box 1 I re	10812 N O'BRI none No. 715-634-5394 organization does not have an office or place of b is for a Group Return, enter the organization's fou . If it is for part of the group, check this box quest an automatic 6-month extension of time un	EN ROAD - usiness in the Uni ur-digit Group Exe and atta ttil <u>SEPTEM</u>	mption Number (GEN) ch a list with the names and TII 3ER 15 , 20 25 ,	If this is fo Ns of all memb	r the whol ers the ex	e group, check this tension is for.
X	ne tax year entered in line 1 is for less than 12 mo	, 20 2	23, and ending	OCT 3		, 20 24
	Change in accounting period		Annala Maria Anna An	1		
	his application is for Forms 990-PF, 990-T, 4720, o	or 6069, enter the	tentative tax, less			0
	/ nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, o	•		04	<u>م</u>	0.
	imated tax payments made. Include any prior yea	1 1		3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include ng EFTPS (Electronic Federal Tax Payment Syste			3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	0	00	EXTENDED TO SEPTEMBER 15, 2 Return of Organization Exempt From	m Income Tax	OMB No. 1545-0047	
Forr	Form 990 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.					
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as it m Go to www.irs.gov/Form990 for instructions and the la	•	Open to Public Inspection	
		enue Service e 2023 calend		ng OCT 31, 202		
Bc	heck if oplicab	C Name o	f organization	D Employer ident		
	Addre		UWOODS HIMANE COCLEMY INC			
]chang Name		HWOODS HUMANE SOCIETY INC	**_**4	807	
	chang] Initial		usiness as and street (or P.O. box if mail is not delivered to street address) Room			
	_return Final return		OX 82			
	termin		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	926,664.	
	Amen return	ided UN VI	ARD, WI 54843	H(a) Is this a group	return	
	Applie tion	^{ca-} F Name a	nd address of principal officer: DEANNA PERSSON	for subordinat		
	pendi	SAME	AS C ABOVE	H(b) Are all subordinate	s included? Yes No	
<u>I</u> T	ax-ex	empt status:		527 If "No," attach	a list. See instructions	
	Vebsi		NORTHWOODSHUMANESOCIETY.ORG	H(c) Group exempt		
			X Corporation Trust Association Other I	Year of formation: 1987	M State of legal domicile: WI	
Pa	rt I	Summary				
е	1	Briefly describ	e the organization's mission or most significant activities: <u>CARING</u>	FOR CATS AND 1	DOGS WAITING	
Activities & Governance	2	Check this bo		more than 25% of its net a	assets	
veri	3				3 11	
G			lependent voting members of the governing body (Part VI, line 1b)		<u>4</u> 11	
s &			of individuals employed in calendar year 2023 (Part V, line 2a)		5 11	
itie	6		of volunteers (estimate if necessary)		6 15	
ctiv	7 a	Total unrelate		7	'a 0.	
•	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7	ъ О.	
				Prior Year	Current Year	
e	8	Contributions	and grants (Part VIII, line 1h)			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)			
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	28,209		
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,187		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)			
		•	to or for members (Part IX, column (A), line 4)	0		
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses			undraising fees (Part IX, column (A), line 11e)	0	. 0.	
ă.			ing expenses (Part IX, column (D), line 25) 1,905.	200 070	256 104	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1 6 0 0 0 0		
- s		Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Yea		
ets or ances		Total accete /	Port V line 16)	1 000 400		
Assets (1 Balanc		Total assets (F		0 6 2 5		
let ∕ und	21 22		; (Part X, line 26) fund balances. Subtract line 21 from line 20	1,897,863		
Pa	rt II			1,007,003	•	
		-	I declare that I have examined this return, including accompanying schedules and s	statements, and to the best of	my knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date		
-	DEANNA PERSSON, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN		
Paid	MARK BECKMAN CPA				self-employed P01262943		
Preparer	Firm's name ANDERSON, HAGER &	MOE S.C.			Firm's EIN **-**8105		
Use Only	Firm's address PO BOX 986						
	HAYWARD, WI 54843				Phone no.7156342653		
May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

		HUMANE SOCIETY	INC	**-**4807 Page 2
Pa	t III Statement of Program Service	Accomplishments		
	Check if Schedule O contains a response	or note to any line in this Pa	rt III	
1	Briefly describe the organization's mission:			
	CARING FOR CATS AND DOGS	S WAITING TO BE	ADOPTED	
2	Did the organization undertake any significant	program services during the v	ear which were not listed on the	
-				
	If "Yes," describe these new services on Sched			
•				es? Yes X No
3	Did the organization cease conducting, or mak		t conducts, any program service	
	If "Yes," describe these changes on Schedule			
4	Describe the organization's program service ac			
	Section 501(c)(3) and 501(c)(4) organizations ar	e required to report the amou	int of grants and allocations to c	thers, the total expenses, and
	revenue, if any, for each program service repor			
4a		<u>, 246</u> including grants of \$		Revenue \$ 153,778.)
	SERVING THE GREATER NORT	HERN WISCONSIN	AREA IN AN EFFO	RT TO RAISE MONEY
	AND CARE FOR ANIMALS WAT	TING TO BE ADO	PTED.	
4b	(Code:) (Expenses \$	including grants of \$) (F	Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (F	Revenue \$
4d	Other program services (Describe on Schedule	0.)		
_	-	ng grants of \$) (Revenue \$)
4e	Total program service expenses	540,246.		i
	· · · ·			Faunt 990 (0000)

<u>Form 990 (</u>				SOCIETY	INC
Part IV	Che	ecklist of Required Schedul	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	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			77
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u></u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•		11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<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		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form	990	(2023)
1 01111	000	

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) NORTHWOODS HUMANE SOCIETY INC **-***4	807	Р	_{age} 5
Pa				<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h		4 a		
D	If "Yes," enter the name of the foreign country			
Fa		Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			- v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	3 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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

NORTHWOODS	HUMA

Form 990 (
Part VI	Go

NORTHWOODS HUMANE SOCIETY INC

-*4807 Page 6

Yes No

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	

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	L			
	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	11	L			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with a	ny other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the						
	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 as	sets?		5		X	
6	Did the organization have members or stockholders?			6	Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint c	ne 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, s						
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following:				
а	The governing body?			8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached 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 R	evenue (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 c	hapters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		x	
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	icts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe				
	on Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approv	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a		X	
b	Other officers or key employees of the organization			15b		x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	S				
0	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	T (section 501(c)(3	s only)	availal	ble	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explained and the state of th		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	r interest policy, ar	d finan	cial		
	statements available to the public during the tax year.						

20	State the name, address, and telephone number of the person who	possesses the organization's books and records
	MARCIA MCINTOSH - 715-634-5394	
	10812 N O'BRIEN ROAD, HAYWARD, WI	54843

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

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per	box			n an	compensation	compensation	amount of		
	week		officer and a director/trustee)		lee)	from	from related	other		
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	anplo	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) DEANNA PERSSON	1.00									
PRESIDENT				Х				0.	0.	0.
(2) LORI BUTALA	1.00									
VICE PRESIDENT				Х				0.	0.	0.
(3) MARCIA MCINTOSH	1.00									
TREASURER				Х				0.	0.	0.
(4) CHARMAINE METZINGER	1.00									
CORRESPONDING SECRETARY				Х				0.	0.	0.
(5) BARBARA SEALEY	1.00									
RECORDING SECRETARY				Х				0.	0.	0.
(6) BARBARA HOEFT	1.00									
MEMBER		Х						0.	0.	0.
(7) STEVE MENKE	1.00									
MEMBER		Х						0.	0.	0.
(8) SHIRLEY ARMSTRONG	1.00									
MEMBER		Х						0.	0.	0.
(9) KIM KRAL	1.00									
MEMBER		Х						0.	0.	0.
(10) MICHELLE FORRESTER	1.00									
MEMBER		Х						0.	0.	0.
(11) REX CLEVENGER	1.00									
FINANCIAL CHAIR				Х				0.	0.	0.
(12) LINDA GRAHAM	1.00									
MEMBER		Х						0.	0.	0.
(13) GIL ZYCH	1.00									
MEMBER		Х						0.	0.	0.
(14) CHERIE ARZOLA	1.00									
MEMBER		Х						0.	0.	0.
(15) KATHY PEDERSON	1.00									
MEMBER		Х						0.	0.	0.

Form 990 (2023) NORTHWOOI	DS HUMAN	E	so	CI	\mathbf{ET}	Ϋ́	IN	IC	**_**	4807	Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	(do box,	not cl	(C Posi heck r	C) ition more rson is		one an	ompensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related	Esti amo	(F) mated punt of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	froi orgar and	ensation m the nization related nizations
										<u> </u>	
								0.	0	+	0.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (note diag but note)	I, Section A		· · · · · · · · · · · · · · · · · · ·					0.0.	0	•	0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste		ove) wn	o re	eceived more than \$100	,000 of reportable	`	0 Yes No
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su 	uch individual								·	3	X
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>con</i> 	accrue compen	Isatio	on fr	oma	any	unre	late	ed organization or indivi	dual for services	4	X
Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for	mpensated ind	lepei	nder	nt co	ontra	actor	s th	nat received more than s	\$100,000 of compens	•	
(A) Name and business			ONE					(B) Description of		(C) Compens	
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	nitec	l to t	thos C		ted	above) who received m	ore than		

		Check if Schedule O contains a response	e or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	
				Total revenue	Related or exempt function revenue		Revenue exclud from tax unde sections 512 - {
ş	1 a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b	2,535.				
ŭ	с	Fundraising events 1c					
ar /	d	Related organizations					
mil		Government grants (contributions) 1e					
ŝ	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	483,214.				
0 P	g	Noncash contributions included in lines 1a-1f	228,156.				
an	h	Total. Add lines 1a-1f		485,749.			
			Business Code				
	2 a	ADOPTIONS	900099	76,000.	76,000.		
ð	b						
nue	с						
eve	d						
Revenue	е						
		All other program service revenue	-				
	g	Total. Add lines 2a-2f		76,000.			-
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)		52,317.	52,317.		
	4	Income from investment of tax-exempt bond	·				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a 13,899					
		Less: rental expenses 6b 0					
		Rental income or (loss) 6c 13,899	•	12 000	10.000		
		Net rental income or (loss)		13,899.	13,899.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
5		and sales expenses 7b					
		Gain or (loss)					
-		Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
		including \$ of					
		contributions reported on line 1c). See	a 39,870.				
			• •	39,870.			39,87
		Net income or (loss) from fundraising events Gross income from gaming activities. See		55,070.			55,07
	9 a						
	h						
		Net income or (loss) from gaming activities	~				
		Gross sales of inventory, less returns					
	u	and allowances 10	a254,516.				
	h	Less: cost of goods sold 10	$b^{247,267}$				
		Net income or (loss) from sales of inventory	<u></u> ,,,	7,249.	7,249.		
+	0		Business Code	.,	.,		
	11 a	MISCELLANEOUS INCOME	900099	4,213.	4,213.		
Revenue		MISCELLANEOUS OPERATIN	900099	100.	100.		
ver	c b			±00•	±00•		
Be		All other revenue					
		Total. Add lines 11a-11d		4,313.			
	e	1 VIAI 17 VUI 11103 1 14-1 10		679,397.	153,778.		

Form 990 (2023)

-4807

Page **9**

NORTHWOODS HUMANE SOCIETY INC Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	a or note to any line in t	his Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	246,151.	232,993.	13,158.	
8	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
с	Accounting	21,224.	4,245.	16,979.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,534.		3,534.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	26,750.	21,400.	5,350.	
17	Travel	5,027.		5,027.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,159.	33,159.		
23	Insurance	15,598.	12,478.	3,120.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	VETERINARY SUPPLIES & S	202,729.	202,729.		
b	OPERATING SUPPLIES	32,046.	22,635.	9,411.	
С	TELEPHONE	6,659.	5,327.	1,332.	
d	MAINTENANCE & REPAIRS	3,767.	3,014.	753.	
е	All other expenses	5,701.	2,266.	1,530.	1,905.
25	Total functional expenses. Add lines 1 through 24e	602,345.	540,246.	60,194.	1,905.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

NORTHWOODS I	HUMANE	SOCIETY	INC
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-*4807 Page 11

		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		418,036.	1	42,518.
	2	Savings and temporary cash investments		2,276.	2	0.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use			8	
As	9		[16,416.	9	19,095.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,097,942.			
	b	basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	561,141.	545,717.	10c	536,801.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		925,043.	12	1,561,188.
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	ſ		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line		1,907,488.	16	2,159,602
	17	Accounts payable and accrued expenses	9,625.	17	35,091.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
s	22	Loans and other payables to any current or former off	l l			
itie		trustee, key employee, creator or founder, substantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of these per	sons		22	
Ë	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	s to related third			
		parties, and other liabilities not included on lines 17-24	4). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		9,625.	26	35,091.
		Organizations that follow FASB ASC 958, check he	re X			
Sec		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		1,885,227.	27	2,123,769.
Bal	28	Net assets with donor restrictions		12,636.	28	742.
pu		Organizations that do not follow FASB ASC 958, ch	neck here			
Ë.		and complete lines 29 through 33.				
SO	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme			30	
As	31	Retained earnings, endowment, accumulated income			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	r	1,897,863.	32	2,124,511.
-	33	Total liabilities and net assets/fund balances		1,907,488.	33	2,159,602.

Form **990** (2023)

Form 990 (2023) NORT: Part X Balance Sheet

Form	1990 (2023) NORTHWOODS HUMANE SOCIETY INC	**_**	4807	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	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	679	9,3	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	602	2,34	45.
3	Revenue less expenses. Subtract line 2 from line 1	3	71	7,0	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,89	7,8	63.
5	Net unrealized gains (losses) on investments	5	149	9,6	01.
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			-5.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,124	1,5	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form 990 (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the organization

Nam	Name of the organization Employer identification number									
				ANE SOCIETY					*-**4807	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organi	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	ernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor	
	v	university:								
10	Δ	An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	atter June 30, 1975.	
11		See section 509(a)(2). (Con		woly to toot for public op	fatu Saa	nantian E(O(a)(4)			
12		An organization organized a An organization organized a	-		•			rny out the	purposes of one or	
12		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •					-	aivina	
		the supported organization		-	• • • •	-				
		organization. You must c			·····j-···j -					
b		Type II. A supporting org	-		tion with it:	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	-				-		-	
		organization(s). You mus			•					
с] Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ctions A,	D, and E.			
d] Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see instructi	ons). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s).	(iv) Is the oroa	inization listed	(v) Amount of	monetany	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)	
	above (see instructions)) Yes No support (see instructions) above (see instructions)									
Tota	I									

Schedule	A (Form 990) 2023
Part II	Suppo	rt Sc

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		((-,		(-/	(7)
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio				12	I
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax		· · · ·	
10	organization, check this box and stor	e	, , ,	,	,		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies					,	
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	0	
b	10% -facts-and-circumstances test	-			•	17a, and line 15 is	10% or
-	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
				,,,,	., <u></u>		

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 387,063 545,784. 396,747. 331,598. 257,593. 1918785. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 340,050. 370,386. 1013292. organization's tax-exempt purpose 302,856. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 671,648. 627,979. 387,063. 545,784. 699,603. 2932077. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 29,446. 26,740. 32,532 88.718. 32,532. c Add lines 7a and 7b 29,446. 26,740. 88,718. 2843359. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 387,063. 545,784. 699,603. 671,648. 627,979. 2932077. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 29,852. 39,894. 66,216. 135,962. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 29,852. 39,894. 66,216. 135,962. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 21,061. 9,639. 4,958. 4,313. 39,971. assets (Explain in Part VI.) 555,423.750,516. 387,063. 716,500. 698,508. 3108010. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 91.48 % 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 94.37 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 4.37 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f) 17 % 2.51 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

NORTHWOODS HUMANE SOCIETY INC Schedule A (Form 990) 2023

2

Pa	rt IV Supp	porting Organizations (continued)			
				Yes	No
11	Has the orga	nization accepted a gift or contribution from any of the following persons?			
а	A person whe	o directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, th	ne governing body of a supported organization?	11a		
b	A family men	nber of a person described on line 11a above?	11b		
с	A 35% contro	plled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part	VI.	11c	ĺ	
Sec	tion B. Typ	e I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

			a organization.	
Section C. T	ype II Supp	orting Org	anizations	

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D. All T	ype III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

No Yes

Schedule A (Form 990) 2023

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

Sche	dule A	(Form 990)	2023		NORT	THWOOI	SC	HUMANE	Ξ,	SOCIET	Υ.	INC	
Par	t۷	Type III	Non	-Functi	onally	Integrat	ed	509(a)(3)	Su	pporting	j O	rganiz	ations
Secti	on D	- Distributio	ons										
1	Amou	unts paid to	suppo	rted orga	nizations	to accom	plish	n exempt pu	irpo	ses			

Part V Type III No (continued) Current Year Section D - Distributions 1 1 Amounts paid to sup Amounts paid to perform activity that directly furthers exempt purposes of supported 2 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ **a** Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	NORTHWOODS	HUMANE SOC	IETY INC	**-***4807	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, (lines 2 and 3; Part IV, §	explanations require 5, 9a, 9b, 9c, 11a, 11 Section E, lines 1c, 2	d by Part II, line 10; Pa b, and 11c; Part IV, Se a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Sectio V, line 1; Part V, Section B, line 1e; Pa for any additional information.	n C,

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2023

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
AUDREY BECKMAN					
DEVILBISS	0.	0.	0.	5,648.	7,907.
MIKE & DEANNA					
PERSSON	0.	0.	0.	3,826.	0.
ANDREW BLACK	0.	0.	0.	2,926.	3,015.
C HADLAI/BEAVERDALE FOUNDATION	0.	0.	0.	2,926.	0.
CHARLES NEJDL	0.	0.	0.	5,562.	250.
LINDA GRAHAM	0.	0.	0.	2,926.	11,515.
THOMAS & SUSAN MANSFIELD	0.	0.	0.	2,926.	0.
A M MADALON	0.	0.	22,517.	0.	0.
AB DIVILBISS TRUST	0.	0.	4,246.	0.	0.
WD GRANT REX & BARBARA	0.	0.	2,683.	0.	0.
CLEVENGER NANCY & ALLISON	0.	0.	0.	0.	6,015.
PERKINS	0.	0.	0.	0.	3,015.
GIL & MARTHA ZYCH	0.	0.	0.	0.	815.
Total to Schedule A, Part III, Line 7b			29,446.	26,740.	32,532.

323173 04-01-23

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

-4807

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2023	2023 Excess Payments
AUDREY BECKMAN DEVILBISS	14,892.	7,907.
ANDREW BLACK	10,000.	3,015.
CHARLES NEJDL	7,235.	250.
LINDA GRAHAM	18,500.	11,515.
REX & BARBARA CLEVENGER	13,000.	6,015.
NANCY & ALLISON PERKINS	10,000.	3,015.
GIL & MARTHA ZYCH	7,800.	815.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		32,532.

Filers of:

Form 990 or 990-EZ	[A] 501(c)(J) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Schedule of Contributors

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

NORTHWOODS HUMANE SOCIETY INC

OMB No. 1545-0047

2023

Employer identification number

-*4807

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Section:

CHICAGO, IL 60605

Schedule	B (Form 990) (2023)			Pag
Name of c	organization		Emplo	yer identification numbe
NORTH	WOODS HUMANE SOCIETY INC		**	-***4807
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 contribution	າຣ	(d) Type of contribution
1	REX AND BARBARA CLEVENGER 8535 W TEAL POINT LN HAYWARD, WI 54843	\$13,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	- (c) Total contribution	าร	(d) Type of contribution
2	MIKE AND DEANNA PERSSON 15760 W LAKESHORE RD HAYWARD, WI 54843	- _ \$6,4	<u>13.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
3	ANDREW BLACK 28459 W CUTTER LN BARRINGTON, IL 60010	- _ \$10,0	00.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
4	LINDA GRAHAM 16297 W NURSERY RD HAYWARD, WI 54843	- _ \$ <u>18,5</u>	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5	AUDREY BECKMAN DIVILBISS TRUST 6912 FREEPORT AVE LUBBOCK, TX 79424	\$14,8	92.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	1s	(d) Type of contribution
6	C HADLAI HULL/BEAVERDALE FOUNDATION 910 S MICHIGAN AVE APT 1703	- \$ 5,0		Person X Payroll Noncash

(Complete Part II for

Schedule

Page 2

323452 12-26-23

Schedule B (Form 990) (2023)	
Name of organization	

Employer identification number

-*4807

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	CHARLES NEJDL 889 AMINA CIRCLE MESQUITE, NV 89027	\$7,235.	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
8_	NANCY AND ALLISON PERKINS 1424 DARTMOUTH ROAD FLOSSMOR, IL 60422	\$10,000.	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
9	GIL AND MARTHA ZYCH 10851 N TIGER CAT ROAD HAYWARD, WI 54843	\$7,800.	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
10	BARBARA SEALEY 12501 W LARUSH RD HAYWARD, WI 54843	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NORTHWOODS HUMANE SOCIETY INC

Page **2**

Name of organization

NORTHWOODS HUMANE SOCIETY INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Page **3**

Employer identification number

-*4807

Schedule	B (Form 990) (2023)				Page 4
Name of o	organization			Employer	identification number
NORTH	WOODS HUMANE SOCIETY IN	С		**_*	***4807
Part III		ions to organizations describe) through (e) and the following charitable, etc., contributions of \$1,	line entry. For ora	c)(7), (8), or (10) that total more	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of h	now gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	Ind ZIP + 4	Rel	ationship of transferor to t	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of h	now gift is held
		l (e) Transfe	r of gift		
	Transferee's name, address, a	und ZIP + 4	Rel	ationship of transferor to t	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of h	now gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	und ZIP + 4	Rei	ationship of transferor to t	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of h	now gift is held
		(e) Transfe	-		
	Transferee's name, address, a	und ZIP + 4	Rel	ationship of transferor to t	transferee

(Form 9	9 90)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

NORTHWOODS HUMANE SOCTETY INC

Employer identification number **-***4807

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	lonly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included on line 2a	_ <u>2c</u>
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	tion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
•			N (1)
8	Does each conservation easement reported on line 2d above		
•		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements t	that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		alance sheet works
ia	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
h	If the organization elected, as permitted under FASB ASC 95		ce sheet works 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		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		.,
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023
	09-28-23		

PartIIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its containeed, by the control of the following that make significant use of its containeed, by the organization's exempt purpose in Part XIII. b Choing the search d Loan or exchange program b Choing the search e Other c Previse description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year, did the organization's collection? Yes No PartIV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Int Int c Beginning balance (a Current year Int Int Int Int d Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation insuber provide in Part XIII Pertive Lendowment Londo No	Sche		ODS HUMANE						*4807	Page 2
collection leme (check all that apply). a b b Scholarly research c Other b Scholarly research c Other Other No c Provide acciption of the organization solections and explain how they further the organization's exempt purpose in Part XIII. Suming the year, did the organization solection? Yes No Part V Escrow and CutsOdial Arrangements Complete if the organization solection? Yes No Part V Escrow and CutsOdial Arrangements Complete if the organization solection? Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Yes No No b if "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Point Yes," explain the arrangement in Part XIII. Check here if the explanation include an amount on Form 990, Part X, line 21, for escrow or cutsodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation in has been provided in Part XIII Pointing tables Pointing tables Pointing tables Pointing tables Pointing tables	Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other	Similar	⁻ Assets	(continue	ed)
a Public exhibition d Loan or exchange program b Scholary research e Other	3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that	make sig	nificant u	ise of its		
b Scholary research e Other c Prevention for future generations e Other 2 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic to receive donations of art, historical treasures, or other similar assets to be solid to organization assets to a solid to organization assets to a solid to organization answered 'Yes' on Form 990, Part X, line 0.1 14 Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, lor escrow or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII and complete the following table: Amount 14 c Beginning balance Interview and the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Fart XIII Part Yes' or line organization answered 'Yes' on Form 990, Part X, line 10 Part Yes' No b Other expenditues for faulties Interview or organization answered 'Yes' on Form 990, Part X, line 10 Part Yes' No b Other expenditues for faulitities Inter		collection items (check all that apply).								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XII. 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 answered 'Yes' on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization angent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes', explain the arrangement in Part XIII and complete the following table:	а	Public exhibition	c	🗴 📃 Loan or ex	change progra	m				
Provide a description of the organization's collections and explain how they furthe the organization's severel propose in Part XIII. During the year, did the organization allottor receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is diditions during the year Is dispination include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is degrination include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is degrinating of year balance Is degrinating of year balance Is downerner Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Is downernet Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Is downernet funds complete if the organization answered 'Yes' on Form 990, Part X, line 10. Is downernet funds explores and the postession of the organization and the postession of the organization and the postession of the organization form 990, Part X, line 10. Is downernet funds explores and the postession of the organization that are held and administered for t	b	Scholarly research	e	e 🗌 Other						
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets To be sold to raise funds rather than to be mantalined as part of the organization's collection? Yes No Part V Escrow and Oustodial Arrangements Complete if the organization ansevered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization ansevered "Yes" on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XII. and complete the following table: Amount 1c 1d 1	с	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is 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 X, line 10. Is the organization as the	4	Provide a description of the organization's c	ollections and explai	n how they further t	the organizatior	n's exem	pt purpos	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Image: Complete intermediary for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Image: Complete int Part XIII Image: Complete int Part XIIII Image: Complete int Part XIIII Im	5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other	r similar a	assets			
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. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d 4mount 1d d Additions during the year 1a 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds (a) Current year (b) Prior year (b) Prior year (b) Prior years back (c) Four years back (c) Four years back in the arrangement in Part XIII. (b) Contributions (c) Grants or scholarships (c) Grants or scholarships (c) Grants or scholarships (c) Grants or scholarships (c) Four years back in the possession of the organization answered "Yes" on Form 990, Part X, line 10. (c) Four years back in the possession of the organization has are held and administered for the organizations? (a) Gat in the arrangement in Sa ₂ , Sa ₂ , and 2 cahould equal 100%. 3a Are there endowment %6 Semmend organizations									_	No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	Par			ete if the organizatio	on answered "Y	′es" on F	orm 990,	Part IV, li	ne 9, or	
on Form 990, Part X2 Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No Part V Endowment Funds Complete if the organization include an amount on Form 990, Part X, line 10. Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Or the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization include an amount on Form 990, Part X, line 10. Image: the organization include an amount on Form 990, Part X, line 10. a definition scholarships		reported an amount on Form 990, Pa	rt X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for contributio	ons or other ass	sets not i	ncluded		-	
c Beginning balance Amount 1d 1d e Distributions during the year 1e f Ending balance 1f 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation nawced "Yes" on Form 990, Part X, line 10. Image: State								L	Yes	No No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f f Ending balance 1f 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes' vapian the arrangement in Part XII. Check here if the explanation has been provided in Part XII Part XI Endowment Funds Complete if the explanation has been provided in Part XIII Part XI Intervent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
d Additions during the year 1d e Distributions during the year 1d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 1									Amount	
e Distributions during the year 1e f Ending balance 1t 2D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not interment earnings, gains, and losses (f) Three years back (d) Three years back (e) Four years back d Grants or scholarships (f) Three years back (f) Three years back (f) Three years back (f) Three years back c Not porgrams (f) Administrative expenses (f) Three years back	С	Beginning balance					1c			
f Ending balance							1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 0	е									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Other expenditures for facilities (a)	f						· · · · ·		7	
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years (d) Three years back (e) Four years back d Grants or scholarships (c) Two stars back (d) Three years back (e) Four years e Other expenditures for facilities (c) Three years back (d) Three years back (e) Four years g End of year balance (c) Two years (d) Three years back (d) Three years back g End of year balance (c) Two years (d) Three years (d) Thre		-					y?	∟	Yes	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance										
1a Beginning of year balance	Fai							are back		
b Contributions Image: contributions Image: contributions c Net investment earnings, gains, and losses Image: contributions Image: contributions d Grants or scholarships Image: contributions Image: contributions Image: contributions d Grants or scholarships Image: contributions Image: contributions Image: contributions d Grants or scholarships Image: contributions Image: contributions Image: contributions d Grants or scholarships Image: contributions Image: contributions Image: contributions g End of year balance Image: contributions Image: contributions Image: contributions g End of year balance Image: contributions Image: contributions Image: contributions g End of year balance Image: contributions Image: contributions Image: contributions g End of year balance Image: contributions Image: contributions Image: contributions Image: contributions g End of year balance Image: contributions Image: contributions Image: contributions Image: contributions g	4.	Desiration of the second second	. , , ,	(b) Phor year	(C) Two years	S DACK (Ears Dack	(e) Four ye	ars Dack
c Net investment earnings, gains, and losses	18									
d Grants or scholarships	D									
e Other expenditures for facilities and programs	C A									
and programs	a									
f Administrative expenses	е									
g End of year balance	f									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% mthe 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 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) (c) Accumulated depreciation depreciation 1a Land 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 47, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086.										
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations isted 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 Buildings 30, 500. at Land 30, 500. b Buildings 865, 526. 392, 303. c Leasehold improvements 47, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086.	-			l e (line 1 a. column (a)) held as:					
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (ii) In Personal (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. Image: Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (b) Cost or other depreciation 1a Land 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 47, 756. <	- -		•							
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 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? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations listed as required on Schedule R? (ii) Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 47, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other	h									
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? (iii) Related organizations? (iii) 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. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Cost or other basis (other) (d) Book value (d) Book value (d) Cost or 0. <	č									
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? (ii) 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. Part VI Land, Buildings, and Equipment Complete if the organization of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30, 500. 30, 500. 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c c Leasehold improvements 477, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086. 086. 086. 086.	Ŭ									
organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 3b 3b 3c(ii) 3b 3c(ii) 3b 3c(ii) 3a(ii) 3b 3c(ii) 3c(iii) 3c(ii)	3a		•	ation that are held a	and administere	ed for the	•			
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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) (c) Accumulated depreciation 1a Land 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 47, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086.			····· ··· ··· ··· ··· ··· ··· ··· ···						Y	es No
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 47, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086.		c							3a(i)	_
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 30, 500. 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 477, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086.									3a(ii)	
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30, 500. 30, 500. b Buildings 865, 526. 392, 303. 473, 223. c Leasehold improvements 47, 756. 44, 539. 3, 217. d Equipment 60, 967. 40, 192. 20, 775. e Other 93, 193. 84, 107. 9, 086.	b									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land30, 500.30, 500.b Buildings865, 526.392, 303.473, 223.c Leasehold improvements47, 756.44, 539.3, 217.d Equipment60, 967.40, 192.20, 775.e Other93, 193.84, 107.9, 086.										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 30,500. 30,500. 30,500. b Buildings 865,526. 392,303. 473,223. c Leasehold improvements 47,756. 44,539. 3,217. d Equipment 60,967. 40,192. 20,775. e Other 93,193. 84,107. 9,086.	Par	t VI Land, Buildings, and Equipm	nent							
basis (investment) basis (other) depreciation 1a Land 30,500. 30,500. b Buildings 865,526. 392,303. 473,223. c Leasehold improvements 47,756. 44,539. 3,217. d Equipment 60,967. 40,192. 20,775. e Other 93,193. 84,107. 9,086.		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990,	Part X, li	ine 10.			
b Buildings 865,526. 392,303. 473,223. c Leasehold improvements 47,756. 44,539. 3,217. d Equipment 60,967. 40,192. 20,775. e Other 93,193. 84,107. 9,086.		Description of property				• • •		d	(d) Book \	alue
b Buildings 865,526. 392,303. 473,223. c Leasehold improvements 47,756. 44,539. 3,217. d Equipment 60,967. 40,192. 20,775. e Other 93,193. 84,107. 9,086.	1a	Land	· · · · · · · · · · · · · · · · · · ·	,	, ,				30	,500.
c Leasehold improvements 47,756. 44,539. 3,217. d Equipment 60,967. 40,192. 20,775. e Other 93,193. 84,107. 9,086.						3	92,30	03.		
d Equipment 60,967. 40,192. 20,775. e Other 93,193. 84,107. 9,086.										
e Other										
	-			X. line 10c. columi	n (B))	<u></u>				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 NORTHWOODS	HUMANE SOCIETY	INC INC	**-***4807 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
 (2) Closely held equity interests (3) Other			
(A) AMERIPRISE	1,561,188.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1,561,188.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	1,501,100.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)(5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	I. (B))		

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

Sche	dule D (Form 990) 2023 NORTHWOODS HUMANE SOCIETY	INC	**-***4807 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments		_
С	Other losses		_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information		

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

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization		ODS HUMANE SOCIETY	TN	~			Employer	identification number
Part I Fundrais		Complete if the organization answ			Form 990 Part IV I	ine 17		
	complete this part			03 01	11 onn 330, 1 ar 10, 1		. 1 0111 000	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount pai r retained b undraiser ed in col. (i	by) to (or retained by)
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt fron	n registration

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

Schedule G (Form 990) 2023 NORTHWOODS HUMANE SOCIETY INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 BARK AND ROLL	(b) Event #2 BINGO	(c) Other events 7	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	COI. (C)
heveriue	1	Gross receipts	10,910.	4,442.	24,518.	39,870
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	10,910.	4,442.	24,518.	39,870
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
חווברו באחבווצבא	7	Food and beverages				
اد	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			
	10 <u>11</u> rt		line 3, column (d)	1 990, Part IV, line 19, or n		39,870
a	11	Net income summary. Subtract line 10 from	line 3, column (d)			(d) Total gaming (add
'a	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)answered "Yes" on Form	a 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Form (a) Bingo	a 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	a 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	a 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	39,870 (d) Total gaming (add col. (a) through col. (c
	<u>11</u> rt I 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	a 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	a 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Revenue	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Pres% No	1 990, Part IV, line 19, or ro (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
	11 rt I 2 3 4 5 6 7	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo Image: Second Seco	1 990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Sch	edule G (Form 990) 2023	NORTHWOODS	HUMANE	SOCIETY	INC	**_*	**480	7 Page 3
11	Does the organization conduct ga	ming activities with no	nmembers?				Yes	No
	Is the organization a grantor, bene to administer charitable gaming?	eficiary or trustee of a t	rust, or a men	ber of a partners	hip or other entity f	ormed	Yes	No
13	Indicate the percentage of gaming	activity conducted in:	•					
	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of the							
	Name							
	Address							
15a	Does the organization have a cont	tract with a third party	from whom th	e organization rec	eives gaming reve	nue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam				ar	nd the amount		
	of gaming revenue retained by the			_				
c	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		dependent contra	ctor			
17	Mandatory distributions:							
а	Is the organization required under	state law to make cha	ritable distribu	tions from the ga	ming proceeds to			┌┐
h	retain the state gaming license? Enter the amount of distributions	roquirod updor stato la					Yes	∟_ No
N	organization's own exempt activiti	•	w to be distrib \$	uted to other exe	mpt organizations	or spent in the		
Pa	rt IV Supplemental Inform	mation. Provide the		equired by Part I.	line 2b. columns (i	ii) and (v): and Pa	rt III. lines 9	. 9b. 10b.
_	15b, 15c, 16, and 17b, as					.,		, , ,

Schedule G	(Form	990)	

Part IV	Supplemental Information (continued)

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

23

20

Employer identification number **-**4807

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.

Name of the organization

NORTHWOODS HUMANE SOCIETY INC

Pa	rt I	Ту	pes of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	;
1	Art -	Works	s of art							
2			ical treasures							
3			onal interests							
4			publications							
5			nd household goods			225,521.	FAIR MARKET	VAL	UE	
6			ther vehicles							
7			planes							
8			property							
9			- Publicly traded							
10			- Closely held stock							
11			- Partnership, LLC, or							
	trust	intere	sts							
12	Secu	urities	- Miscellaneous							
13	Qual	lified c	onservation contribution -							
	Histo	oric str	ructures							
14	Qual	lified c	onservation contribution - Other $_{\dots}$							
15	Real	estate	e - Residential							
16	Real	estate	e - Commercial							
17	Real	estate	e - Other							
18	Colle	ectible	s							
19			ntory							
20	Drug	gs and	medical supplies							
21										
22	Histo	orical a	artifacts							
23	Scie	ntific s	pecimens							
24	Arch		cal artifacts							
25	Othe	er ((GAZEBO)	X	1	2,635.				
26	Othe	er ()							
27	Othe	er ()							
28	Othe)							
29			Forms 8283 received by the organ							
	for w	vhich t	he organization completed Form 8	283, Part V, E	onee Acknowledg	ement 29				
									Yes	No
30a		-	year, did the organization receive	-	•••••		-			
			for at least 3 years from the date o							v
			rposes for the entire holding period	a?				30a		X
			escribe the arrangement in Part II.		auiroo the sector	of any nonotor developments	tionol	~		v
31			rganization have a gift acceptance					31	-+	Х
32a			rganization hire or use third parties		-			20-		х
Ŀ		ributio						32a		Λ
a	_ II ° ¥ (es, de	escribe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	NORTHWOODS	5 HUMANE	SOCIETY	INC		**-***4807	Page 2
Part II	Supplemental	I Information. P	rovide the inforr umber of contrik	mation required l	ov Part I. lines 30	0b, 32b, and 33, a eived, or a combir	nd whether the organiza nation of both. Also comp	tion

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



Employer identification number **-**4807

NORTHWOODS HUMANE SOCIETY INC

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

THE MEMBERS OF THE ORGANIZATION ARE INDIVIDUALS OR BUSINESSES THAT SIGN UP

AS MEMBERS ONCE PER YEAR BY PAYING A MEMBERSHIP FEE.

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

THE MEMBERS OF THE ORGANIZATION ARE INDIVIDUALS OR BUSINESSES THAT SIGN UP

AS MEMBERS ONCE PER YEAR BY PAYING A MEMBERSHIP FEE.

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

ANNUAL REVIEW WITH EMPLOYEE'S TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST

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

THE ORGANIZATION RECEIVES THE REQUEST AND THEN PROVIDES A COPY OF THE FORMS

FOR THE REQUESTOR TO INSPECT. COPIES OF THE FORM 990 CAN ALSO BE PRINTED

FROM THE GUIDESTAR WEBSITE.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DEANNA PERSSON - 15760 W LAKESHORE DRIVE, HAYWARD, WI 54843

LORI BUTALA - 14847 CO HWY B, HAYWARD, WI 54843

MARCIA MCINTOSH - 10358 PINE TREE DR, HAYWARD, WI 54843

CHARMAINE METZINGER - 10253 TOWN VIEW ROAD, HAYWARD, WI 54843

BARBARA SEALEY - 12501 W LARUSH ROAD, HAYWARD, WI 54843

BARBARA HOEFT - 16402 W LEIN CT, HAYWARD, WI 54843

STEVE MENKE - 11056 N LINDEN ROAD, HAYWARD, WI 54843

SHIRLEY ARMSTRONG - 6184 MORNINGSIDE LANE, STONE LAKE, WI 54876

KIM KRAL - 11286 N SUN N SNO RD, HAYWARD, WI 54843

Schedule O (Form 990) 2 Name of the organizatior	ו				Pac Employer identification numb
	NORTHWOODS	HUMANE SOC	IETY INC		**-**4807
MICHELLE FOR	<u> RESTER - 162</u>	97 W NURSER	Y RD, HAYWARD	, WI 54843	3
REX CLEVENGE	R - 8535 W T	EAL PT. LAN	E, HAYWARD, W	I 54843	
LINDA GRAHAM	- 16297 W N	URSERY RD,	HAYWARD, WI 5	4843	
GIL ZYCH - 1)851 N TIGER	CAT ROAD,	HAYWARD, WI 5	4843	
CHERIE ARZOLI	A - 12504 N	TANNING PT	RD, HAYWARD,	WI 54843	
KATHY PEDERS	<u> 10729 n</u>	SUNFLOWER	LN, HAYWARD,	WI 54843	
FORM 990, PAI	RT XI, LINE	9, CHANGES	IN NET ASSETS	:	
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	E 2 PART III CHANGE TO T		TION'S OVERSI	GHT PROCES	SS DURING THE
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