

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)

2016Department 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.Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

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 AMERICAN HUMANE - FIRST TO SERVE		E Telephone number (202) 677-4227
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 18,226,067.
	1400 16TH STREET, NW	360	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ROBIN R. GANZERT, PHD SAME AS C ABOVE			
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			
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)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	94
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,781,059. Current Year 10,531,804.
	9	Program service revenue (Part VIII, line 2g)	3,042,937. 3,840,107.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,727. 308,291.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,704,927. 1,934,838.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,924,650. 16,615,040.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	153,626. 355,124.
	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)	6,359,577. 6,845,347.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	37,800. 70,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	1,409,848.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,249,209. 8,266,448.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,800,212. 15,536,919.
	19	Revenue less expenses. Subtract line 18 from line 12	3,124,438. 1,078,121.
	20	Total assets (Part X, line 16)	Beginning of Current Year 16,110,269. End of Year 17,344,181.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	3,200,074. 2,838,434.
	22	Net assets or fund balances. Subtract line 21 from line 20	12,910,195. 14,505,747.

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: <i>Robin R. Ganzert</i>		Date: 11/13/2017
	ROBIN R. GANZERT, PHD, PRESIDENT & CEO Type or print name and title		
Paid	Print/Type preparer's name JOANN WOODSON, CPA	Preparer's signature <i>Joann Woodson</i>	Date 11/13/2017
Preparer	Firm's name CALIBRE CPA GROUP/ PLLC	Firm's EIN 47-0900880	PTIN P01293745
Use Only	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 AccomplishmentsCheck 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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,432,543. including grants of \$ 25,000.) (Revenue \$ 2,626,181.)
HUMANE HOLLYWOOD

AMERICAN HUMANE'S "NO ANIMALS WERE HARMED " CERTIFICATION PROGRAM WAS - AND IS - THE FIRST TO SERVE IN THE PROTECTION OF ANIMALS IN FILM AND TELEVISION, SAFEGUARDING MILLIONS OF ANIMALS ON TENS OF THOUSANDS OF PRODUCTIONS WORLDWIDE FOR MORE THAN 75 YEARS. 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 MEET OUR RIGOROUS STANDARD OF CARE.

4b (Code:) (Expenses \$ 1,712,666. including grants of \$ 205,255.) (Revenue \$ 28,500.)
HUMANE RESCUE

OUR FAMED ANIMAL RESCUE PROGRAM WAS - AND IS - THE FIRST TO SERVE IN THE PROTECTION OF ANIMALS SUFFERING IN DISASTERS AND CRUELTY CASES. CELEBRATING MORE THAN 100 YEARS OF WORK, AMERICAN HUMANE RESCUE TEAMS SAVE 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 THESE PROGRAMS IS TO PROVIDE INTERVENTION FOR COMMUNITIES IN CRISIS AND TO HELP BUILD MORE HUMANE COMMUNITIES NATIONWIDE THROUGH INITIATIVES LIKE GRANTS, SHELTER SUPPORT AND HUMANE EDUCATION.

4c (Code:) (Expenses \$ 1,454,374. including grants of \$ 124,869.) (Revenue \$ 5,000.)
LOIS POPE LIFE CENTER FOR MILITARY AFFAIRS

FOR 100 YEARS, AMERICAN HUMANE HAS BEEN FIRST TO SERVE THOSE WHO SERVE OUR COUNTRY BY HELPING OUR NATION'S MILITARY HEROES ON THE BATTLEFIELD AND ON THE HOME FRONT. IN 1916 AMERICAN HUMANE DEPLOYED TO RESCUE AND CARE FOR 68,000 WAR HORSES WOUNDED EACH MONTH ON THE BATTLEFIELDS OF WORLD WAR I EUROPE. FOLLOWING WORLD WAR II WE HELPED PIONEER THE FIELD OF ANIMAL-ASSISTED THERAPY TO HELP RETURNING VETERANS READJUST TO CIVILIAN LIFE AND HELP CHILDREN OF MILITARY FAMILIES COPE DURING THEIR PARENTS' DEPLOYMENTS. TODAY, WE HELP OUR NATION'S MILITARY HEROES, TWO-LEGGED AND FOUR-LEGGED, WITH A WIDE RANGE OF LIFE-CHANGING, LIFE-SAVING PROGRAMS.

4d Other program services (Describe in Schedule O.)(Expenses \$ 3,477,629. including grants of \$) (Revenue \$ 1,180,426.)**4e** Total program service expenses **▶** 13,077,212.Form **990** (2016)

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a 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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d 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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 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>	18 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>	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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 OForm **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 70		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 94		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14			
b Enter the number of voting members included in line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

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.
☒ Own website ☐ Another's website ☒ 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 ContractorsCheck 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) CANDY SPELLING VICE CHAIR	2.00	X		X				0.	0.	0.
(3) WILLIAM ABBOTT DIRECTOR	1.00	X						0.	0.	0.
(4) DAWN ASSENZIO SECRETARY	2.00	X		X				0.	0.	0.
(5) MARTY BECKER, DVM DIRECTOR	1.00	X						0.	0.	0.
(6) AMANDA BOWMAN CHAIR OF CAPITAL CAMPAIGN	1.00	X		X				0.	0.	0.
(7) WILLIAM P. DAVIS, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(8) DEBRA S. FAIR DIRECTOR	1.00	X						0.	0.	0.
(9) LOIS POPE DIRECTOR	1.00	X						0.	0.	0.
(10) NAOMI JUDD DIRECTOR	1.00	X						0.	0.	0.
(11) J. MICHAEL MCFARLAND, DVM, DABV DIRECTOR	1.00	X						0.	0.	0.
(12) TIMOTHY LANE DIRECTOR	1.00	X						0.	0.	0.
(13) COL. SCOTT CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(14) DR. BRIAN BEALE DIRECTOR	1.00	X						0.	0.	0.
(15) ROBIN R. GANZERT PRESIDENT & CEO	40.00			X				372,607.	0.	26,364.
(16) CLIFFORD J. ROSE CHIEF FINANCIAL OFFICER	40.00			X				182,298.	0.	20,346.
(17) AUDREY LANG SVP & CHIEF OPERATING OFFI	40.00				X			191,775.	0.	26,469.

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) SHANNON (KWANE) STEWART CHIEF VETERINARY OFFICER,	40.00				X			197,931.	0.	17,864.
(19) MARK STUBIS CHIEF COMMUNICATIONS OFFICER	40.00				X			156,493.	0.	24,849.
(20) STEPHANIE CARMODY GENERAL COUNSEL	40.00				X			152,894.	0.	17,760.
(21) JASON A. HAAG NAT'L DIRECTOR, CENTER FOR MILITARY	40.00				X			127,795.	0.	839.
(22) MAREAN SPERO STEEN NAT'L DEPUTY DIRECTOR, HUMANE HOLLYWOOD	40.00				X			123,548.	0.	20,532.
1b Sub-total								1,505,341.	0.	155,023.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,505,341.	0.	155,023.

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 **13**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
LOCUST STREET GROUP, 100 M STREET SE, 6TH FLOOR, WASHINGTON, DC 20003	WEBSITE DESIGN AND IMPLEMENTATION	144,000.
DONALD E. HOENIG 1067 EAST WALDO RD, BELFAST, ME 04915	PROGRAM CONSULTING	104,076.

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 **2**

Part VIII Statement of RevenueCheck 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	121,502.				
	b Membership dues	1b					
	c Fundraising events	1c	121,659.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,288,643.				
	g Noncash contributions included in lines 1a-1f: \$		139,220.				
	h Total. Add lines 1a-1f			10,531,804.			
Program Service Revenue	2 a SERVICE FEES	Business Code 900099		3,151,707.	3,151,707.		
	b BROADCAST RIGHTS	900099		630,000.	630,000.		
	c CONFERENCES AND SEMINARS	900099		58,400.	58,400.		
	d						
	e						
	f All other program service revenue	900099					
	g Total. Add lines 2a-2f			3,840,107.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			304,552.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				1,964,326.			1,964,326.
6 a Gross rents		(i) Real	(ii) Personal				
		37,984.					
		b Less: rental expenses	0.				
		c Rental income or (loss)	37,984.				
d Net rental income or (loss)				37,984.			37,984.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		1,513,604.					
		b Less: cost or other basis and sales expenses	1,509,865.				
		c Gain or (loss)	3,739.				
d Net gain or (loss)				3,739.			3,739.
8 a Gross income from fundraising events (not including \$ 121,659. of contributions reported on line 1c). See Part IV, line 18		a		33,690.			
		b Less: direct expenses	b		101,162.		
		c Net income or (loss) from fundraising events			-67,472.		-67,472.
9 a Gross income from gaming activities. See Part IV, line 19		a					
		b Less: direct expenses	b				
	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	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				16,615,040.	3,840,107.	0.	2,243,129.

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	313,600.	313,600.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,524.	41,524.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	990,864.	574,341.	276,873.	139,650.
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	4,850,345.	4,214,975.	208,508.	426,862.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,837.	84,700.	1,541.	9,596.
9 Other employee benefits	493,466.	417,506.	25,505.	50,455.
10 Payroll taxes	414,835.	338,874.	34,052.	41,909.
11 Fees for services (non-employees):				
a Management				
b Legal	85,442.	72,248.	7,278.	5,916.
c Accounting	52,625.	44,499.	4,482.	3,644.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	70,000.			70,000.
f Investment management fees	31,511.	11,022.	8,494.	11,995.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,625,848.	2,279,582.	229,594.	116,672.
12 Advertising and promotion	432,177.	396,109.	8,933.	27,135.
13 Office expenses	719,740.	473,499.	30,269.	215,972.
14 Information technology	287,882.	243,427.	19,934.	24,521.
15 Royalties				
16 Occupancy	798,536.	668,638.	81,383.	48,515.
17 Travel	1,049,332.	922,498.	63,100.	63,734.
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	148,225.	138,276.	6,737.	3,212.
23 Insurance	119,712.	108,377.	442.	10,893.
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 SUBCONTRACTORS	935,865.	935,865.		
b TRADESHOWS AND EVENTS	515,046.	484,286.	11,069.	19,691.
c DONATED GOODS	139,220.	134,420.	4,800.	
d DUES AND SUBSCRIPTIONS	114,369.	53,266.	5,028.	56,075.
e All other expenses	210,918.	125,680.	21,837.	63,401.
25 Total functional expenses. Add lines 1 through 24e	15,536,919.	13,077,212.	1,049,859.	1,409,848.
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 SheetCheck 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	625,533.	1	675,148.
	2 Savings and temporary cash investments	1,036,559.	2	1,458,317.
	3 Pledges and grants receivable, net	3,810,980.	3	4,211,536.
	4 Accounts receivable, net	465,336.	4	537,115.
	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	659,612.	9	693,305.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,826,035.		
	b Less: accumulated depreciation	10b 1,245,052.	10c	580,983.
	11 Investments - publicly traded securities	3,773,158.	11	3,712,721.
	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	5,270,453.	15	5,475,056.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,110,269.	16	17,344,181.	
Liabilities	17 Accounts payable and accrued expenses	1,430,296.	17	1,097,674.
	18 Grants payable		18	
	19 Deferred revenue	252,913.	19	218,958.
	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	1,516,865.	25	1,521,802.
	26 Total liabilities. Add lines 17 through 25	3,200,074.	26	2,838,434.
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	1,741,522.	27	3,252,600.
	28 Temporarily restricted net assets	4,995,600.	28	4,762,900.
	29 Permanently restricted net assets	6,173,073.	29	6,490,247.
	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	12,910,195.	33	14,505,747.
	34 Total liabilities and net assets/fund balances	16,110,269.	34	17,344,181.

Form 990 (2016)

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	16,615,040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,536,919.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,078,121.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,910,195.
5	Net unrealized gains (losses) on investments	5	109,483.
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	407,948.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,505,747.

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
2b	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	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9859669.	7957572.	9049189.	11781059.	10531804.	49179293.
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	9859669.	7957572.	9049189.	11781059.	10531804.	49179293.
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)						7070114.
6 Public support. Subtract line 5 from line 4.						42109179.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9859669.	7957572.	9049189.	11781059.	10531804.	49179293.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1386933.	1690225.	2053505.	2140947.	2306862.	9578472.
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						58757765.
12 Gross receipts from related activities, etc. (see instructions)					12	12,877,037.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	71.67	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	67.85	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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"/>		

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 (explain in Part VI.) **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).		

Schedule A (Form 990 or 990-EZ) 2016

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

2016

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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) (2016)

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

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
<u>1</u>		\$ 564,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 1,929,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 250,000.	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.)

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

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	Employer identification number
AMERICAN HUMANE ASSOCIATION	84-0432950

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

If the organization answered "Yes," on 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," on 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," on 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

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 campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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) 2016

LHA

632041 11-10-16

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)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		15,536,919.	
e Total exempt purpose expenditures (add lines 1c and 1d)		15,536,919.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		926,846.	
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)		231,712.	
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	722,047.	805,408.	840,011.	926,846.	3,294,312.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,941,468.
c Total lobbying expenditures		68,550.			68,550.
d Grassroots nontaxable amount	180,512.	201,352.	210,003.	231,712.	823,579.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,235,369.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

2016.05000	AMERICAN HUMANE ASSOCIATION	71478	1
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SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open 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" on 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" on 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?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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" on 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 on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical 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 on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

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

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

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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,103,095.	1,113,898.	1,050,603.	822,709.	822,634.
b Contributions	6,000.	1,000.	70,000.	175,380.	
c Net investment earnings, gains, and losses	64,041.	18,320.	2,183.	52,514.	75.
d Grants or scholarships					
e Other expenditures for facilities and programs		30,123.	8,888.		
f Administrative expenses					
g End of year balance	1,173,136.	1,103,095.	1,113,898.	1,050,603.	822,709.

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 ☒ 87.33 %
 c Temporarily restricted endowment ☒ 12.67 %

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

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

- (i) unrelated organizations _____
 (ii) related organizations _____

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		49,182.	21,314.	27,868.
d Equipment		297,676.	240,546.	57,130.
e Other		1,479,177.	983,192.	495,985.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				580,983.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN CHARITABLE TRUSTS	5,475,056.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	5,475,056.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT-INTEREST	
(3) AGREEMENTS	1,176,478.
(4) DEFERRED LEASE INCENTIVES	345,324.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,521,802.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	30,887,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	109,483.
b	Donated services and use of facilities	2b	13,685,160.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	509,110.
e	Add lines 2a through 2d	2e	14,303,753.
3	Subtract line 2e from line 1	3	16,583,529.
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	31,511.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	31,511.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,615,040.

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

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

1	Total expenses and losses per audited financial statements	1	29,291,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,685,160.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	101,162.
e	Add lines 2a through 2d	2e	13,786,322.
3	Subtract line 2e from line 1	3	15,505,408.
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	31,511.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	31,511.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,536,919.

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:

AMERICAN HUMANE 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 AMERICAN HUMANE'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AMERICAN HUMANE HAD NO SIGNIFICANT TAXABLE INCOME OR INCOME TAX EXPENSE DURING THE CURRENT FISCAL YEAR.

AMERICAN HUMANE BELIEVES IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX EXEMPT STATUS. AMERICAN HUMANE'S TAX RETURNS FOR FISCAL YEARS 2013 THROUGH 2016 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	311,174.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	96,774.
DIRECT COSTS OF SPECIAL EVENTS	101,162.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	509,110.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COSTS OF SPECIAL EVENTS	101,162.
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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

2016Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN HUMANE ASSOCIATION

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	184,794.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	109,994.
SUB-SAHARAN AFRICA	0	0	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	11,889.
EAST ASIA AND THE PACIFIC	0	0	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.	ANIMAL SAFETY	15,758.
3 a Sub-total	0	0			322,435.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			322,435.

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

Schedule F (Form 990) 2016

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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2016

Part V

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. See instructions.

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.

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2016

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE LUKENS COMPANY - 2800 SHIRLINGTON RD, 9TH FLOOR,	FUNDRAISING COUNSEL		X	216,920.	63,000.	153,920.
IMPACT COMMUNICATIONS - 906 PENNSYLVANIA AVE., SE,	FUNDRAISING COUNSEL		X	75,349.	7,000.	68,349.
Total				292,269.	70,000.	222,269.

- 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MAR - A - LAGO (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	155,349.			155,349.
	2 Less: Contributions	121,659.			121,659.
	3 Gross income (line 1 minus line 2)	33,690.			33,690.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,000.			3,000.
	7 Food and beverages	41,297.			41,297.
	8 Entertainment	7,900.			7,900.
	9 Other direct expenses	48,965.			48,965.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				101,162.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-67,472.

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

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

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

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

b If "No," explain: _____

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: THE LUKENS COMPANY

(I) ADDRESS OF FUNDRAISER:

2800 SHIRLINGTON RD, 9TH FLOOR, ARLINGTON, VA 22206

(I) NAME OF FUNDRAISER: IMPACT COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 906 PENNSYLVANIA AVE., SE, WASHINGTON, DC 20005

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**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" on 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

2016

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" on 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
RETRIEVING FREEDOM 1148 230TH ST WAVERLY, IA 50677	45-3282513	501(C)(3)	10,000.	0.			THERAPY DOG
CANINES FOR SERVICE PO BOX 12643 WILMINGTON, NC 28405	56-2118747	501(C)(3)	7,500.	0.			THERAPY DOG
SERVICE DOGS FOR AMERICA 920 SHORT ST JUD, ND 58454	45-0427665	501(C)(3)	7,500.	0.			THERAPY DOG
MAIN LINE DEPUTY DOG 295 THREE TUN ROAD MALVERN, PA 19355	27-3560764	501(C)(3)	7,500.	0.			THERAPY DOG
CAT HAVEN 11130 N HARRELLS FERY ROAD BATON ROUGE, LA 70816	72-1454718	501(C)(3)	5,010.	0.			SHELTER SUPPORT
CATNIP FOUNDATION AT BIG SKY 15442 JACK FORK RD FOLSOM, LA 70437	47-4528787	501(C)(3)	18,000.	0.			SHELTER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18.

3 Enter total number of other organizations listed in the line 1 table 18.

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
CITY OF WALKER ANIMAL CONTROL 13740 BALL PARK ROAD WALKER, LA 70785			16,000.	0.			SHELTER SUPPORT
COMPANION ANIMAL RESCUE OF ASCENSION - 9894 AIRLINE - SORENTO, LA 70778	90-0877497	501(C)(3)	7,000.	0.			SHELTER SUPPORT
DR WALTER ERNST VETERIANRY MEMORIAL FUND - 101 IDLEWOOD BLVD - LAFAYETTE, LA 70506	72-1507753	501(C)(3)	20,000.	0.			SHELTER SUPPORT
DOG PEOPLE OF LIVINGSTON 14830 CARROL DRIVE WALKER, LA 70785	46-3229488	501(C)(3)	42,000.	0.			SHELTER SUPPORT
HUMANE SOCIETY OF LOUISIANA PO BOX 740321 NEW ORLEANS, LA 70774	58-1795272	501(C)(3)	23,000.	0.			SHELTER SUPPORT
LABS FOR LIBERTY PO BOX 633 MORGAN, UT 84050	47-2455313	501(C)(3)	15,000.	0.			THERAPY DOG
PAWS OF HONOR 6719 LOWELL AVENUE MCLEAN, VA 22101	47-5643489	501(C)(3)	11,644.	0.			THERAPY DOG
PETS FOR PATRIOTS 218 E PARK AVENUESUITE 53 LONG BEACH, NY 11561	27-1082210	501(C)(3)	7,500.	0.			THERAPY DOG
PURRS OF HOPE RESCUE 22003 W CHURCH ST HAMMOND, LA 70401	47-4823064	501(C)(3)	5,000.	0.			SHELTER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SEMPER K ASSISTANCE DOGS 14867 PRESTIGE DR WOODBIDGE, VA 22193	47-2671624	501(C)(3)	27,500.	0.			THERAPY DOG
SOI DOG FOUNDATION 2010 15TH ST SAN FRANCISCO, CA 94114	27-1600444	501(C)(3)	20,900.	0.			SHELTER SUPPORT
ST LANDRY PARISH ANIMAL CONTROL 255 HANGAR ROAD OPELOOSAS, LA 70570	72-6001256	501(C)(3)	27,400.	0.			SHELTER SUPPORT

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
VETERINARY CARE FOR SERVICE DOGS	22	41,524.	0.		
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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

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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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" 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 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 (such as, 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 on 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 on 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 on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on 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) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND BOARD MEMBERS ARE PERMITTED

TO TRAVEL FIRST CLASS ON DOMESTIC FLIGHTS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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Inspection**

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AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM ABBOTT

(D) DESCRIPTION OF TRANSACTION: WILLIAM ABBOTT IS A BOARD MEMBER OF THE ORGANIZATION, AND HE IS ALSO THE PRESIDENT & CEO OF CROWN MEDIA HOLDINGS, INC. THE COMPANY PAYS THE ORGANIZATION HERO DOG AWARDS BROADCAST RIGHTS FEE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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- ▶ 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 ▶ (<u>SUPPLIES FOR</u>)	X	35	103,191.	ESTIMATED FAIR VALUE
26 Other ▶ (<u>DONATIONS FOR</u>)	X	1	24,865.	ESTIMATED FAIR VALUE
27 Other ▶ (<u>HUMANE CONSER</u>)	X	1	6,364.	ESTIMATED FAIR VALUE
28 Other ▶ (<u>EXECUTIVE DON</u>)	X	1	4,800.	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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.

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AMERICAN HUMANE ASSOCIATION

Employer identification number
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FORM 990, PART I, DOING BUSINESS AS:

AMERICAN HUMANE - FIRST TO SERVE

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

FOUNDED IN 1877, AMERICAN HUMANE ASSOCIATION, DBA AMERICAN HUMANE -
FIRST TO SERVE (AMERICAN HUMANE) IS COMMITTED TO ENSURING THE SAFETY,
WELFARE AND WELL-BEING OF ANIMALS. OUR LEADERSHIP PROGRAMS ARE FIRST
TO SERVE IN PROMOTING AND NURTURING THE BONDS BETWEEN ANIMALS AND
HUMANS.

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

FOUNDED IN 1877, AMERICAN HUMANE ASSOCIATION, DBA AMERICAN HUMANE -
FIRST TO SERVE (AMERICAN HUMANE) IS COMMITTED TO ENSURING THE SAFETY,
WELFARE AND WELL-BEING OF ANIMALS. OUR LEADERSHIP PROGRAMS ARE FIRST
TO SERVE IN PROMOTING AND NURTURING THE BONDS BETWEEN ANIMALS AND
HUMANS.

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

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 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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization	AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
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ALLEGATIONS OF ANIMAL MISTREATMENT OR ABUSE, THROUGHOUT THE LIFE OF THE 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'S GUIDELINES FOR THE SAFE USE OF ANIMALS IN FILMED MEDIA (GUIDELINES) WITH SPECIALLY TRAINED CERTIFIED ANIMAL SAFETY REPRESENTATIVES.

OUR CERTIFIED ANIMAL SAFETY REPRESENTATIVES MONITORED 66 PERCENT OF ANIMAL ACTION FOR A TOTAL OF 2,956 PRODUCTION DAYS. PROGRAM COVERAGE IS SIGNIFICANT FOR INTENSE ANIMAL ACTION IN FILMED MEDIA. THE NO ANIMALS WERE HARMED CERTIFIED ANIMAL SAFETY REPRESENTATIVES MONITORED 80 PERCENT OF ALL INTENSE ANIMAL ACTION REPRESENTING 2,144 PRODUCTION DAYS FOR U.S. AND INTERNATIONAL PRODUCTIONS. THE PROGRAM ISSUED 1,044 RATINGS AND AWARDED 946 "NO ANIMALS WERE HARMED " END-CREDIT CERTIFICATIONS.

THE PRODUCTION COMMUNITY HAS CONTINUED TO EMBRACE OUR NEW FEE-FOR-SERVICE BUSINESS MODEL, IMPLEMENTED IN 2014 TO CLOSE THE GAP BETWEEN THE COST OF RUNNING OUR PROGRAM AND OUR GRANT AWARDS FROM THE INDUSTRY ADVANCEMENT AND COOPERATIVE FUND - SAG AND INDUSTRY COOPERATIVE FUND - AFTRA, DEMONSTRATING THE VALUE THEY PLACE ON OUR WORK AND MISSION TO PROTECT ANIMAL ACTORS.

HUMANE HOLLYWOOD EDUCATED MILLIONS WITH AMERICAN HUMANE HERO DOG AWARDS, A PROGRAM INITIATIVE DESIGNED TO INSPIRE MILLIONS WHILE EDUCATING THEM ON THE POWER OF THE HUMAN-ANIMAL BOND AND THE ROLE OF

Name of the organization	AMERICAN HUMANE ASSOCIATION	Employer identification number	84-0432950
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WORKING DOGS IN SOCIETY. THE NATIONAL TELEVISION BROADCAST OF THE SIXTH ANNUAL AMERICAN HUMANE HERO DOG AWARDS FEATURING JAMES DENTON, BETH STERN, KATHARINE MCPHEE AND MANY MORE WAS PRESENTED ON THE HALLMARK CHANNEL ON OCTOBER 28, 2016.

EIGHT COURAGEOUS DOGS FROM AROUND THE COUNTRY WERE HONORED FOR THEIR ACTS OF BRAVERY AND COMPASSION, INCLUDING EMERGING HERO DOG HOOCH, AN ABUSED FRENCH MASTIFF WHO WAS RESCUED AND NOW WORKS WITH CHILDREN AND HIS LOCAL COMMUNITY. ADDITIONALLY, THROUGH OUR AMERICAN HUMANE HERO VETERINARIAN AND HERO VETERINARY TECHNICIAN AWARDS, WE NAMED DR. NATALIE ISAZA AMERICAN HUMANE'S AMERICAN HERO VETERINARIAN AND KIM KNAP THE 2016 AMERICAN HERO VETERINARY TECHNICIAN.

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

-IN THE PAST YEAR, OUR ANIMAL RESCUE TEAMS WITH THEIR NEARLY 250 HIGHLY TRAINED VOLUNTEER FIRST RESPONDERS NATIONWIDE HELPED PROVIDE 545,384 FREE MEALS TO SHELTER ANIMALS, AND SAVED AND SHELTERED 6,703 MORE ANIMALS CAUGHT IN THE WAKE OF DEADLY HURRICANES, FLOODS, AND WILDFIRES. WITH OUR HELP, THESE BEAUTIFUL ANIMALS ARE NOW SAFE AND BACK WITH THEIR FAMILIES OR RETURNED TO THE WILD.

-A RESCUE MISSION IN FLOOD-RAVAGED WEST VIRGINIA: AS HORRIFIC FLOOD WATERS RAVAGED WEST VIRGINIA, AMERICAN HUMANE RESCUE RACED TO THE SCENE TO HELP THE ANIMAL VICTIMS OF THE DISASTER. OUR TEAM OF TRAINED EMERGENCY RESPONDERS AND TWO OF OUR 50-FOOT RESCUE VEHICLES DEPLOYED TO CHARLESTON, WHERE WITH THE GENEROUS HELP OF BANFIELD PET HOSPITAL WE OFFERED FREE FIRST-AID AND WELLNESS CHECKS TO LOCAL PET OWNERS, ADMINISTERED VACCINES, AND PROVIDED OPERATIONAL SUPPORT TO LOCAL ANIMAL SHELTERS, WHICH WERE COMPLETELY OVERWHELMED BY THE VOLUME OF DEMAND.

Name of the organization	AMERICAN HUMANE ASSOCIATION	Employer identification number	84-0432950
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-EARLY MORNING CRUELTY RAID FREES 47 ANIMALS: THE AMERICAN HUMANE RESCUE TEAM, ACCOMPANIED BY ONE OF ITS 50-FOOT EMERGENCY VEHICLES AND TWO F-350 TRUCKS, DEPLOYED TO TENNESSEE TO PARTICIPATE IN A DRAMATIC EARLY MORNING RAID AIMED AT SAVING, REHABILITATING, AND CARING FOR 46 CATS AND A DOG SEIZED FROM A HOME. THE ANIMALS WERE REMOVED AND TAKEN TO A TEMPORARY EMERGENCY ANIMAL SHELTER FACILITY WHERE THEY WERE GIVEN FOOD, MEDICAL TREATMENT, AND INTENSIVE 24-HOUR CARE UNTIL THEY WERE OUT OF DANGER.

-SAVING THE ANIMAL VICTIMS OF THE LOUISIANA FLOODS: AS THE FLOOD WATERS ROSE IN LOUISIANA, OUR RESCUE TEAM RUSHED TO THE HEART OF THE DEVASTATION TO HELP THE ANIMAL VICTIMS OF THE CATASTROPHE, WHICH WAS CONSIDERED TO BE ONE OF THE WORST NATURAL DISASTERS TO STRIKE THE UNITED STATES SINCE SUPERSTORM SANDY IN 2012. AMERICAN HUMANE RESCUE DEPLOYED A TEAM OF TRAINED FIRST RESPONDERS AND TWO OF OUR 50-FOOT EMERGENCY VEHICLES TO FIND AND RECOVER LOST PETS, PROVIDE VETERINARY CARE AND ATTENTION, DISTRIBUTE FOOD, MEDICINE AND SUPPLIES, AND MANAGE DAY-TO-DAY OPERATIONS AT LOCAL SHELTERS. THESE EFFORT WERE RECOGNIZED BY WALMART ON THE ELLEN DEGENERES SHOW AND RESULTED IN A SIZEABLE GRANT TO EXPAND OUR WORK WITH LOCAL ORGANIZATIONS IN THE BATON ROUGE AREA.

-FIRST TO SERVE IN STRICKEN SOUTH CAROLINA: AS DEADLY HURRICANE MATTHEW NEARED THE EAST COAST, AMERICAN HUMANE RESCUE RECEIVED AN URGENT REQUEST FOR HELP FROM A SHELTER IN NORTH MYRTLE BEACH, WHICH WAS LOCATED IN THE PATH OF THE HURRICANE. JEFF, ONE OF OUR FIRST RESPONDERS, IMMEDIATELY LEAPT INTO ACTION, DRIVING NINE HOURS WITH HIS THREE-LEGGED GERMAN SHEPHERD, DUALY, TO REACH THE SHELTER BEFORE THE

Name of the organization	AMERICAN HUMANE ASSOCIATION	Employer identification number	84-0432950
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STORM. ONCE THERE, JEFF HELPED PREPARE THE ANIMAL SHELTER FOR THE COMING HURRICANE. AFTER THE CENTER'S EMPLOYEES LEFT TO BE WITH THEIR FAMILIES, JEFF AND DUALY DUG IN AND RODE OUT THE STORM AS THE SOLE GUARDIANS OF THE SHELTER'S 166 ANIMALS. OUR TEAM THEN DEPLOYED TO OKATIE IN ONE OF THE HARDEST-HIT AREAS TO SET UP AN EMERGENCY CENTER FOR ANIMALS AND HELP THE LOCAL SHELTER IN ITS RESCUE AND RECOVERY EFFORTS. AMERICAN HUMANE RESCUE DISTRIBUTED THOUSANDS OF POUNDS OF FOOD AND PET SUPPLIES, OPERATED VETERINARY CLINICS FOR INJURED AND ILL ANIMALS, AND REUNITED LOST AND SCARED PETS WITH THEIR BELOVED FAMILY MEMBERS.

-HELPING HOMELESS PETS IN THE TENNESSEE WILDFIRES: OUR RESCUE TEAM RUSHED TO ASSIST ANIMALS LEFT HOMELESS BY THE RAGING TENNESSEE WILDFIRES, PROVIDING CARE AND COMFORT TO BOTH PETS AND THEIR OWNERS WHO WERE DISPLACED BY THE DEADLY INFERNO.

-IN THE PAST YEAR, AMERICAN HUMANE'S SECOND CHANCE FUND PROVIDED MEDICAL AND EMERGENCY FUND GRANTS TO LOCAL SHELTERS AND RESCUE GROUPS. THE MEACHAM FUND PROVIDED CAPITAL SUPPORT GRANTS TO VARIOUS ORGANIZATIONS TO PROVIDE RESOURCES TO HELP ANIMALS IN NEED.

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

HERE ARE JUST SOME OF OUR VICTORIES DURING THE PAST YEAR:

-LAUNCHED A NEW NATIONAL RESOURCE FOR AMERICA'S HEROES: TO SERVE OUR NATION'S HUMAN AND ANIMAL MILITARY HEROES, WE INAUGURATED THE LOIS POPE LIFE CENTER FOR MILITARY AFFAIRS. THIS MAJOR NEW RESOURCE, FOUNDED

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THROUGH THE GENEROSITY OF RENOWNED PHILANTHROPIST AND PASSIONATE VETERANS' ADVOCATE LOIS POPE, IS INSTRUMENTAL IN AMERICAN HUMANE'S EFFORTS TO SUPPORT OUR ARMED FORCES, WORKING TO REPATRIATE AND REUNITE RETIRED MILITARY HERO DOGS WITH THEIR HANDLERS, HELPING VETERANS STRUGGLING WITH POST-TRAUMATIC STRESS (PTS) TO OBTAIN LIFESAVING SERVICE DOGS, AND PROVIDING FREE HEALTHCARE TO AMERICA'S FOUR-LEGGED WARRIORS WHO HAVE COMPLETED THEIR SERVICE TO OUR COUNTRY.

-REUNITED OUR HEROES: AMERICAN HUMANE REUNITED TWO MILITARY HERO DOG TEAMS THIS YEAR. MILITARY WORKING DOGS PROTECT OUR TROOPS AND IT IS ESTIMATED THAT EACH ONE SAVES THE LIVES OF APPROXIMATELY 150 TO 200 SERVICEMEN AND WOMEN. DESPITE THEIR HEROIC SERVICE, NOT ALL OF THESE WARRIORS COME HOME AND ARE REUNITED WITH THE BATTLE BUDDIES WHO MEAN SO MUCH TO THEM. TO HELP ENSURE THAT ALL OUR VETERANS COME HOME - INCLUDING OUR FOUR-LEGGED ONES - AMERICAN HUMANE HAS BEEN WORKING TO REPATRIATE AND REUNITE THESE LIFESAVING TEAMS. TO DATE, WE HAVE HELPED BRING 34 TEAMS BACK TOGETHER TO ENJOY THE HAPPY, HEALTHY RETIREMENTS THEY SO RICHLY DESERVE.

-PROVIDED FREE HEALTHCARE FOR RETIRED MILITARY DOGS: OUR WORKING DOGS MEDICAL CARE PROGRAM WAS ABLE TO ASSIST WITH HEALTHCARE FOR 12 RETIRED MILITARY WORKING DOGS. WE CURRENTLY HAVE 43 RETIRED MILITARY DOGS ON OUR ROSTER TO ENSURE THEY RECEIVE THE MEDICAL CARE NEEDED FOR A PAIN-FREE AND HAPPY RETIREMENT.

-WORKED TO MAKE SERVICE DOGS AVAILABLE TO VETERANS: EVERY DAY 184 VETERANS ARE DIAGNOSED WITH PTS AND, TRAGICALLY, 20 TAKE THEIR OWN LIVES. WHERE MEDICINES AND TRADITIONAL THERAPY FAIL, TRAINED SERVICE

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DOGS CAN SUCCEED. HOWEVER, THERE ARE FAR TOO FEW APPROPRIATELY TRAINED LIFESAVING ANIMALS TO MEET THE NEED, THE PROCESS OF OBTAINING ONE IS COMPLEX AND CAN TAKE BETWEEN 18-24 MONTHS, AND EACH MAY COST UPWARDS OF \$20,000 - OUT OF REACH FOR MANY VETERANS. THE BENEFITS OF PAIRING VETERANS AND SERVICE DOGS ARE GREAT, SINCE MANY ANIMALS COME FROM SHELTERS, MEANING THAT TWO LIVES MAY BE SAVED. TO HELP THIS EFFORT, AMERICAN HUMANE:

PROVIDED 27 GRANTS TO HELP VETERANS SECURE LIFESAVING SERVICE DOGS. HOSTED A NATIONAL CONVENING OF EXPERTS TO DEVELOP BEST PRACTICE TRAINING STANDARDS AND CREDENTIALING FOR PTS SERVICE DOGS FOR VETERANS WITH THE GENEROUS SUPPORT OF SCHULTZ FAMILY FOUNDATION AND MARS PETCARE US. THIS WILL MEAN NOT ONLY MORE AND BETTER-TRAINED SERVICE DOGS FOR VETERANS IN NEED, BUT IMPROVEMENTS IN ACCESS TO PUBLIC SPACES AND TRANSPORTATION.

DEVELOPED A FREE "GUIDE TO GETTING A PTS SERVICE DOG" BROCHURE TO HELP MILITARY VETERANS OBTAIN PTS SERVICE DOGS. SPONSORED BY NCR FOUNDATION AND THE SCHULTZ FAMILY FOUNDATION, COPIES WERE PROVIDED IN PRINTED AND ONLINE FORM TO VETERANS SERVICE ORGANIZATIONS, V.A. CLINICS AND OTHER NON-PROFITS.

CREATED NATIONAL TELEVISION AND RADIO PUBLIC SERVICE ANNOUNCEMENTS WITH NHL STAR MATT MARTIN, OFFERING OUR FREE GUIDE TO GETTING A PTS SERVICE DOG, HELPING GET THEM THE TOOLS TO HELP THEM FIGHT THE INVISIBLE WOUNDS OF WAR AND WIN THEIR PERSONAL BATTLE AT HOME.

-HONORED OUR BRAVEST THE LOIS POPE LIFE K-9 MEDAL OF COURAGE:

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MILITARY DOGS EACH SAVE AN ESTIMATED 100-150 LIVES DURING THE COURSE OF THEIR SERVICE, BUT RARELY GET THE RECOGNITION THEY DESERVE. TO CHANGE THIS, AMERICAN HUMANE AND PHILANTHROPIST LOIS POPE TEAMED UP TO CREATE THE NATION'S HIGHEST HONOR FOR MILITARY DOGS: THE ANNUAL LOIS POPE LIFE K-9 MEDAL OF COURAGE. THE INAUGURAL AWARDS HONORED FOUR HEROIC DOGS ON CAPITOL HILL, ATTENDED BY MEMBERS OF CONGRESS AND TOP MILITARY LEADERS INCLUDING COMMANDANT OF THE USMC GENERAL ROBERT B. NELLER, FIRST SGT. MATT EVERSMANN (RET.), THE HERO OF MOGADISHU WHOSE STORY INSPIRED THE FILM "BLACK HAWK DOWN"; AND USMC COL. SCOTT CAMPBELL, COMMANDING OFFICER OF THE WOUNDED WARRIOR REGIMENT IN QUANTICO, VA. THE AWARDS WERE COVERED BY ABC NEWS, THE BBC WORLD SERVICE, TOP MILITARY PUBLICATIONS, AND OTHER MEDIA AROUND THE WORLD. "THESE REMARKABLE DOGS WORK SIDE-BY-SIDE WITH THE MEN AND WOMEN OF OUR ARMED FORCES, PERFORMING VITALLY IMPORTANT AND LIFE-SAVING WORK, WHILE PUTTING THEIR OWN LIVES ON THE LINE FOR OUR COUNTRY," SAID LOIS POPE. "IT IS HIGH TIME THAT THEIR VALIANT SACRIFICES AND CONTRIBUTIONS TO OUR NATION AND OUR MEN AND WOMEN IN UNIFORM ARE PROPERLY RECOGNIZED AT THE HIGHEST LEVELS."

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

FARM ANIMAL PROGRAM

THE AMERICAN HUMANE FARM ANIMAL PROGRAM WAS - AND IS - THE FIRST TO SERVE IN HELPING TO ENSURE THE WELFARE OF ANIMALS LIVING ON OUR NATION'S FARMS AND RANCHES. OUR AMERICAN HUMANE CERTIFIED FARM ANIMAL WELFARE CERTIFICATION PROGRAM IS THE OLDEST, LARGEST, AND FASTEST-GROWING AUDITING AND CERTIFICATION EFFORT IN THE COUNTRY. THE PURPOSE OF THIS VITAL PROGRAM IS TO IMPROVE AND VERIFY THE TREATMENT OF

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ANIMALS ON OUR NATION'S FARMS AND RANCHES UTILIZING EVIDENCE AND
SCIENCE-BASED WELFARE STANDARDS, AND TO EDUCATE CONSUMERS AND PEOPLE
INVOLVED IN THE FOOD SUPPLY CHAIN ABOUT THE SIGNIFICANCE AND BENEFITS
OF THE HUMANE TREATMENT OF FARM ANIMALS.

THIS PROGRAM CERTIFIES THE HUMANE TREATMENT OF MORE ANIMALS IN FOOD
PRODUCTION THAN ANY OTHER. FARM ANIMAL WELFARE STANDARDS ARE REGULARLY
REVIEWED BY THE PROGRAM'S SCIENTIFIC ADVISORY COMMITTEE, AN
INTERNATIONAL GROUP OF ANIMAL SCIENCE EXPERTS, VETERINARIANS, AND
ETHICISTS. THIRD-PARTY AUDITS ARE CONDUCTED ANNUALLY BY INDEPENDENT
AUDITORS, AND ARE BASED ON OBJECTIVE, MEASURABLE, SCIENCE-BASED
CRITERIA. THIS YEAR NEARLY 200 MILLION MORE ANIMALS ON 363 FARMS AND
RANCHES CAME UNDER OUR SCIENCE-BASED PROTECTIONS. THE PROGRAM NOW
COVERS MORE THAN 8,000 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, BEEF,
PORK, AND EGGS. AN OUTREACH INITIATIVE WITH CHEFS PROVIDES AN ONLINE
"HUMANE TABLE" FEATURING RESTAURANTS AND RECIPES USING HUMANELY RAISED
PRODUCTS. AMERICAN HUMANE REACHED MILLIONS OF PEOPLE THROUGH ITS
NATIONAL TELEVISION PUBLIC SERVICE ANNOUNCEMENT, ASKING THEM TO HELP
BUILD A MORE HUMANE WORLD FOR ANIMALS RAISED ON FARMS AND RANCHES BY
CHOOSING HUMANELY RAISED FOODS. THE MESSAGE WAS SO WELL-RECEIVED THAT
THE PSA WAS IN THE TOP 10 PERCENT OF MOST-PLAYED PUBLIC SERVICE
ANNOUNCEMENTS IN THE COUNTRY.

EXPENSES \$ 1,876,788. INCLUDING GRANTS OF \$ 0. REVENUE \$ 813,546.

HUMANE CONSERVATION

AMERICAN HUMANE ONCE AGAIN DEMONSTRATED HOW IT IS FIRST TO SERVE THE

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WORLD'S ANIMALS, INCLUDING MANY OF THE MOST REMARKABLE AND ENDANGERED SPECIES ON EARTH, WHEN IT LAUNCHED ITS NEW HUMANE CONSERVATION CERTIFICATION PROGRAM IN JUNE 2016. AS HABITATS DISAPPEAR AND ENVIRONMENTS CHANGE, LEAVING ANIMALS TO FACE WHAT SCIENTISTS ARE CALLING A "SIXTH MASS EXTINCTION" WITH SPECIES DISAPPEARING AT A RATE OF 8 TO 100 TIMES HIGHER THAN EXPECTED, ZOOS, AQUARIUMS AND CONSERVATION CENTERS HAVE BECOME MODERN ARKS OF HOPE FOR MANY CREATURES, PLAYING A MORE VITAL ROLE THAN EVER BEFORE.

TO FILL THIS VITAL NEED, AMERICAN HUMANE HAS DEVELOPED THE FIRST-EVER INDEPENDENT, SCIENTIFIC AND EVIDENCE-BASED THIRD-PARTY HUMANE CERTIFICATION STANDARDS FOCUSED SOLELY ON THE ANIMALS LIVING IN THESE INSTITUTIONS. CREATED AND BACKED BY THE MOST WELL-RESPECTED, ICONIC NAMES IN SCIENCE, ANIMAL WELFARE, ETHICS, AND CONSERVATION, THESE NEW STANDARDS WILL HELP ENSURE THE WELFARE AND HUMANE TREATMENT OF THE ANIMALS IN HUMAN CARE AT THE WORLD'S ZOOS, AQUARIUMS AND CONSERVATION CENTERS. ADDING ANOTHER LEVEL OF RIGOR, THE IMPLEMENTATION OF THESE COMPREHENSIVE STANDARDS WILL BE VERIFIED BY INDEPENDENT AUDITOR. SINCE ITS LAUNCH IN JUNE 2016, AMERICAN HUMANE HAS CERTIFIED 20 GLOBAL INSTITUTIONS WITH 25 FACILITIES IN 7 DIFFERENT COUNTRIES, PROTECTING THE NEARLY 250,000 ANIMALS THAT RESIDE IN THESE CERTIFIED FACILITIES. THIS NEW PROGRAM WILL HELP ENSURE THE WELFARE AND HUMANE TREATMENT OF THE MILLIONS OF ANIMALS IN THE WORLD'S ZOOS AND AQUARIUMS, AND SHINE A BRIGHT LIGHT ON THOSE INSTITUTIONS THAT ARE DOING REMARKABLE WORK IN PRESERVING THE CREATURES OF THE EARTH AND BUILDING NEW GENERATIONS OF AMBASSADORS FOR THE WORLD'S ANIMALS.

EXPENSES \$ 1,193,969. INCLUDING GRANTS OF \$ 0. REVENUE \$ 359,788.

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HUMANE RESEARCH

SCIENCE IS THE FOUNDATION FOR ALL OF AMERICAN HUMANE'S PROGRAMS, AND WE ARE COMMITTED TO CONTINUING OUR LEGACY OF PROVIDING EVIDENCE-BASED SOLUTIONS FOR THE HUMANE MOVEMENT FOR THE BENEFIT OF CHILDREN AND ANIMALS, WHILE PROMOTING THE POWER OF THE HUMAN-ANIMAL BOND. OUR HUMANE RESEARCH WORK ADDRESSES CHALLENGES IMPACTING THE MOST VULNERABLE IN SOCIETY. AMERICAN HUMANE 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 IN PARTNERSHIP WITH ZOETIS, WAS CONDUCTED 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 (CCC) STUDY IS A RANDOMIZED, CONTROLLED TRIAL THAT EXAMINES SPECIFIC HEALTH EFFECTS THAT ANIMAL-ASSISTED THERAPY HAS 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 IS PROVIDING EMPIRICAL EVIDENCE OF THE BENEFITS. THE STUDY'S FINAL RESULTS ARE BEING UNVEILED IN LATE 2017 AND PUBLISHED IN THE JOURNAL OF PEDIATRIC ONCOLOGY NURSING.

-AMERICAN HUMANE WORKED WITH HABRI AND PET CARE TRUST TO PRESENT THE RESULTS OF OUR PETS IN THE CLASSROOM STUDY, WHICH INDICATED GROWTH IN SOCIAL SKILLS, LEADERSHIP AND EMPATHY AMONG STUDENTS WHO HAD AN ANIMAL IN THE CLASSROOM.

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-AMERICAN HUMANE GAVE TWO PRESENTATIONS AT THE INTERNATIONAL SOCIETY OF ANTHROZOOLOGY (ISAZ) CONFERENCE IN SACRAMENTO, CA.

-PROVIDING HOPE, HELP AND COMFORT TO COMMUNITIES IN CRISIS. AMERICAN HUMANE CONTINUED IN ITS FOURTH YEAR OF PARTNERING WITH THE WEATHER CHANNEL TO PROVIDE THE SERVICES OF "BUTLER" THE WEATHER CHANNEL THERAPY DOG WHO, WITH HIS AMERICAN HUMANE HANDLER, VISITS COMMUNITIES NATIONWIDE THAT HAVE BEEN IMPACTED BY SEVERE WEATHER. THEY TRAVELED TOGETHER TO LUMBERTON, NORTH CAROLINA FOLLOWING THE DEVASTATING FLOODING FROM HURRICANE MATTHEW, TO ALBANY, GEORGIA FOLLOWING THE EF-3 TORNADO, AND TO GOLDEN, COLORADO FOR TWO NATIONAL SEGMENTS ABOUT DISASTER PREPAREDNESS FOR PETS, REACHING INTO 100 MILLION HOMES. EXPENSES \$ 406,872. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,092.

PUBLIC EDUCATION, PREVENTION, AND OUTREACH

BUILDING A BETTER WORLD REQUIRES THE PARTICIPATION OF ALL. SINCE THE FOUNDING OF AMERICAN HUMANE IN 1877, WE HAVE UNDERSTOOD THAT IDENTIFYING CHALLENGES, CRAFTING SOLUTIONS, AND ENGAGING OTHERS TO HELP IMPLEMENT THEM, ARE VITAL TO SUCCESS. THEREFORE, WE HAVE INVESTED HEAVILY IN PUBLIC EDUCATION, PREVENTION, AND OUTREACH TO HELP THE BROADER WORLD BETTER UNDERSTAND THE KEY HUMANE ISSUES FACING ANIMALS AND GIVE THEM THE PERSPECTIVE AND TOOLS TO HELP EFFECT CHANGE.

THIS PAST YEAR, WE REACHED SIGNIFICANT NUMBERS OF PEOPLE THROUGH NATIONAL CAMPAIGNS DESIGNED TO ENSURE THE SAFETY, WELFARE AND WELL-BEING OF ANIMALS, AND PROMOTE AND NURTURE THE BONDS BETWEEN

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ANIMALS AND HUMANS.

-BE KIND TO ANIMALS WEEK

IN 2016 WE MARKED THE 101ST YEAR OF OUR ICONIC "BE KIND TO ANIMALS WEEK", " THE MOST SUCCESSFUL PUBLIC-EDUCATION EFFORT AND LONGEST-RUNNING COMMEMORATIVE WEEK IN U.S. HISTORY. THIS NATIONWIDE EFFORT REACHED MILLIONS OF AMERICAN SCHOOLCHILDREN WITH EDUCATIONAL CURRICULA, CLASSROOM POSTERS AND TEACHING MATERIALS AND AN ELECTRONIC WEB RESOURCE PROMOTING FOUR SIMPLE WAYS THEY (AND THEIR PARENTS) CAN HELP IN CREATING A KINDER WORLD FOR ANIMALS.

-NATIONAL TELEVISION PUBLIC SERVICE ANNOUNCEMENTS

AMERICAN HUMANE REACHED HUNDREDS OF MILLIONS OF PEOPLE THROUGH THREE NEW NATIONAL TELEVISION AND RADIO PUBLIC SERVICE ANNOUNCEMENTS. THE FIRST, WHICH IS NARRATED BY ALISON SWEENEY AND ENCOURAGES PEOPLE TO TEACH CHILDREN THE VALUE OF TREATING ANIMALS WITH KINDNESS, RANKED IN THE TOP 10 PERCENT OF ALL PUBLIC SERVICE ANNOUNCEMENTS NATIONWIDE - A FORMIDABLE ACHIEVEMENT. THE SECOND, NARRATED BY NATIONAL HOCKEY LEAGUE (NHL) STAR MATT MARTIN, PROVIDES A FREE GUIDE TO VETERANS STRUGGLING WITH PTS TO HELP THEM OBTAIN A LIFESAVING SERVICE DOG. THE THIRD, FEATURING RENOWNED WILDLIFE CONSERVATIONIST JEFF CORWIN, URGES PEOPLE TO HELP PRESERVE AND PROTECT THE DISAPPEARING AND MAGNIFICENT CREATURES OF THE EARTH BY SUPPORTING HUMANE CERTIFIED ZOOS AND AQUARIUMS.

-TEACHING THE NEXT GENERATION TO CARE FOR EARTH'S REMARKABLE & ENDANGERED CREATURES

AS SCIENTISTS TELL US THE EARTH IS GOING THROUGH A "SIXTH MASS EXTINCTION" WITH SPECIES DISAPPEARING AT A RATE 8-100 TIMES HIGHER THAN EXPECTED, MAKING SURE THAT WE GIVE THE NEXT GENERATION WITH AN

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APPRECIATION AND LOVE FOR THE WORLD'S REMARKABLE AND ENDANGERED ANIMALS IS CRITICAL. TO DO THIS, AMERICAN HUMANE WORKED WITH HUMANE CERTIFIED ZOOS, AQUARIUMS, AND CONSERVATION CENTERS WORLDWIDE TO CREATE A SERIES OF BOOKS FOR SCHOOLCHILDREN TO BUILD IN THEM A LOVE AND APPRECIATION FOR THE WORLD'S ANIMALS. PARTNERING WITH THE HUGE SUCCESSFUL PUBLISHER, CHICKEN SOUP FOR THE SOUL, AMERICAN HUMANE RELEASED THREE BOOKS TARGETED TO ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND HIGH SCHOOL, WHICH ARE BEING DISTRIBUTED TO SCHOOLS REACHING 92 PERCENT OF ALL U.S. SCHOOL CHILDREN OVER FIVE YEARS. WE BELIEVE THIS TO BE A VITALLY IMPORTANT PROJECT SINCE WE WILL ONLY PROTECT WHAT WE LOVE, AND WE CANNOT LOVE WHAT WE DON'T KNOW. THE PRESERVATION OF THE WORLD'S CREATURES DEPENDS ON EACH GENERATION UNDERSTANDING, EMBRACING, AND PROTECTING THE ANIMALS WITH WHICH WE SHARE THE EARTH.

-INTERNATIONAL CONFERENCES AND INFLUENCE

AMERICAN HUMANE COHOSTED THE SECOND WORLD CONGRESS ON ANIMAL WELFARE IN MEXICO CITY AND DELIVERED THE KEYNOTE ADDRESS, "HUMANE CONSERVATION," A DETAILED LOOK AT THE NEED TO PRESERVE AND PROTECT EARTH'S VANISHING SPECIES. AMERICAN HUMANE ALSO KEYNOTED THE WORLD DAIRY SUMMIT IN ROTTERDAM WITH A SPEECH "ARE COWS TREATED WELL ENOUGH?" AMERICAN HUMANE PRESIDENT AND CEO DR. ROBIN GANZERT AND A CONTINGENT OF AMBASSADORS HELD HIGH-LEVEL MEETINGS WITH OFFICIALS FROM HONG KONG'S OCEAN PARK, WHICH WE GAVE OUR HUMANE CERTIFIED SEAL, THE DEPARTMENT OF FISHERIES, CONSERVATION, AGRICULTURE, AND OTHER KEY ORGANIZATIONS WITH IMPACTS ON ANIMALS.

-MEDIA CAMPAIGNS

EACH YEAR, AMERICAN HUMANE REACHES MILLIONS OF PEOPLE ACROSS THE

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COUNTRY AND AROUND THE GLOBE WITH VALUABLE INFORMATION, ADVOCACY CAMPAIGNS, AND TOOLS DESIGNED TO PROTECT AND PROMOTE THE WELFARE OF ANIMALS. THIS YEAR, WE GENERATED MORE THAN 70,000 MEDIA PIECES TO DRAW ATTENTION TO THE NEED TO BE KIND TO ANIMALS, MAKE HUMANE CHOICES IN OUR LIVES, ADOPT MORE OF THE 6-8 MILLION PETS RELINQUISHED TO SHELTERS EACH YEAR, SUPPORT OUR TWO- AND FOUR-LEGGED MILITARY VETERANS, PROTECT ANIMALS IN OUR HOMES, ON OUR FARMS AND RANCHES, IN ZOOS AND AQUARIUMS, IN WORKING ENVIRONMENTS, AND THOSE IN HUMAN CARE, AND UNDERSTAND THE REMARKABLE POWER OF THE HUMAN-ANIMAL BOND, WHICH CAN CHANGE AND SAVE LIVES.

IN ADDITION TO TOUCHING SOME 1 BILLION LIVES EACH YEAR THROUGH DIRECT SERVICES - MORE THAN ANY OTHER HUMANE ORGANIZATION - OUR OUTREACH, ADVOCACY, AND PUBLIC EDUCATION EFFORTS REACH SIGNIFICANT NUMBERS OF PEOPLE AROUND THE GLOBE, AND ARE HELPING SHAPE THE DIRECTION OF THE COMPASSION MOVEMENT AND ADVANCE THE BUILDING OF A MORE HUMANE WORLD - FOR ALL OF US.

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

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

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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 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

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A QUORUM.

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

THE BOARD OF DIRECTORS DELEGATES COMPENSATION DETERMINATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD COMPENSATION COMMITTEE. THE BOARD COMPENSATION 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.

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FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	469,358.
MANAGEMENT AND GENERAL EXPENSES	47,249.
FUNDRAISING EXPENSES	38,435.
TOTAL EXPENSES	555,042.

CONSULTANTS TRAVEL:

PROGRAM SERVICE EXPENSES	89,042.
MANAGEMENT AND GENERAL EXPENSES	8,969.
FUNDRAISING EXPENSES	7,292.
TOTAL EXPENSES	105,303.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	1,721,182.
MANAGEMENT AND GENERAL EXPENSES	173,376.
FUNDRAISING EXPENSES	70,945.
TOTAL EXPENSES	1,965,503.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,625,848.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	311,174.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	96,774.
TOTAL TO FORM 990, PART XI, LINE 9	407,948.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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.

2016

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

[illegible]

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.

[illegible]

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

Schedule R (Form 990) 2016

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.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1a
b Gift, grant, or capital contribution to related organization(s)	1b	1b
c Gift, grant, or capital contribution from related organization(s)	1c	1c
d Loans or loan guarantees to or for related organization(s)	1d	1d
e Loans or loan guarantees by related organization(s)	1e	1e
f Dividends from related organization(s)	1f	1f
g Sale of assets to related organization(s)	1g	1g
h Purchase of assets from related organization(s)	1h	1h
i Exchange of assets with related organization(s)	1i	1i
j Lease of facilities, equipment, or other assets to related organization(s)	1j	1j
k Lease of facilities, equipment, or other assets from related organization(s)	1k	1k
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	1l
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1n
o Sharing of paid employees with related organization(s)	1o	1o
p Reimbursement paid to related organization(s) for expenses	1p	1p
q Reimbursement paid by related organization(s) for expenses	1q	1q
r Other transfer of cash or property to related organization(s)	1r	1r
s Other transfer of cash or property from related organization(s)	1s	1s

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)				

Provide additional information for responses to questions on Schedule R. See instructions.