

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

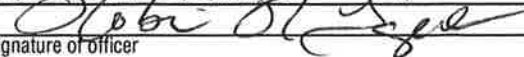
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN HUMANE ASSOCIATION		D Employer identification number 84-0432950
	Doing business as		E Telephone number (202) 677-4227
	Number and street (or P.O. box if mail is not delivered to street address) 1400 16TH STREET, NW	Room/suite 360	G Gross receipts \$ 14,022,002.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number
J Website: WWW.AMERICANHUMANE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1877
M State of legal domicile: DC			

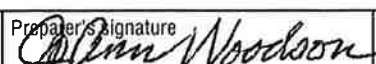
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 95
	6 Total number of volunteers (estimate if necessary)	6 500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,935,416. Current Year 9,049,189.
	9 Program service revenue (Part VIII, line 2g)	1,920,114. 2,451,041.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,711. 385,878.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,397,892. 1,612,082.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,373,133. 13,498,190.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,518. 55,572.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,572,149. 6,297,124.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	41,850. 55,722.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,959,044.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,755,415. 6,699,744.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,440,932. 13,108,162.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-67,799. 390,028.
	20 Total assets (Part X, line 16)	Beginning of Current Year 13,536,364. End of Year 12,964,796.
	21 Total liabilities (Part X, line 26)	3,256,963. 2,630,919.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,279,401. 10,333,877.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 11/13/2015
	ROBIN R. GANZERT, PHD, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOANN WOODSON, CPA	Preparer's signature 	Date 11/10/2015	Check if self-employed <input type="checkbox"/>	PTIN P01293745
	Firm's name CALIBRE CPA GROUP/PLLC			Firm's EIN 47-0900880	
	Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814			Phone no. 202-331-9880	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,850,073. including grants of \$ 17,000.) (Revenue \$ 1,952,834.) HUMANE HOLLYWOOD

THE "NO ANIMALS WERE HARMED" CERTIFICATION PROGRAM HAS SAFEGUARDED OVER HALF A MILLION ANIMALS ON THOUSANDS OF PRODUCTIONS WORLDWIDE IN THE LAST FIVE YEARS ALONE. SINCE 1940, OUR PROGRAM HAS BEEN AT THE FOREFRONT OF ANIMAL WELFARE IN FILMED ENTERTAINMENT. WE ARE THE ONLY INDUSTRY-SANCTIONED ORGANIZATION WITH OVERSIGHT OF ANIMALS IN FILMED PRODUCTION AND THE SOLE ENTITY TO AWARD THE INTERNATIONALLY RECOGNIZED NO ANIMALS WERE HARMED END-CREDIT CERTIFICATION TO PRODUCTIONS THAT MET OUR RIGOROUS STANDARD OF CARE.

THE PURPOSE OF THE NO ANIMALS WERE HARMED CERTIFICATION PROGRAM IS TO ENSURE AND CERTIFY THE SAFETY OF ANIMAL ACTORS, WHICH ALSO RESULTS IN GREATER SAFETY FOR HUMAN ACTORS, IN THE PRODUCTION OF FILMED MEDIA. THE

4b (Code:) (Expenses \$ 1,429,438. including grants of \$) (Revenue \$ 402,060.) HUMANE HEARTLAND

THE AMERICAN HUMANE CERTIFIED FARM ANIMAL WELFARE PROGRAM IS THE OLDEST, LARGEST, AND FASTEST-GROWING AUDITING, AND CERTIFICATION PROGRAM IN THE COUNTRY ADVOCATING FOR THE HUMANE TREATMENT OF FARM ANIMALS. THE PURPOSE OF THE PROGRAM IS TO IMPROVE AND VERIFY THE TREATMENT OF ANIMALS ON OUR NATION'S FARMS AND RANCHES UTILIZING EVIDENCE AND SCIENCE-BASED WELFARE STANDARDS, AND TO EDUCATE THE FOOD SUPPLY CHAIN AND CONSUMERS ABOUT THE SIGNIFICANCE AND BENEFITS OF THE HUMANE TREATMENT OF FARM ANIMALS.

THIS PROGRAM CERTIFIES THE HUMANE TREATMENT OF ANIMALS IN NORTH AMERICAN FOOD PRODUCTION, AND ACHIEVED A SIGNIFICANT MILESTONE IN THIS FISCAL YEAR IN THE NATIONAL AGRICULTURE SECTOR. AMERICAN HUMANE

4c (Code:) (Expenses \$ 1,058,808. including grants of \$ 20,000.) (Revenue \$ 14,195.) HUMANE RESEARCH AND THERAPY

AMERICAN HUMANE ASSOCIATION'S FOUNDATION IS IN PROVIDING EVIDENCE-BASED SOLUTIONS FOR THE HUMANE MOVEMENT FOR THE BENEFIT OF CHILDREN AND ANIMALS, WHILE PROMOTING THE POWER OF THE HUMAN-ANIMAL BOND. ANCHORED BY TWO RESEARCH INSTITUTES - THE ANIMAL WELFARE RESEARCH INSTITUTE AND THE CHILDREN'S INNOVATION INSTITUTE - HUMANE RESEARCH AND THERAPY BRING PARTICIPATORY, PREVENTIVE SCIENCE TO OUR COMMUNITIES WITH ROBUST HUMANE SOLUTIONS IMPACTING OUR MOST VULNERABLE IN SOCIETY. AMERICAN HUMANE ASSOCIATION HAS BEEN DRIVEN BY SCIENCE-BASED RESEARCH AND OUTCOMES FOR OVER A CENTURY, AND CONTINUES THIS EFFORT IN MODERN TIMES THROUGH INNOVATIVE RESEARCH STUDIES.

THE CANINES AND CHILDHOOD CANCER STUDY, LAUNCHED BY AMERICAN HUMANE

4d Other program services (Describe in Schedule O.) (Expenses \$ 993,473. including grants of \$ 18,572.) (Revenue \$ 81,952.)

4e Total program service expenses 10,331,792.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CLIFFORD J. ROSE - 202-677-4211 1400 16TH STREET, NW, SUITE 360, WASHINGTON, DC 20036

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN PAYNE CHAIR	2.00	X		X				0.	0.	0.
(2) MABEL MCKINNEY-BROWNING, ED.D. VICE CHAIR	2.00	X		X				0.	0.	0.
(3) MICHAEL A. STEINIG, ESP. SECRETARY	2.00	X		X				0.	0.	0.
(4) WILLIAM ABBOTT DIRECTOR	1.00	X						0.	0.	0.
(5) DAWN ASSENZIO DIRECTOR	1.00	X						0.	0.	0.
(6) MARTY BECKER, DVM DIRECTOR	1.00	X						0.	0.	0.
(7) AMANDA BOWMAN VICE CHAIR	1.00	X		X				0.	0.	0.
(8) EDWARD T. CREAGAN, MD, FAAHPM DIRECTOR	1.00	X						0.	0.	0.
(9) WILLIAM P. DAVIS, ESP CHAIR	1.00	X		X				0.	0.	0.
(10) DEBRA S. FAIR DIRECTOR	1.00	X						0.	0.	0.
(11) SUZI GOLDSMITH DIRECTOR	1.00	X						0.	0.	0.
(12) NAOMI JUDD DIRECTOR	1.00	X						0.	0.	0.
(13) ANDREA LEDFORD DIRECTOR	1.00	X						0.	0.	0.
(14) ELIZABETH A. LYMAN DIRECTOR	1.00	X						0.	0.	0.
(15) J. MICHAEL MCFARLAND, DVM, DABV DIRECTOR	1.00	X						0.	0.	0.
(16) LOIS POPE DIRECTOR	1.00	X						0.	0.	0.
(17) CANDY SPELLING DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM L. SUTTON, JR., J.D. DIRECTOR	1.00	X					0.	0.	0.	
(19) ROBIN R. GANZERT PRESIDENT & CEO	40.00			X			335,067.	0.	38,186.	
(20) CLIFFORD J. ROSE CHIEF FINANCIAL OFFICER	40.00			X			176,008.	0.	17,389.	
(21) STEPHEN T. KAMINSKI EVP & GENERAL COUNSEL	40.00				X		181,376.	0.	7,197.	
(22) AUDREY LANG CHIEF OF STAFF	40.00					X	151,133.	0.	14,176.	
(23) PAUL RAYBOULD CHIEF INOVATION OFFICER	40.00					X	232,470.	0.	20,764.	
(24) SHANNON (KWANE) STEWART CHIEF VETERINARY OFFICER, NAWH	40.00					X	195,029.	0.	13,886.	
(25) MARK STUBIS CHIEF COMMUNICATIONS OFFICER	40.00					X	162,604.	0.	22,315.	
(26) MARY CATHERINE PHELPS CHIEF PHILANTHROPY & MARKETING OFFIC	40.00					X	140,011.	0.	4,187.	
1b Sub-total							1,573,698.	0.	138,100.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,573,698.	0.	138,100.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FINEMAN PR, 150 POST STREET, SUITE 620, SAN FRANCISCO, CA 94108	PR & COMMUNICATION	175,554.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 119,854.					
	b Membership dues	1b					
	c Fundraising events	1c 147,596.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,781,739.					
	g Noncash contributions included in lines 1a-1f: \$	192,394.					
	h Total. Add lines 1a-1f		9,049,189.				
	Program Service Revenue	2 a SERVICE FEES	Business Code 900099	1,831,541.	1,831,541.		
b BROADCAST RIGHTS		900099	583,500.	583,500.			
c CONFERENCES AND SEMINARS		900099	36,000.	36,000.			
d							
e							
f All other program service revenue		900099					
g Total. Add lines 2a-2f			2,451,041.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		340,270.			340,270.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,604,263.			1,604,263.	
	6 a Gross rents	(i) Real	108,972.				
		(ii) Personal					
		b Less: rental expenses	0.				
	c Rental income or (loss)	108,972.					
	d Net rental income or (loss)		108,972.			108,972.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	439,071.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	393,463.				
		c Gain or (loss)	45,608.				
	d Net gain or (loss)		45,608.			45,608.	
	8 a Gross income from fundraising events (not including \$ 147,596. of contributions reported on line 1c). See Part IV, line 18	a	27,101.				
		b Less: direct expenses	130,349.				
c Net income or (loss) from fundraising events			-103,248.			-103,248.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a LIST RENTAL	900099	2,095.			2,095.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		2,095.				
12 Total revenue. See instructions.		13,498,190.	2,451,041.	0.	1,997,960.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,774.	49,774.		
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	5,798.	5,798.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	644,751.	362,784.	224,752.	57,215.
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	4,644,202.	3,662,099.	197,933.	784,170.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,949.	54,049.	486.	13,414.
9 Other employee benefits	547,813.	421,074.	31,025.	95,714.
10 Payroll taxes	392,409.	294,523.	31,776.	66,110.
11 Fees for services (non-employees):				
a Management				
b Legal	46,002.	37,054.	3,031.	5,917.
c Accounting	35,200.	28,353.	2,319.	4,528.
d Lobbying	43,745.	43,745.		
e Professional fundraising services. See Part IV, line 17	55,722.			55,722.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,227,421.	1,830,517.	153,316.	243,588.
12 Advertising and promotion	169,469.	141,311.	695.	27,463.
13 Office expenses	619,167.	404,147.	17,425.	197,595.
14 Information technology	224,075.	180,488.	14,764.	28,823.
15 Royalties				
16 Occupancy	738,771.	593,827.	70,931.	74,013.
17 Travel	1,004,389.	871,167.	39,298.	93,924.
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	89,955.	84,351.	3,189.	2,415.
23 Insurance	75,687.	60,837.	7,267.	7,583.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRADESHOWS AND EVENTS	430,846.	398,754.	3,618.	28,474.
b SUBCONTRACTORS	421,161.	421,161.		
c DONATED GOODS	167,664.	130,164.		37,500.
d TAXES, LICENSES AND FEE	156,350.	48,779.	13,427.	94,144.
e All other expenses	249,842.	207,036.	2,074.	40,732.
25 Total functional expenses. Add lines 1 through 24e	13,108,162.	10,331,792.	817,326.	1,959,044.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	511,749.	1	873,796.
	2 Savings and temporary cash investments	1,296,593.	2	1,061,772.
	3 Pledges and grants receivable, net	1,663,661.	3	1,494,574.
	4 Accounts receivable, net	497,466.	4	438,405.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	477,344.	9	353,903.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,329,078.		
	b Less: accumulated depreciation	10b 1,139,651.	262,501.	10c 189,427.
	11 Investments - publicly traded securities	2,953,323.	11	2,852,802.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,873,727.	15	5,700,117.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,536,364.	16	12,964,796.	
Liabilities	17 Accounts payable and accrued expenses	1,423,805.	17	866,248.
	18 Grants payable		18	
	19 Deferred revenue	294,237.	19	244,704.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,538,921.	25	1,519,967.
	26 Total liabilities. Add lines 17 through 25	3,256,963.	26	2,630,919.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	510,396.	27	699,416.
	28 Temporarily restricted net assets	3,065,556.	28	3,035,761.
	29 Permanently restricted net assets	6,703,449.	29	6,598,700.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,279,401.	33	10,333,877.	
34 Total liabilities and net assets/fund balances	13,536,364.	34	12,964,796.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,498,190.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,108,162.
3	Revenue less expenses. Subtract line 2 from line 1	3	390,028.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,279,401.
5	Net unrealized gains (losses) on investments	5	-48,604.
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 in Schedule O)	9	-286,948.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,333,877.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **AMERICAN HUMANE ASSOCIATION** Employer identification number **84-0432950**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10701254.	13888302.	9859669.	7957572.	9049189.	51455986.
2 Tax revenues levied for the organization'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	10701254.	13888302.	9859669.	7957572.	9049189.	51455986.
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)						11161618.
6 Public support. Subtract line 5 from line 4.						40294368.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	10701254.	13888302.	9859669.	7957572.	9049189.	51455986.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	802,100.	853,469.	1386933.	1690225.	2053505.	6786232.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						58242218.
12 Gross receipts from related activities, etc. (see instructions)					12	10,948,384.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	69.18 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	70.29 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 428,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 233,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,852,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
 ► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	68,550.													
c	Total lobbying expenditures (add lines 1a and 1b)	68,550.													
d	Other exempt purpose expenditures	13,039,612.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,108,162.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	805,408.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	201,352.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	868,200.	696,020.	722,047.	805,408.	3,091,675.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,637,513.
c Total lobbying expenditures	156,591.			68,550.	225,141.
d Grassroots nontaxable amount	217,050.	174,005.	180,512.	201,352.	772,919.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,159,379.
f Grassroots lobbying expenditures	9,861.				9,861.

Schedule C (Form 990 or 990-EZ) 2014

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN HUMANE ASSOCIATION **Employer identification number** 84-0432950

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,050,603.	822,709.	822,634.	908,169.	772,069.
b Contributions	70,000.	175,380.			
c Net investment earnings, gains, and losses	2,183.	52,514.	75.	-20,747.	136,100.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,888.			64,788.	
f Administrative expenses					
g End of year balance	1,113,898.	1,050,603.	822,709.	822,634.	908,169.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 91.34 %
- c Temporarily restricted endowment 8.66 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		131,578.	122,457.	9,121.
d Equipment		250,931.	218,320.	32,611.
e Other		946,569.	798,874.	147,695.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				189,427.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN CHARITABLE TRUSTS	5,700,117.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,700,117.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT-INTEREST	
(3) AGREEMENTS	1,230,973.
(4) DEFERRED LEASE INCENTIVES	288,994.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,519,967.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	13,622,431.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-48,604.	
b	Donated services and use of facilities	2b	329,444.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-156,599.	
e	Add lines 2a through 2d	2e		124,241.
3	Subtract line 2e from line 1	3		13,498,190.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		13,498,190.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	13,567,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	329,444.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	130,349.	
e	Add lines 2a through 2d	2e		459,793.
3	Subtract line 2e from line 1	3		13,108,162.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		13,108,162.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EARNINGS ON THE ASSOCIATION'S ENDOWMENT FUND NET ASSETS ARE GENERALLY RESTRICTED BY DONORS FOR SUPPORT OF SPECIFIC ASSOCIATION PROGRAMS. THE ASSOCIATION'S GOVERNING BOARD DETERMINES ANNUAL APPROPRIATIONS FOR EXPENDITURE IN SUPPORT OF ITS PROGRAMS IN ACCORDANCE WITH DONOR RESTRICTIONS.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER 170(B)(1)(A)(VI), AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A) OF

Part XIII Supplemental Information (continued)

THE IRC. HOWEVER, INCOME NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ASSOCIATION HAD NO SIGNIFICANT TAXABLE INCOME OR INCOME TAX EXPENSE DURING THE CURRENT FISCAL YEAR.

THE ASSOCIATION BELIEVES IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX EXEMPT STATUS. THE ASSOCIATION'S TAX RETURNS FOR FISCAL YEARS 2012 THROUGH 2015 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-174,749.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-112,199.
DIRECT COSTS OF SPECIAL EVENTS	130,349.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-156,599.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COSTS OF SPECIAL EVENTS	130,349.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **AMERICAN HUMANE ASSOCIATION** Employer identification number **84-0432950**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	6	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	112,203.
EAST ASIA AND THE PACIFIC	0	1	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	53,543.
NORTH AMERICA	0	1	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	58,114.
EAST ASIA AND THE PACIFIC	0	0	ASSIST ANIMALS DISPLACED BY TSUNAMI	CASH GRANT	5,733.
3 a Sub-total	0	8			229,593.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	8			229,593.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

THE ASSOCIATION'S GRANT APPLICATION PROCESS INCLUDES ELIGIBILITY REQUIREMENTS, EVALUATION AS TO NEED, RELEVANCY AND/OR OTHER FACTORS, AND COMPLIANCE WITH THE ASSOCIATION'S REPORTING REQUIREMENTS, WHICH MAY REQUIRE GRANT RECIPIENTS TO DOCUMENT TO THE ASSOCIATION HOW AND WHEN THE FUNDS WERE USED, ALONG WITH OTHER SUPPORTING INFORMATION.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **AMERICAN HUMANE ASSOCIATION** Employer identification number **84-0432950**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DONOR POINT MARKETING - 649 N HORNERS LANE, ROCKVILLE, MD	FUNDRAISING COUNSEL		X	429,132.	44,000.	385,132.
PUBLIC INTEREST COMMUNICATIONS - 7700	TELEMARKETING		X	11,125.	11,722.	-597.
Total				440,257.	55,722.	384,535.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DE, DC, IN, IA, MO, MT, NE, NV, SD, TX, VT, WY, ID

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MAR-A-LAGO (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	174,697.		174,697.
	2	Less: Contributions	147,596.		147,596.
	3	Gross income (line 1 minus line 2)	27,101.		27,101.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	24,731.		24,731.
	6	Rent/facility costs	3,000.		3,000.
	7	Food and beverages	37,416.		37,416.
	8	Entertainment	12,250.		12,250.
	9	Other direct expenses	52,952.		52,952.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-103,248.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DONOR POINT MARKETING

(I) ADDRESS OF FUNDRAISER: 649 N HORNERS LANE, ROCKVILLE, MD 20850

(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE, SUITE 301, FALLS CHURCH, VA 22043

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **AMERICAN HUMANE ASSOCIATION** Employer identification number **84-0432950**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANINES FOR SERVICE PO BOX 12643 WILIMINGTON, NC 28405	56-2118747	501(C)(3)	5,000.	0.			THERAPY DOGS
PALMETTO ASSISTED LIFE PO BOX 25679 COLUMBIA, SC 29224	20-8666026	501(C)(3)	5,000.	0.			THERAPY DOGS
PAWS & EFFECT PO BOX 41442 DES MOINES, IA 50311	20-5122966	501(C)(3)	6,500.	0.			HERO DOG CHARITY PARTNER
SERVICE DOGS FOR AMERICA 920 SHORT STREET JUD, ND 58454	45-0427665	501(C)(3)	5,000.	0.			THERAPY DOGS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ASSOCIATION'S GRANT APPLICATION PROCESS INCLUDES ELIGIBILITY REQUIREMENTS, EVALUATION AS TO NEED, RELEVANCY AND/OR OTHER FACTORS, AND COMPLIANCE WITH THE ASSOCIATION'S REPORTING REQUIREMENTS, WHICH MAY REQUIRE GRANT RECIPIENTS TO DOCUMENT TO THE ASSOCIATION HOW AND WHEN THE FUNDS WERE USED, ALONG WITH OTHER SUPPORTING INFORMATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBIN R. GANZERT PRESIDENT & CEO	(i)	317,567.	0.	17,500.	24,138.	14,048.	373,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLIFFORD J. ROSE CHIEF FINANCIAL OFFICER	(i)	167,290.	0.	8,718.	4,359.	13,030.	193,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN T. KAMINSKI EVP & GENERAL COUNSEL	(i)	169,010.	0.	12,366.	6,183.	1,014.	188,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AUDREY LANG CHIEF OF STAFF	(i)	148,733.	0.	2,400.	1,200.	12,976.	165,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL RAYBOULD CHIEF INOVATION OFFICER	(i)	217,671.	0.	14,799.	7,337.	13,427.	253,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHANNON (KWANE) STEWART CHIEF VETERINARY OFFICER, NAWH	(i)	187,929.	0.	7,100.	3,025.	10,861.	208,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK STUBIS CHIEF COMMUNICATIONS OFFICER	(i)	140,882.	0.	21,722.	9,227.	13,088.	184,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **AMERICAN HUMANE ASSOCIATION** Employer identification number **84-0432950**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES FOR)	X	4	53,490.	ESTIMATED FAIR VALUE
26 Other ▶ (AUCTION ITEMS)	X	1	39,363.	ESTIMATED FAIR VALUE
27 Other ▶ (ITEMS FOR PHI)	X	2	37,500.	ESTIMATED FAIR VALUE
28 Other ▶ (SUPPLIES FOR)	X	4	37,310.	ESTIMATED FAIR VALUE

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

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

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

Schedule M (Form 990) (2014)

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

PART I, OTHER TYPES OF PROPERTY:

MAR LARGO AUCTION ITEMS FOR ANIMAL ASSISTED THERAP

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 24731.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUE

Multiple horizontal lines for additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

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

TO ENSURE THE WELFARE, WELLNESS AND WELL-BEING OF CHILDREN AND ANIMALS,
AND TO UNLEASH THE FULL POTENTIAL OF THE BOND BETWEEN HUMANS AND
ANIMALS TO THE MUTUAL BENEFIT OF BOTH. OUR GOAL IS TO MEASURABLY,
DEMONSTRABLY AND SIGNIFICANTLY INCREASE THE NUMBER OF CHILDREN AND
ANIMALS WHO ARE PROTECTED FROM HARM - AND THE NUMBER OF HUMANS AND
ANIMALS WHOSE LIVES ARE ENRICHED - THROUGH DIRECT ACTION, THOUGHT
LEADERSHIP, POLICY INNOVATION, AND EXPANSION OF PROVEN, EFFECTIVE
PROGRAMS.

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

TO ENSURE THE WELFARE, WELLNESS AND WELL-BEING OF CHILDREN AND ANIMALS,
AND TO UNLEASH THE FULL POTENTIAL OF THE BOND BETWEEN HUMANS AND
ANIMALS TO THE MUTUAL BENEFIT OF BOTH. OUR GOAL IS TO MEASURABLY,
DEMONSTRABLY AND SIGNIFICANTLY INCREASE THE NUMBER OF CHILDREN AND
ANIMALS WHO ARE PROTECTED FROM HARM - AND THE NUMBER OF HUMANS AND
ANIMALS WHOSE LIVES ARE ENRICHED - THROUGH DIRECT ACTION, THOUGHT
LEADERSHIP, POLICY INNOVATION, AND EXPANSION OF PROVEN, EFFECTIVE
PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM FUNDAMENTALLY:

- PROTECTS ANIMALS USED IN FILM, TELEVISION AND COMMERCIAL PRODUCTION,
NO MATTER WHERE FILMING OCCURS, DURING THE PRODUCTION AND ON SET.
- SUPPORTS COMPLIANT PRODUCTIONS WITH RESPECT TO ANY IMPROPER

ALLEGATIONS OF ANIMAL MISTREATMENT OR ABUSE, THROUGHOUT THE LIFE OF THE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

PROJECT WITHIN OUR SCOPE ON SET.

- EDUCATES AND INFORMS FILM INDUSTRY PROFESSIONALS AND THE PUBLIC

REGARDING THE HUMANE TREATMENT OF ANIMAL ACTORS IN THE GLOBAL MEDIA COMMUNITY.

- ENFORCES AMERICAN HUMANE ASSOCIATION'S GUIDELINES FOR THE SAFE USE OF ANIMALS IN FILMED MEDIA (GUIDELINES) WITH SPECIALLY TRAINED CERTIFIED ANIMAL SAFETY REPRESENTATIVES.

THE PROGRAM COVERAGE IS SIGNIFICANT FOR INTENSE ANIMAL ACTION SEEN IN FILMED MEDIA. THE NO ANIMALS WERE HARMED CERTIFIED ANIMAL SAFETY REPRESENTATIVES MONITORED 74.65% OF ALL INTENSE ANIMAL ACTION REPRESENTING 1,581 PRODUCTION DAYS FOR US AND INTERNATIONAL PRODUCTIONS. THE CERTIFIED ANIMAL SAFETY REPRESENTATIVES MONITORED 56% OF ANIMAL ACTION FOR A TOTAL OF 2,681 PRODUCTION DAYS. THE PROGRAM ISSUED 788 RATINGS AND AWARDED 699 "NO ANIMALS WERE HARMED" END-CREDIT CERTIFICATIONS.

IN JANUARY 2014, WITH THE SUPPORT OF INDUSTRY LEADERS, THE NO ANIMALS WERE HARMED PROGRAM IMPLEMENTED A FEE-FOR-SERVICE BUSINESS MODEL, IN ORDER TO CLOSE THE GAP BETWEEN THE COST OF RUNNING OUR PROGRAM AND OUR GRANT AWARDS FROM INDUSTRY ADVANCEMENT AND COOPERATIVE FUND - SAG AND INDUSTRY COOPERATIVE FUND - AFTRA. THE PRODUCTION COMMUNITY HAS EMBRACED OUR NEW FEES DEMONSTRATING THE VALUE THEY PLACE ON OUR WORK AND MISSION TO PROTECT ANIMAL ACTORS. FOR FY 2015 THE PROGRAM HAD TOTAL SERVICE FEE REVENUE OF MORE THAN \$1.3 MILLION.

HUMANE HOLLYWOOD EDUCATED MILLIONS WITH THE AMERICAN HUMANE ASSOCIATION HERO DOG AWARDS, A PROGRAM INITIATIVE DESIGNED TO INSPIRE AND ENTERTAIN MILLIONS WHILE EDUCATING THEM ON THE POWER OF THE HUMAN-ANIMAL BOND AND THE ROLE OF WORKING DOGS IN SOCIETY. THE NATIONAL TELEVISION BROADCAST

Name of the organization

AMERICAN HUMANE ASSOCIATION

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84-0432950

OF THE FOURTH ANNUAL AMERICAN HUMANE ASSOCIATION HERO DOG AWARDS

FEATURING JAMES DENTON, BETH STERN, WILSON PHILLIPS AND MANY MORE WAS

PRESENTED ON THE HALLMARK CHANNEL ON OCTOBER 30, 2014. IT WAS THE

HIGHEST RATED SHOW IN OUR FOUR YEAR TENURE.

THERAPY DOG SUSIE, A PIT BULL, TOOK HOME THE TOP HONOR FOR 2014'S

AMERICAN HERO DOG. SUSIE WAS FOUND BEATEN AND ON THE VERGE OF DEATH IN

A NORTH CAROLINA PARK. NURSED BACK TO HEALTH AND LATER ADOPTED BY DONNA

LAWRENCE - HERSELF THE VICTIM OF A VICIOUS DOG ATTACK - THE PAIR HAVE

GONE ON TO SUCCESSFULLY CHAMPION HARSHER LAWS FOR CONVICTED ANIMAL

ABUSERS IN NORTH CAROLINA, KNOWN AS "SUSIE'S LAW". THIS REMARKABLE

STORY IS THE SUBJECT OF THE INSPIRATIONAL FILM "SUSIE'S HOPE".

TOGETHER, DONNA AND SUSIE VISIT SCHOOLS AND HOSPITALS TO BRING THE

POWER OF ANIMAL-ASSISTED THERAPY AND TO BREAKDOWN STEREOTYPES ABOUT THE

PIT BULL BREED.

ADDITIONALLY, WE PRESENTED OUR FIRST-EVER AMERICAN HUMANE ASSOCIATION

HERO VETERINARIAN AND HERO VETERINARY TECHNICIAN AWARDS, WITH DR. EVA

DECOZIO NAMED 2014'S AMERICAN HERO VETERINARIAN AND SIGNE CORBIN THE

2014 AMERICAN HERO VETERINARY TECHNICIAN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSOCIATION'S FARM ANIMAL WELFARE PROGRAM EXPANDED FROM CERTIFYING THE

HUMANE TREATMENT OF 400 MILLION FARM ANIMALS IN 2012 TO CERTIFYING OVER

ONE BILLION FARM ANIMALS AT THE CLOSE OF THE FISCAL YEAR. IN FACT, THIS

PROGRAM HAS GROWN 1,000% OVER THE PAST FOUR YEARS IN TERMS OF NUMBER OF

ANIMALS IMPACTED THROUGH THE FARM ANIMAL WELFARE PROGRAM. THIS LANDMARK

IS SIGNIFICANT BECAUSE AMERICAN HUMANE ASSOCIATION NOW CERTIFIES THE

HUMANE TREATMENT OF NEARLY 10% OF THE ANIMALS IN NORTH AMERICAN FOOD

PRODUCTION. THE HUMANE CERTIFICATION AND AUDIT STANDARDS ARE REGULARLY

Name of the organization

AMERICAN HUMANE ASSOCIATION

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REVIEWED BY ITS SCIENCE ADVISORY COMMITTEE, AN INTERNATIONAL GROUP OF ANIMAL SCIENCE EXPERTS. THE THIRD PARTY AUDITS ARE CONDUCTED BY INDEPENDENT PAACO CERTIFIED AUDITORS. THE PROGRAM COVERS OVER 8,100 FARMS AND RANCHES THROUGHOUT THE UNITED STATES AND CANADA. THE AMERICAN HUMANE CERTIFIED SEAL IS NOW FOUND ON MANY PRODUCTS IN GROCERY STORES, INCLUDING DAIRY, CHICKEN, TURKEY, PORK, EGGS AND CHEESE PRODUCTS. AN OUTREACH INITIATIVE WITH CHEFS PROVIDES AN ONLINE "HUMANE TABLE" FEATURING RESTAURANTS AND RECIPES USING HUMANELY RAISED PRODUCTS. AMERICAN HUMANE ASSOCIATION DEVELOPED A THIRD GRADE SCHOOL CURRICULUM ON RAISING FARM ANIMALS HUMANELY AND HOW FOOD IS PRODUCED. THIS IS AVAILABLE IN OUR HUMANE EDUCATION INITIATIVES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSOCIATION IN PARTNERSHIP WITH ZOETIS, IS WORKING IN COLLABORATION WITH CHILDREN'S HOSPITALS ACROSS THE COUNTRY TO INVESTIGATE THE IMPACTS OF ANIMAL-ASSISTED THERAPY ON PEDIATRIC ONCOLOGY PATIENTS, THEIR PARENTS, AND THE THERAPY DOGS WHO VISIT THEM. THE CANINES AND CHILDHOOD CANCER STUDY IS A RANDOMIZED, CONTROLLED TRIAL THAT WILL EXAMINE SPECIFIC HEALTH EFFECTS THAT ANIMAL-ASSISTED THERAPY HAVE ON YOUNG CANCER PATIENTS AND THEIR FAMILIES. THE THERAPEUTIC BENEFITS OF ANIMAL-ASSISTED THERAPY FOR CANCER PATIENTS HAVE BEEN SHARED ANECDOTALLY BY DOCTORS, PATIENTS, CAREGIVERS AND ANIMAL HANDLERS FOR YEARS, AND THIS RESEARCH SEEKS TO PROVIDE EMPIRICAL EVIDENCE OF THE BENEFITS.

IN APRIL, AN ARTICLE REGARDING THE CANINES AND CHILDHOOD CANCER (CCC) STUDY WAS PUBLISHED IN A PEER-REVIEWED JOURNAL - AUSTIN JOURNAL OF VETERINARY SCIENCE & ANIMAL HUSBANDRY. THE STUDY WAS ALSO FEATURED IN THE FOURTH EDITION (2015) OF THE HANDBOOK ON ANIMAL-ASSISTED THERAPY,

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WHICH IS WIDELY USED IN COLLEGE CLASSROOMS ACROSS THE COUNTRY AS "THE" TEXTBOOK ON HUMAN-ANIMAL INTERACTION.

ON THE CONFERENCE FRONT, THE CCC RESEARCH TEAM PRESENTED AT THE AMERICAN SOCIETY OF PEDIATRIC HEMATOLOGY/ONCOLOGY ANNUAL MEETING IN MAY IN PHOENIX, ARIZ., WHICH BOASTS MORE THAN 1,000 PEDIATRIC HEMATOLOGY/ONCOLOGY PROFESSIONALS FROM AROUND THE WORLD, AND THE INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY ANNUAL CONFERENCE IN JULY IN SARATOGA SPRINGS, NY, WITH MEMBERS REPRESENTING 30 COUNTRIES ACROSS THE WORLD.

OUR RED STAR ANIMAL ASSISTED THERAPY TEAMS ARE ON THE GROUND YEAR-ROUND PROVIDING LIFE-HEALING COMFORT FOR CHILDREN WITH CANCER, COMMUNITIES STRUCK BY SEVERE WEATHER, AND MILITARY FAMILIES IMPACTED BY SERVICE. IN THE PAST YEAR, RED STAR ANIMAL ASSISTED THERAPY DEPLOYED 109 ANIMAL ASSISTED THERAPY TEAMS TO 23 SUMMER CAMPS AND MILITARY FAMILY RETREATS, IMPACTING 1,950 CHILDREN OF OUR NATION'S MILITARY IN PARTNERSHIP WITH THE NATIONAL MILITARY FAMILIES ASSOCIATION'S OPERATION PURPLE.

THE WAGS4PATRIOTS PROGRAM PROVIDES GRANTS TO MILITARY VETERANS IN ORDER TO HELP OFFSET THE COSTS OF TRAINING AND ADOPTING A POST-TRAUMATIC STRESS (PTS) SERVICE DOG. TO DATE, WE HAVE BEEN ABLE TO HELP EIGHT MILITARY VETERANS DIAGNOSED WITH PTS ADOPT A SERVICE DOG TO AID THEM IN COPING WITH MENTAL HEALTH SYMPTOMS CAUSED BY THEIR WAR EXPERIENCES.

THESE DOGS HAVE ALLOWED THE VETERANS TO BECOME MORE INDEPENDENT, FEEL SAFE AND ACCEPTED, AND RECONNECT WITH THE PEOPLE AND THINGS THEY LOVE.

IN ADDITION, AMERICAN HUMANE ASSOCIATION CONTINUED ITS SECOND YEAR OF PARTNERSHIP WITH THE WEATHER CHANNEL TO PROVIDE THE SERVICES OF

"BUTLER" THE WEATHER CHANNEL THERAPY DOG WHO, WITH HIS AHA HANDLER,

VISITS COMMUNITIES NATIONWIDE THAT HAVE BEEN IMPACTED BY SEVERE

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WEATHER. IN FEBRUARY, BUTLER VISITED BOSTON RESIDENTS IMPACTED BY RECORD SNOWFALL AND IN MARCH, HE TRAVELED TO ATLANTA TO VISIT A 16-YEAR-OLD BOY WHO WAS PARALYZED IN A SLEDDING ACCIDENT AND ASSISTED WITH HIS PHYSICAL THERAPY EXERCISES. IN APRIL, BUTLER TRAVELED TO MOORE, OK TO PARTICIPATE IN A COMMUNITY EVENT TO PROVIDE EDUCATION AND RESOURCES FOR PEOPLE EXPERIENCING WEATHER-RELATED ANXIETY AS STORM SEASON HEATED UP.

THE FIRST WEEK OF MAY EVERY YEAR HAS BEEN SYNONYMOUS WITH KINDNESS FOR GENERATIONS OF CHILDREN AND ADULTS SINCE 1915. TO HELP CHILDREN, PARENTS AND TEACHERS MAKE A DIFFERENCE IN THEIR COMMUNITIES, WE LAUNCHED THE YEAR-LONG "KINDNESS 100" HUMANE EDUCATION CAMPAIGN TO MARK THE 100TH ANNIVERSARY OF OUR "BE KIND TO ANIMALS WEEK", THE OLDEST COMMEMORATIVE WEEK IN AMERICAN HISTORY. THE NATIONAL EDUCATIONAL CURRICULUM RELEASED IN THE SPRING REACHED 15 MILLION CHILDREN FROM PRE-K TO FIFTH GRADES, ENCOURAGING COMPASSION, RESPECT AND KINDNESS.

DOGS HAVE BEEN ESSENTIAL TO THE U.S. MILITARY SINCE THE CIVIL WAR, AND THEY HAVE BEEN USED HEAVILY IN THE GLOBAL WAR ON TERROR. THEIR POWERFUL NOSES ARE CAPABLE OF DETECTING DEADLY HIDDEN WEAPONS CACHES AND IEDS, AND IT IS ESTIMATED THAT EACH DOG SERVING IN THE MILITARY SAVES AN ESTIMATED 150-200 LIVES ON THE BATTLEFIELD. UNFORTUNATELY, WHEN THEIR TOURS OF DUTY ARE OVER, THEY ARE NOT ALWAYS AFFORDED A RIDE HOME LIKE THEIR HUMAN COUNTERPARTS. THIS YEAR, AMERICAN HUMANE ASSOCIATION FUNDED THE TRANSFER HOME OF 21 MILITARY WORKING DOGS AND CONTRACT WORKING DOGS AND REUNITED THEM WITH THEIR FORMER MILITARY HANDLERS.

PRIVATE ENTITIES LIKE AMERICAN HUMANE ASSOCIATION SHOULD NOT BE FOOTING THE BILL TO BRING HOME THESE FOUR-FOOTED MILITARY HEROES, AND THIS YEAR AMERICAN HUMANE ASSOCIATION SPONSORED LANGUAGE IN THE FY 2016 NATIONAL DEFENSE AUTHORIZATION ACT TO BRING HOME ALL MILITARY WORKING DOGS AND

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Employer identification number

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GIVE THEIR FORMER HUMAN HANDLERS THE FIRST RIGHT AT ADOPTION. THE BILL WAS PASSED WITH BIPARTISAN SUPPORT IN BOTH THE HOUSE OF REPRESENTATIVES AND SENATE IN THE SPRING AND THE FULL BILL WILL SOON BE FINALIZED AND SENT TO PRESIDENT OBAMA FOR HIS SIGNATURE.

AS A THOUGHT LEADER IN THE HUMANE SPACE FOR 138 YEARS, AMERICAN HUMANE ASSOCIATION HAS ALWAYS SOUGHT TO SHARE ITS RESEARCH, PROGRAM OUTCOMES, AND SCIENCE-BASED SOLUTIONS WITH THE WORLD COMMUNITY FOR THE BROAD BENEFIT OF CHILDREN AND ANIMALS. TO CONTINUE AND EXPAND THIS OUTREACH, IN 2015 WE FURTHER RAISED OUR COMMITMENT TO SERVE AS A SOURCE OF INFORMATION AND PERSPECTIVE TO AMERICA AND ITS LEADERS, SUPPORTING THE FOUNDING OF THE CONGRESSIONAL CAUCUS FOR THE HUMANE BOND, FOUNDED AND CO-CHAIRLED BY REP. GUS BILIRAKIS (R-FL) AND REP. HENRY CUELLAR (D-TX). THIS NEW CAUCUS WAS CREATED TO PROMOTE AND STRENGTHEN THE HUMANE BOND BETWEEN PEOPLE AND ANIMALS IN WORKING ENVIRONMENTS, OUR HOMES, HOSPITALS, EDUCATIONAL SETTINGS, THE WILD, AND AGRICULTURE, AND UNLEASH THE POWER OF OUR CONNECTION TO BENEFIT BOTH AND CREATE HEALTHY, SUSTAINABLE AND HUMANE COMMUNITIES.

AMERICAN HUMANE ASSOCIATION HELD THREE CONGRESSIONAL BRIEFINGS ON CAPITOL HILL THIS YEAR. IN JULY WE HIGHLIGHTED THE IMPORTANCE OF DOGS TO THE MILITARY AND THE NEED TO BRING THEM ALL HOME. JUST BEFORE THE THANKSGIVING HOLIDAY, WE CAME TOGETHER TO SALUTE THE FARMERS, FOOD COMPANIES, CHEFS, AND GROUPS WORKING TO RAISE FARM ANIMALS HUMANELY AND PROVIDE A HUMANE TABLE TO AMERICA'S FAMILIES. FINALLY, IN JUNE WE HELD THE OFFICIAL LAUNCH EVENT FOR THE CONGRESSIONAL CAUCUS FOR THE HUMANE BOND, WHERE MEMBERS OF CONGRESS WERE INVITED TO COME MEET HUMAN AND ANIMAL CELEBRITIES, MILITARY WORKING DOG TEAMS, PAST HERO DOG AWARDS WINNERS, AND ANIMAL WELFARE EXPERTS AND LEARN ABOUT THE GOALS OF THE NEWEST CAUCUS ON THE HILL.

Name of the organization

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

HUMANE INTERVENTION

OUR FAMED RED STAR RESCUE TEAMS RESCUE AND SHELTER ANIMALS IN CRISIS AND PROVIDE LIFESAVING TIPS AND DISASTER PREPARATION TRAINING TO PROTECT CHILDREN, FAMILIES AND COMMUNITIES BEFORE, DURING AND AFTER DISASTERS. THE PURPOSE OF HUMANE INTERVENTION PROGRAMS ARE TO PROVIDE INTERVENTION FOR COMMUNITIES IN CRISIS AND TO HELP BUILD MORE HUMANE COMMUNITIES NATIONWIDE THROUGH INITIATIVES LIKE GRANTS, SHELTER SUPPORT AND HUMANE EDUCATION.

IN JUST THE PAST TEN YEARS, RED STAR RESCUE TEAMS WITH THEIR NEARLY 200 HIGHLY TRAINED VOLUNTEER FIRST-RESPONDERS NATIONWIDE HAVE RESCUED, CARED FOR AND/OR ASSISTED MORE THAN 80,000 ANIMALS. AMONG OUR RED STAR RESPONSES IN FY2015, OUR LEGENDARY TEAM RUSHED TO THE AID OF MORE THAN 100 ANIMALS FOUND IN TERRIBLE CONDITION AT A NEW JERSEY SHELTER.

AMERICAN HUMANE ASSOCIATION'S RED STAR TEAM WORKED TO SAVE AND REHABILITATE THE ANIMALS, AND START THEM ON THE ROAD TO THEIR NEW LIVES AS MEMBERS OF LOVING FAMILIES.

EMERGENCY FIELD RESPONSES DURING FY2015 INCLUDED RESCUING AND RELOCATING 66 ANIMALS IN DIRE NEED AT A RESERVATION IN SOUTH DAKOTA. WITHOUT OUR HELP, THESE ANIMALS WOULD HAVE DIED OR BEEN EUTHANIZED. THE TEAM SAVED 18 HORSES AND A MULE IN A MAJOR CRUELTY CASE. RED STAR STAFF AND VOLUNTEERS RAN A 24/7 CRITICAL CARE OPERATION FOLLOWING THE RESCUE UNTIL THE HORSES WERE STABLE ENOUGH TO BE TRANSPORTED TO A RESCUE FACILITY. RED STAR TEAM MEMBERS PROVIDED EMERGENCY CARE AND COMPASSION TO 70 FRIGHTENED DOGS RESCUED IN A DRAMATIC MULTI-STATE DOGFIGHTING RAID. IN ADDITION TO EMERGENCY RESPONSE, THE TEAM PROVIDED LIFESAVING EDUCATION AND OUTREACH WITH A DISASTER PREPAREDNESS TOUR OF THE

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NORTHEAST. SPONSORED BY BANFIELD PET HOSPITAL, EMERGENCY INSTRUCTIONS,

VITAL TIPS, AND DISASTER KITS WERE DISTRIBUTED AT SPECIAL EVENTS IN

STATES ACROSS THE REGION INCLUDING NEW JERSEY, PENNSYLVANIA AND

NORTHERN VIRGINIA. THE EFFORT REACHED MILLIONS MORE PEOPLE THROUGH

MEDIA FOLLOWING THE TOUR AND A LIVE BROADCAST ON FOX NEWS CHANNEL.

THE RED STAR TEAM MAINTAINS A FLEET OF DISASTER RESPONSE VEHICLES AND

BOATS, TO INCLUDE AN 82-FOOT TRACTOR TRAILER AND RIG THAT SERVES AS A

MOBILE COMMAND UNIT AND VETERINARY MEDICAL AND TRIAGE UNIT.

IN THE PAST YEAR, AMERICAN HUMANE ASSOCIATION'S SECOND CHANCE FUND

PROVIDED MEDICAL AND EMERGENCY FUND GRANTS TO LOCAL SHELTERS AND RESCUE

GROUPS. THE MEACHAM FUND PROVIDED SUPPORT TO VARIOUS ORGANIZATIONS TO

PROVIDE RESOURCES TO HELP ANIMALS IN NEED.

EXPENSES \$ 993,473. INCLUDING GRANTS OF \$ 18,572. REVENUE \$ 81,952.

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

THE FORM 990 IS DISTRIBUTED TO THE BOARD BUDGET AND FINANCE COMMITTEE FOR

REVIEW AND APPROVAL AND TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

COMMENT BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF THE

ASSOCIATION WHEN IT IS CONTEMPLATING TAKING AN ACTION OR MAKING A DECISION

THAT MAY BENEFIT THE PRIVATE INTERESTS OF A "RESPONSIBLE PERSON" OR RELATED

PARTY. A "RESPONSIBLE PERSON" IS ANY DIRECTOR, CORPORATE OFFICER OF VICE

PRESIDENT OR HIGHER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS

OF THE ASSOCIATION. EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR

APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT THAT AFFIRMS SUCH

PERSON 1) HAS RECEIVED A COPY OF THE POLICY 2) HAS READ AND UNDERSTANDS THE

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POLICY AND 3) HAS AGREED TO COMPLY WITH THE POLICY. IN ADDITION, EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, COMPLETE A DISCLOSURE FORM IDENTIFYING ANY INTERESTS, POSITIONS OR RELATIONSHIPS THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. DISCLOSURE FORMS SHALL BE SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND EVALUATION. IF A CONFLICT OF INTEREST ARISES WITH RESPECT TO A PARTICULAR MATTER TO BE ACTED UPON BY THE ASSOCIATION, 1) THE "RESPONSIBLE PERSON" MUST DISCLOSE TO THOSE CHARGED WITH MAKING THE DECISION ON BEHALF OF THE ASSOCIATION ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND ANY MATERIAL FACTS THAT BEAR ON THE DECISION FROM THE STANDPOINT OF THE ASSOCIATION, PRIOR TO THE ASSOCIATION TAKING ACTION AND 2) ALTHOUGH THE "RESPONSIBLE PERSON" MAY MAKE A PRESENTATION AT THE MEETING, AND RESPOND TO QUESTIONS, HE OR SHE MUST EXCUSE HIMSELF OR HERSELF FROM DELIBERATION AND DEBATE ON THE MATTER, AND MUST NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. THE ASSOCIATION MAY APPROVE THE MATTER IF 1) THE MATERIAL FACTS AS TO THE "RESPONSIBLE PERSON'S" OR RELATED PARTY'S INTEREST, POSITION OR RELATIONSHIP GIVING RISE TO THE CONFLICT OF INTEREST, AND AS TO THE MATTER, ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF DIRECTORS OR ANY BOARD COMMITTEE DELEGATED AUTHORITY OVER THE MATTER AND 2) THE BOARD OR BOARD COMMITTEE IN GOOD FAITH AUTHORIZES, APPROVES OR RATIFIES THE MATTER BY THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT, EVEN THOUGH THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS ARE LESS THAN A QUORUM.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DELEGATES COMPENSATION DETERMINATION FOR THE

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE USES SALARY SURVEYS GATHERED FROM AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, CHRONICLE OF PHILANTHROPY, ASSOCIATION OF FUNDRAISING PROFESSIONALS, AND ECONOMIC RESEARCH INSTITUTE AS WELL AS COMPENSATION INFORMATION FOR SIMILAR POSITIONS OF SIMILAR ORGANIZATIONS FOR THE DETERMINATION OF COMPENSATION. THE COMMITTEE ALSO FACTORS IN GEOGRAPHIC PAY DIFFERENTIAL, EXPERIENCE, EDUCATION, PERFORMANCE, SCOPE OF DUTIES, INTERNAL EQUITY, AND SALARY HISTORY OF INDIVIDUALS IN THE COMPENSATION PROCESS. THIS PROCESS IS DONE ON AN ANNUAL BASIS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER USE A SIMILAR COMPARABILITY STUDY AS WELL AS FACTORS IN GEOGRAPHIC PAY DIFFERENTIAL, EXPERIENCE, EDUCATION, PERFORMANCE, SCOPE OF DUTIES, INTERNAL EQUITY, AND SALARY HISTORY FOR INDIVIDUALS TO EVALUATE AND SET COMPENSATION FOR ALL OTHER EMPLOYEES. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ANNUALLY REPORT TO THE BOARD REGARDING COMPLETION OF THIS RESPONSIBILITY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, LA

FORM 990, PART VI, SECTION C, LINE 19:
THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTANTS:
PROGRAM SERVICE EXPENSES 147,088.
MANAGEMENT AND GENERAL EXPENSES 12,032.

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FUNDRAISING EXPENSES	23,489.
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TOTAL EXPENSES	182,609.
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CONSULTANTS TRAVEL:

PROGRAM SERVICE EXPENSES	79,658.
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MANAGEMENT AND GENERAL EXPENSES	6,516.
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FUNDRAISING EXPENSES	12,721.
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TOTAL EXPENSES	98,895.
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OTHER SERVICES:

PROGRAM SERVICE EXPENSES	1,603,771.
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MANAGEMENT AND GENERAL EXPENSES	134,768.
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FUNDRAISING EXPENSES	207,378.
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TOTAL EXPENSES	1,945,917.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,227,421.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-174,749.
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CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-112,199.
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TOTAL TO FORM 990, PART XI, LINE 9	-286,948.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **AMERICAN HUMANE ASSOCIATION** Employer identification number **84-0432950**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN HUMANE ASSOCIATION OF CALIFORNIA - 95-4705956, 11530 VENTURA BOULEVARD, STUDIO CITY, CA 91604	PREVENTION OF CRUELTY TO ANIMALS	CALIFORNIA	501(C)(3)	LINE 7	AMERICAN HUMANE ASSOCIATION	X	

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

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN HUMANE ASSOCIATION	Employer identification number (EIN) or 84-0432950
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1400 16TH STREET, NW, NO. 360	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CLIFFORD J. ROSE

- The books are in the care of ▶ **1400 16TH STREET, NW, SUITE 360 - WASHINGTON, DC 20036**
Telephone No. ▶ **202-677-4211** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

