

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)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>AMERICAN HUMANE ASSOCIATION</b>                                     |   | <b>D Employer identification number</b><br><b>84-0432950</b>   |
|  | Doing business as <b>AMERICAN HUMANE - FIRST TO SERVE</b>   |   | <b>E Telephone number</b><br><b>(202) 677-4227</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                              | Room/suite  | <b>G Gross receipts \$</b> <b>26,248,226.</b>  |
|  | <b>1400 16TH STREET, NW</b>   | <b>360</b>  |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20036</b> |   | <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F Name and address of principal officer: ROBIN R. GANZERT, PHD</b><br><b>SAME AS C ABOVE</b>  |   | <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions                                     |  |
| <b>I Tax-exempt status:</b> <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   |   | <b>H(c) Group exemption number</b> ▶  |  |
| <b>J Website:</b> ▶ <b>WWW.AMERICANHUMANE.ORG</b>  |   | <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  |
|  |   | <b>L Year of formation:</b> <b>1877</b> <b>M State of legal domicile:</b> <b>DC</b>   |  |

| Part I Summary   |   | Prior Year                               | Current Year               |
|--|---|--|----------------------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |  |                            |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                            |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3  | 14                         |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4  | 14                         |
|  | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | 5  | 93                         |
|  | 6 Total number of volunteers (estimate if necessary)  | 6  | 500                        |
|  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a                                       | 0.                         |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11     | 7b  | 0.                                       |                            |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | 8,920,303.                               | 13,822,948.                |
|  | 9 Program service revenue (Part VIII, line 2g)  | 3,771,052.                               | 5,859,782.                 |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 562,278.                                 | 2,353,056.                 |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 2,271,208.                               | 2,469,323.                 |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 15,524,841.                              | 24,505,109.                |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 136,585.                                 | 244,145.                   |
|  | 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)  | 7,608,855.                               | 9,334,108.                 |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 124,425.                                 | 126,000.                   |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,952,005.</b>   |  |                            |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 8,184,984.                               | 9,847,550.                 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 16,054,849.   | 19,551,803.                              |                            |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | -530,008.   | 4,953,306.                               |                            |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | Beginning of Current Year<br>30,758,986. | End of Year<br>30,237,379. |
|  | 21 Total liabilities (Part X, line 26)  | 5,691,846.                               | 4,619,824.                 |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 25,067,140.                              | 25,617,555.                |

**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.

|                  |   |                              |
|------------------|---|------------------------------|
| <b>Sign Here</b> | Signature of officer                              | Date <b>11/29/22</b>         |
|                  | <b>ROBIN R. GANZERT, PHD, PRESIDENT &amp; CEO</b> | Type or print name and title |

|                               |   |                                |                         |   |                          |
|-------------------------------|---|--------------------------------|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>KRISTIN A. JACQUELIN, CPA</b>                    | Preparer's signature<br>       | Date<br><b>11/29/22</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01325865</b> |
|                               | Firm's name ▶ <b>CALIBRE CPA GROUP, PLLC</b>                                      | Firm's EIN ▶ <b>47-0900880</b> |                         |   |                          |
|                               | Firm's address ▶ <b>7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814</b> | Phone no. <b>202-331-9880</b>  |                         |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code: ) (Expenses \$ 5,274,373. including grants of \$ 0. ) (Revenue \$ 2,170,637. )

AMERICAN 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 80 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 \$ 1,761,824. including grants of \$ ) (Revenue \$ 862,572. )

AMERICAN HUMANE FARM ANIMAL PROGRAM

THE AMERICAN HUMANE FARM ANIMAL PROGRAM WAS - AND IS - THE FIRST TO SERVE IN THE PROTECTION OF FARM ANIMALS. 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 HELP IMPROVE AND VERIFY THE TREATMENT OF ANIMALS ON 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.

4c (Code: ) (Expenses \$ 1,692,893. including grants of \$ 103,595. ) (Revenue \$ )

AMERICAN HUMANE RESCUE

FOR MORE THAN 100 YEARS, AMERICAN HUMANE RESCUE TEAMS HAVE BEEN FIRST TO SERVE IN THE PROTECTION OF ANIMALS SUFFERING IN NATURAL DISASTERS AS WELL AS MAN-MADE CASES OF CRUELTY, NEGLECT, OR HOARDING. AMERICAN HUMANE RESCUE TEAMS SAVE, FEED AND SHELTER ANIMALS IN CRISIS, AND PROVIDE LIFESAVING TIPS AND DISASTER PREPARATION TRAINING BEFORE, DURING AND AFTER DISASTERS. THE PROGRAM'S PURPOSE IS TO PROVIDE INTERVENTION FOR COMMUNITIES IN CRISIS AND TO HELP BUILD MORE HUMANE COMMUNITIES NATIONWIDE THROUGH TRAINING, GRANTS, SHELTER SUPPORT AND HUMANE EDUCATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,145,908. including grants of \$ 140,550. ) (Revenue \$ 2,826,573. )

4e Total program service expenses 14,874,998.

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

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

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

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

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

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

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

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

|     |   | Yes | No |
|-----|---|-----|----|
| 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 <span style="float:right">2a</span> <span style="float:right">93</span>             |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                                | X   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   |     |    |
| 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)?                        |     | X  |
| b   | If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span><br>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?   |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| 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?   |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| 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?   |     | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>   |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |     |    |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?  |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter:  |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>   |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>  |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter:   |     |    |
| a   | Gross income from members or shareholders <span style="float:right">11a</span>  |     |    |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>  |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>  |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>  |     |    |
| c   | Enter the amount of reserves on hand <span style="float:right">13c</span>   |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?  |     | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   |     |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 720, Schedule N.                                       |     | X  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 720, Schedule O.   |     | X  |
| 17  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.                |     |    |

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

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

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|    | 1a   |     | 14 |
| b  | Enter the number of voting members included on line 1a, above, who are independent   |     | 14 |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   |     | X  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body?  | X   |    |
| b  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | 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?   |     | 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?  | X   |    |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| 12b |  | X   |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| 12c |  | X   |    |
| 13  | Did the organization have a written whistleblower policy?  | X   |    |
| 14  | Did the organization have a written document retention and destruction policy?   | X   |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| a   | The organization's CEO, Executive Director, or top management official   | X   |    |
| 15a |  | X   |    |
| b   | Other officers or key employees of the organization  | X   |    |
| 15b |  | X   |    |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **CLIFFORD ROSE - 202-677-4251**  
**1400 16TH STREET, NW, SUITE 360, WASHINGTON, DC 20036**

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

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

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

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

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

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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) ROBIN GANZERT<br>PRESIDENT & CEO                 | 40.00   |  |                       | X       |              |                              |        | 713,907.  | 0.   | 50,514.   |
| (2) JOHN HUBBARD<br>CHIEF OPERATING OFFICER          | 40.00   |  |                       |         | X            |                              |        | 360,613.  | 0.   | 32,456.   |
| (3) STEPHANIE CARMODY<br>SVP & GENERAL COUNSEL       | 40.00   |  |                       |         |              | X                            |        | 315,960.  | 0.   | 22,768.   |
| (4) JANICE BIGELOW<br>CHIEF FINANCIAL OFFICER        | 40.00   |  |                       | X       |              |                              |        | 252,165.  | 0.   | 28,519.   |
| (5) MAREAN SPERO STEEN<br>NATIONAL DIRECTOR, AH HOLL | 40.00   |  |                       |         |              | X                            |        | 197,936.  | 0.   | 22,166.   |
| (6) LAURA SHEEHAN<br>SVP COMMUNICATIONS              | 40.00   |  |                       |         |              | X                            |        | 201,634.  | 0.   | 11,264.   |
| (7) MARK STUBIS<br>MANAGING EDITOR                   | 40.00   |  |                       |         |              | X                            |        | 166,220.  | 0.   | 32,995.   |
| (8) KIRSTEN PETERSON<br>CHIEF TALENT OFFICER         | 40.00   |  |                       |         |              | X                            |        | 165,193.  | 0.   | 20,938.   |
| (9) CLIFFORD ROSE<br>CHIEF FINANCIAL OFFICER         | 40.00   |  |                       | X       |              |                              |        | 32,517.   | 0.   | 0.  |
| (10) DAWN ASSENZIO<br>DIRECTOR                       | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) AMANDA BOWMAN<br>DIRECTOR                       | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) COL. SCOTT CAMPBELL USMC RET.<br>DIRECTOR       | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) REAR ADMIRAL TOM KEARNEY USN RE<br>DIRECTOR     | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) HERBERT KRAUSS JD<br>DIRECTOR                   | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) LOUISE LANE<br>DIRECTOR                         | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) J. MICHAEL MCFARLAND<br>SECRETARY               | 2.00  | X  | X                     |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) JOHN PAYNE<br>CHAIR                             | 2.00  | X  | X                     |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) MARILYN PELSTRING<br>DIRECTOR                             | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) JEAN SHAFIROFF<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) CANDY SPELLING<br>VICE CHAIR                              | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (21) LARRY STRICKLAND<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) ABIGAIL TRENK<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) WILLIAM ABBOTT<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 2,406,145.  | 0.   | 221,620.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 2,406,145.  | 0.   | 221,620.  |

**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 **17**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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)<br>Name and business address   | (B)<br>Description of services           | (C)<br>Compensation |
|--|--|---------------------|
| PLEASANT STREET ENTERTAINMENT<br>3401 WHITE ROSE WAY, ENCINO, CA 91436             | PRODUCTION OF HERO<br>DOG AWARDS TV SHOW | 330,760.            |
| JAVIER C MOSQUERA GUTIERREZ, 4382 COUNTRY<br>GROVE BLVD, WEST PALM BEACH, FL 33406 | BUILDING<br>CONTRACTOR-SANCTUARY         | 282,005.            |
| MINDSET DIRECT LLC, 12355 SUNRISE VALLEY<br>DRIVE, RESTON, VA 20190                | FUNDRAISING COUNSEL<br>& DIRECT MAIL     | 252,312.            |
| FUSE FUNDRAISING, LLC, 12355 SUNRISE<br>VALLEY DRIVE, RESTON, VA 20190             | FUNDRAISING COUNSEL<br>& DIRECT MAIL     | 234,926.            |
| M2 CONSTRUCTION, LLC, 11250 ROGER BACON<br>DRIVE, SUITE 13, RESTON, VA 20190       | BUILDING<br>CONTRACTOR-DC OFFICE         | 233,056.            |

**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 **6**



**Part VIII Statement of Revenue**

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

|   |   |  |  | (A)           | (B)                                | (C)                        | (D)  |          |
|---|---|--|--|---------------|------------------------------------|----------------------------|--|----------|
|   |   |  |  | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1 a</b>  | Federated campaigns  | <b>1a</b> 35,515.  |               |                                    |                            |  |          |
|   | <b>b</b>  | Membership dues  | <b>1b</b>  |               |                                    |                            |  |          |
|   | <b>c</b>  | Fundraising events   | <b>1c</b> 284,540.   |               |                                    |                            |  |          |
|   | <b>d</b>  | Related organizations  | <b>1d</b>  |               |                                    |                            |  |          |
|   | <b>e</b>  | Government grants (contributions)  | <b>1e</b> 300,000.   |               |                                    |                            |  |          |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b> 13,202,893.  |               |                                    |                            |  |          |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f                                  | <b>1g</b> \$ 74,403.   |               |                                    |                            |  |          |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f  |  | 13,822,948.   |                                    |                            |  |          |
| <b>Program Service Revenue</b>                                | <b>2 a</b>  | SERVICE FEES   | <b>Business Code</b> 900099  | 5,336,068.    | 5,336,068.                         |                            |  |          |
|   | <b>b</b>  | BROADCAST RIGHTS   | 900099   | 500,000.      | 500,000.                           |                            |  |          |
|   | <b>c</b>  | TICKET SALES AND OTHER   | 900099   | 23,714.       | 23,714.                            |                            |  |          |
|   | <b>d</b>  |  |  |               |                                    |                            |  |          |
|   | <b>e</b>  |  |  |               |                                    |                            |  |          |
|   | <b>f</b>  | All other program service revenue  |  |               |                                    |                            |  |          |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f  |  | 5,859,782.    |                                    |                            |  |          |
|   | <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) |               | 565,511.                           |                            |  | 565,511. |
| <b>4</b>  |   | Income from investment of tax-exempt bond proceeds                             |  |               |                                    |                            |  |          |
| <b>5</b>  |   | Royalties  |  | 2,531,717.    |                                    |                            | 2531717.   |          |
| <b>6 a</b>  |   | Gross rents  | (i) Real   |               |                                    |                            |  |          |
|   |   |  | (ii) Personal  |               |                                    |                            |  |          |
|   |   |  |  |               |                                    |                            |  |          |
| <b>b</b>  |   | Less: rental expenses  | <b>6b</b>  |               |                                    |                            |  |          |
| <b>c</b>  |   | Rental income or (loss)  | <b>6c</b>  |               |                                    |                            |  |          |
| <b>d</b>  |   | Net rental income or (loss)  |  |               |                                    |                            |  |          |
| <b>7 a</b>  |   | Gross amount from sales of assets other than inventory                         | (i) Securities   |               |                                    |                            |  |          |
|   |   |  | (ii) Other   |               |                                    |                            |  |          |
|   |   |  |  | 3,380,597.    |                                    |                            |  |          |
|   |   |  |  |               |                                    |                            |  |          |
| <b>b</b>  |   | Less: cost or other basis and sales expenses                                   | <b>7b</b> 1,593,052.   |               |                                    |                            |  |          |
| <b>c</b>  | Gain or (loss)  | <b>7c</b> 1,787,545.   |  |               |                                    |                            |  |          |
| <b>d</b>  | Net gain or (loss)  |  | 1,787,545.   |               |                                    | 1787545.                   |  |          |
| <b>8 a</b>  | Gross income from fundraising events (not including \$ 284,540. of contributions reported on line 1c). See Part IV, line 18 |  |  |               |                                    |                            |  |          |
|   |   |  | 81,278.  |               |                                    |                            |  |          |
|   |   |  | 150,065.   |               |                                    |                            |  |          |
| <b>b</b>  | Less: direct expenses   | <b>8b</b>  |  |               |                                    |                            |  |          |
| <b>c</b>  | Net income or (loss) from fundraising events  |  | -68,787.   |               |                                    | -68,787.                   |  |          |
| <b>9 a</b>  | Gross income from gaming activities. See Part IV, line 19   | <b>9a</b>  |  |               |                                    |                            |  |          |
| <b>b</b>  | Less: direct expenses   | <b>9b</b>  |  |               |                                    |                            |  |          |
| <b>c</b>  | Net income or (loss) from gaming activities   |  |  |               |                                    |                            |  |          |
| <b>10 a</b>   | Gross sales of inventory, less returns and allowances   |  |  |               |                                    |                            |  |          |
|   |   |  |  |               |                                    |                            |  |          |
|   |   |  |  |               |                                    |                            |  |          |
| <b>b</b>  | Less: cost of goods sold  | <b>10b</b>   |  |               |                                    |                            |  |          |
| <b>c</b>  | Net income or (loss) from sales of inventory  |  |  |               |                                    |                            |  |          |
| <b>Miscellaneous Revenue</b>                                  | <b>11 a</b>   | MISCELLANEOUS  | <b>Business Code</b> 900099  | 6,393.        |                                    |                            | 6,393.   |          |
|   | <b>b</b>  |  |  |               |                                    |                            |  |          |
|   | <b>c</b>  |  |  |               |                                    |                            |  |          |
|   | <b>d</b>  | All other revenue  |  |               |                                    |                            |  |          |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d  |  | 6,393.        |                                    |                            |  |          |
| <b>12</b>   | <b>Total revenue.</b> See instructions  |  | 24,505,109.  | 5,859,782.    | 0.                                 | 4822379.                   |  |          |

**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 180,145.              | 180,145.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 64,000.               | 64,000.                         |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 1,585,240.            | 1,072,818.                      | 334,204.                               | 178,218.                    |
| 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   | 6,322,747.            | 4,849,128.                      | 453,153.                               | 1,020,466.                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 140,051.              | 107,383.                        | 7,217.                                 | 25,451.                     |
| 9 Other employee benefits  | 741,439.              | 557,595.                        | 58,213.                                | 125,631.                    |
| 10 Payroll taxes   | 544,631.              | 400,558.                        | 55,623.                                | 88,450.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 96,709.               | 67,672.                         | 13,870.                                | 15,167.                     |
| c Accounting   | 47,943.               | 33,548.                         | 6,876.                                 | 7,519.                      |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 126,000.              |                                 |  | 126,000.                    |
| f Investment management fees   | 63,188.               | 5,170.                          | 44,777.                                | 13,241.                     |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 4,131,762.            | 3,429,512.                      | 395,617.                               | 306,633.                    |
| 12 Advertising and promotion   | 599,428.              | 545,876.                        | 2,396.                                 | 51,156.                     |
| 13 Office expenses   | 846,732.              | 529,842.                        | 29,333.                                | 287,557.                    |
| 14 Information technology  | 179,419.              | 125,548.                        | 25,732.                                | 28,139.                     |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 638,319.              | 458,276.                        | 118,505.                               | 61,538.                     |
| 17 Travel  | 1,418,006.            | 1,254,291.                      | 54,454.                                | 109,261.                    |
| 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   | 266,127.              | 234,886.                        | 18,587.                                | 12,654.                     |
| 23 Insurance   | 198,993.              | 142,866.                        | 36,943.                                | 19,184.                     |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>TRADESHOWS AND EVENTS</b>   | 574,126.              | 400,347.                        | 9,533.                                 | 164,246.                    |
| b <b>TAXES, LICENSES AND FEE</b>   | 197,388.              | 92,984.                         | 4,299.                                 | 100,105.                    |
| c <b>DONATED GOODS</b>   | 74,403.               | 74,403.                         |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   | 515,007.              | 248,150.                        | 55,468.                                | 211,389.                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>19,551,803.</b>    | <b>14,874,998.</b>              | <b>1,724,800.</b>                      | <b>2,952,005.</b>           |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                      |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year    |
|---|--|--------------------------|-------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 3,556,650.               | <b>1</b>    | 2,347,231.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 3,299,243.               | <b>2</b>    | 1,690,055.            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,855,157.               | <b>3</b>    | 1,280,631.            |
|   | <b>4</b> Accounts receivable, net .....  | 1,138,469.               | <b>4</b>    | 1,080,692.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 289,161.                 | <b>9</b>    | 729,410.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 6,061,823.    |             |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 2,219,747.    | 1,940,984.  | <b>10c</b> 3,842,076. |
|   | <b>11</b> Investments - publicly traded securities .....   | 12,154,847.              | <b>11</b>   | 13,877,116.           |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                       |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 6,524,475.               | <b>15</b>   | 5,390,168.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 30,758,986.  | <b>16</b>                | 30,237,379. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 2,082,164.               | <b>17</b>   | 2,021,001.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue .....   | 839,750.                 | <b>19</b>   | 253,912.              |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 1,163,177.               | <b>24</b>   | 0.                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 1,606,755.               | <b>25</b>   | 2,344,911.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 5,691,846.               | <b>26</b>   | 4,619,824.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                       |
|   | <b>27</b> Net assets without donor restrictions .....  | 13,420,844.              | <b>27</b>   | 15,707,121.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 11,646,296.              | <b>28</b>   | 9,910,434.            |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                       |
| <b>32</b> Total net assets or fund balances .....                         | 25,067,140.  | <b>32</b>                | 25,617,555. |                       |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 30,758,986.  | <b>33</b>                | 30,237,379. |                       |

**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  | 24,505,109. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 19,551,803. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 4,953,306.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 25,067,140. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -4,385,324. |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -17,567.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 25,617,555. |

**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<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |     |    |

Form 990 (2021)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

|  |   |
|--|---|
| Name of the organization<br><b>AMERICAN HUMANE ASSOCIATION</b> | Employer identification number<br><b>84-0432950</b> |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017  | (b) 2018  | (c) 2019  | (d) 2020 | (e) 2021  | (f) Total |
|--|-----------|-----------|-----------|----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 12824091. | 11785834. | 15396030. | 8920303. | 13822948. | 62749206. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |          |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |          |           |           |
| <b>4 Total.</b> Add lines 1 through 3  | 12824091. | 11785834. | 15396030. | 8920303. | 13822948. | 62749206. |
| <b>5</b> 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) |           |           |           |          |           | 11871571. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |          |           | 50877635. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017  | (b) 2018  | (c) 2019  | (d) 2020 | (e) 2021  | (f) Total   |
|--|-----------|-----------|-----------|----------|-----------|-------------|
| <b>7</b> Amounts from line 4   | 12824091. | 11785834. | 15396030. | 8920303. | 13822948. | 62749206.   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2564502.  | 2712460.  | 2757018.  | 2747377. | 3097228.  | 13878585.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |           |           |           |          |           |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |           | 25,287.   | 6,434.    | 17,750.  | 6,393.    | 55,864.     |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |          |           | 76683655.   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)  |           |           |           |          | 12        | 21,457,978. |

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

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

|   |           |         |
|---|-----------|---------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | <b>14</b> | 66.35 % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14                        | <b>15</b> | 64.38 % |

**16a 33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

|   | Yes | No |
|---|-----|----|
| 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 on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| 11a   |     |    |
| b A family member of a person described on line 11a above?  |     |    |
| 11b   |     |    |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| 11c   |     |    |

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| 1   |     |    |

**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? |     |    |
| 1  |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| 2  |     |    |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| 3  |     |    |

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

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

**AMERICAN HUMANE ASSOCIATION**

**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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HUMANE ASSOCIATION</b> | Employer identification number<br><b>84-0432950</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | _____<br>_____<br>_____           | \$ <u>2,905,356.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | _____<br>_____<br>_____           | \$ <u>960,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | _____<br>_____<br>_____           | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | _____<br>_____<br>_____           | \$ <u>450,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | _____<br>_____<br>_____           | \$ <u>366,344.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | _____<br>_____<br>_____           | \$ <u>300,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HUMANE ASSOCIATION</b> | Employer identification number<br><b>84-0432950</b> |
|--|---|

**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 |
|   |  |

| (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 |
|   |  |

| (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 |
|   |  |

| (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 |
|   |  |



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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<br><b>AMERICAN HUMANE ASSOCIATION</b> | Employer identification number<br><b>84-0432950</b> |
|--|---|

**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) 2021**

LHA

132041 11-03-21

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  | 16,599,798.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  | 16,599,798.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  | 979,990.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  | 244,998.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 944,851. | 945,408. | 825,352. | 979,990. | 3,695,601. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 5,543,402. |
| <b>c</b> Total lobbying expenditures                                | 128,297. | 117,441. |          |          | 245,738.   |
| <b>d</b> Grassroots nontaxable amount                               | 236,213. | 236,352. | 206,338. | 244,998. | 923,901.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 1,385,852. |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |            |

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/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, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 FASB 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) 2021

132051 10-28-21

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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                     | 1,712,355.       | 1,480,941.     | 1,473,320.         | 1,275,787.           | 1,173,136.          |
| b Contributions                                  |                  |                |                    | 148,846.             | 62,000.             |
| c Net investment earnings, gains, and losses     |                  | 238,391.       | 22,897.            | 48,687.              | 40,651.             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 943,095.         | 6,977.         | 15,276.            |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 769,260.         | 1,712,355.     | 1,480,941.         | 1,473,320.           | 1,275,787.          |

- 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  65.7000 %
  - c Term endowment  34.3000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  |     | X  |
- 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  |                                      | 639,770.                        |                              | 639,770.       |
| b Buildings  |                                      | 1,821,644.                      | 62,578.                      | 1,759,066.     |
| c Leasehold improvements   |                                      | 863,329.                        | 67,627.                      | 795,702.       |
| d Equipment  |                                      | 558,192.                        | 144,460.                     | 413,732.       |
| e Other  |                                      | 2,178,888.                      | 1,945,082.                   | 233,806.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 3,842,076.     |

**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 | 5,390,168.     |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 5,390,168.

**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                       | 1,354,435.     |
| (4) DEFERRED LEASE INCENTIVES        | 990,476.       |
| (5)                                  |                |
| (6)                                  |                |
| (7)                                  |                |
| (8)                                  |                |
| (9)                                  |                |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,344,911.

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

**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  | 60,047,254. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | -4,385,324. |
| b | Donated services and use of facilities  | 2b | 39,858,159. |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIII.)  | 2d | 132,498.    |
| e | Add lines 2a through 2d   | 2e | 35,605,333. |
| 3 | Subtract line 2e from line 1  | 3  | 24,441,921. |
| 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 | 63,188.     |
| b | Other (Describe in Part XIII.)  | 4b |             |
| c | Add lines 4a and 4b   | 4c | 63,188.     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 24,505,109. |

**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  | 59,496,839. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities   | 2a | 39,858,159. |
| b | Prior year adjustments   | 2b |             |
| c | Other losses   | 2c |             |
| d | Other (Describe in Part XIII.)   | 2d | 150,065.    |
| e | Add lines 2a through 2d  | 2e | 40,008,224. |
| 3 | Subtract line 2e from line 1   | 3  | 19,488,615. |
| 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 | 63,188.     |
| b | Other (Describe in Part XIII.)   | 4b |             |
| c | Add lines 4a and 4b  | 4c | 63,188.     |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 19,551,803. |

**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.

DURING THE YEAR ENDED JUNE 30, 2022, AMERICAN HUMANE REQUESTED APPROVAL FROM THE DISTRICT OF COLUMBIA SUPERIOR COURT TO REDIRECT A PERMANENTLY RESTRICTED ENDOWMENT OF \$729,869 TO ANOTHER RESTRICTED PURPOSE. APPROVAL WAS RECEIVED FROM THE DISTRICT OF COLUMBIA SUPERIOR COURT ON APRIL 18, 2022.

**Part XIII** Supplemental Information (continued)

## 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 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 2018 THROUGH 2020 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 | -1,134,307. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS               | -46,437.    |
| DIRECT COSTS OF SPECIAL EVENTS                             | 150,065.    |
| PROCEEDS FROM PPP LOAN                                     | 1,163,177.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                      | 132,498.    |

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

|                                |          |
|--------------------------------|----------|
| DIRECT COSTS OF SPECIAL EVENTS | 150,065. |
|--------------------------------|----------|



**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.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

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

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

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in 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 |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA AND THE PACIFIC                               | 0                                   | 3  | PROGRAM SERVICES   | MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF                        | 37,701.  |
| EUROPE (INCLUDING ICELAND AND GREENLAND)                | 0                                   | 8  | PROGRAM SERVICES   | MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF                        | 419,534.   |
| NORTH AMERICA   | 0                                   | 5  | PROGRAM SERVICES   | MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF                        | 217,213.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a Subtotal</b> .....                               | 0                                   | 16   |  |  | 674,448.   |
| <b>b Total from continuation sheets to Part I</b> ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals (add lines 3a and 3b)</b> .....             | 0                                   | 16   |  |  | 674,448.   |

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

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (E) DESCRIPTIONS





**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; don't 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; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2021

**Part V** Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.



**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|--------------------------------------|---------------------|--|
|                 |    | GOLF INVITATIONALS<br>(event type)                             | PUPS4PATRIOTS DINNER<br>(event type) | 2<br>(total number) |  |
| Revenue         | 1  | 26,200.  | 268,000.                             | 71,618.             | 365,818.   |
|                 | 2  | 10,000.  | 229,575.                             | 44,965.             | 284,540.   |
|                 | 3  | 16,200.  | 38,425.                              | 26,653.             | 81,278.  |
| Direct Expenses | 4  |  |                                      |                     |  |
|                 | 5  |  |                                      |                     |  |
|                 | 6  | 4,939.   | 2,500.                               |                     | 7,439.   |
|                 | 7  | 10,371.  | 38,557.                              | 31,498.             | 80,426.  |
|                 | 8  |  | 5,500.                               | 10,125.             | 15,625.  |
|                 | 9  | 5,843.   | 17,632.                              | 23,100.             | 46,575.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶  |                                      |                     | 150,065.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ |                                      |                     | -68,787.   |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
|                 |  | 1   |   |   |   |
| Direct Expenses | 2  |   |   |   |   |
|                 | 3  |   |   |   |   |
|                 | 4  |   |   |   |   |
|                 | 5  |   |   |   |   |
|                 | 6  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: FUSE FUNDRAISING, LLC

(I) ADDRESS OF FUNDRAISER:

12355 SUNRISE VALLEY DRIVE SUITE 240, RESTON, VA 20191

(I) NAME OF FUNDRAISER: MINDSET DIRECT LLC

(I) ADDRESS OF FUNDRAISER:

12355 SUNRISE VALLEY DRIVE SUITE 240, RESTON, VA 20191





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

OMB No. 1545-0047

**2021**

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| TRI COUNTY ANIMAL RESCUE<br>21287 BOCA RIO ROAD<br>BOCA RATON, FL 33433                            | 65-0719233 | 501(C)(3)                       | 10,000.                  | 0.                               |   |                                       | ANIMAL WELFARE                     |
| RE: WILD<br>PO BOX 129<br>AUSTIN, TX 78767   | 26-2887967 | 501(C)(3)                       | 80,000.                  | 0.                               |   |                                       | PROGRAMMATIC SUPPORT               |
| INTERNATIONAL FUND FOR ANIMAL<br>WELFARE - 1400 16TH STREET NW<br>SUITE 510 - WASHINGTON, DC 20036 | 31-1594197 | 501(C)(3)                       | 60,000.                  | 0.                               |   |                                       | ANIMAL WELFARE                     |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |

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

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2021**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization

**AMERICAN HUMANE ASSOCIATION**

Employer identification number

**84-0432950**

**Part I Questions Regarding Compensation**

|   |   | Yes      | No       |
|---|---|----------|----------|
| <b>1a</b>   | 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.<br><input checked="" type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |          |          |
| <b>b</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  | <b>X</b> |          |
| <b>2</b>  | 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?  | <b>X</b> |          |
| <b>3</b>  | Indicate which, if any, of the following the 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.<br><input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations<br><input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |          |          |
| <b>4</b>  | 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:  |          |          |
| <b>a</b>  | Receive a severance payment or change-of-control payment?   |          | <b>X</b> |
| <b>b</b>  | Participate in or receive payment from a supplemental nonqualified retirement plan?   |          | <b>X</b> |
| <b>c</b>  | Participate in or receive payment from an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |          | <b>X</b> |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> |   |          |          |
| <b>5</b>  | 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:  |          |          |
| <b>a</b>  | The organization?   |          | <b>X</b> |
| <b>b</b>  | Any related organization?<br>If "Yes" on line 5a or 5b, describe in Part III.   |          | <b>X</b> |
| <b>6</b>  | 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:  |          |          |
| <b>a</b>  | The organization?   |          | <b>X</b> |
| <b>b</b>  | Any related organization?<br>If "Yes" on line 6a or 6b, describe in Part III.   |          | <b>X</b> |
| <b>7</b>  | 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   | <b>X</b> |          |
| <b>8</b>  | 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   |          | <b>X</b> |
| <b>9</b>  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |          |          |

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

Schedule J (Form 990) 2021



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 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 AIRPLANE FLIGHTS.

**PART I, LINE 7:**

AMERICAN HUMANE'S COMPENSATION POLICIES INCLUDE A PERFORMANCE-BASED COMPONENT. THE ORGANIZATION'S COMPENSATION COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHO MUST APPROVE THE COMPENSATION OF THE PRESIDENT/CEO. THE PRESIDENT/CEO REVIEWS AND APPROVES THE COMPENSATION FOR ALL OTHER EMPLOYEES SUBJECT TO THE POLICY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

| Part I | Types of Property   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>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 ▶ ( PROGRAMMATIC )                                  | X                             | 15  | 74,403.  | ESTIMATED FAIR VALUE   |
| 26     | Other ▶ ( )   |                               |   |  |  |
| 27     | Other ▶ ( )   |                               |   |  |  |
| 28     | Other ▶ ( )   |                               |   |  |  |

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

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported 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) 2021





**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number  
84-0432950

FORM 990, ITEM C, 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  
HELP 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:

WORKS TO PROTECT ANIMALS USED IN FILM, TELEVISION AND COMMERCIAL  
PRODUCTION, NO MATTER WHERE FILMING OCCURS, DURING THE PRODUCTION AND  
ON SET.

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

Schedule O (Form 990) 2021

132211 11-11-21

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EDUCATES AND INFORMS FILM INDUSTRY PROFESSIONALS AND THE PUBLIC REGARDING THE HUMANE TREATMENT OF ANIMAL ACTORS IN THE GLOBAL MEDIA COMMUNITY.

VERIFIES AMERICAN HUMANE'S GUIDELINES FOR THE SAFE USE OF ANIMALS IN FILMED MEDIA WITH SPECIALLY TRAINED CERTIFIED ANIMAL SAFETY REPRESENTATIVES, MANY OF WHOM ARE VETERINARIANS.

OUR CERTIFIED ANIMAL SAFETY REPRESENTATIVES SUCCESSFULLY PROTECTED 90,000 ANIMALS IN MORE THAN 300 FILMS AND EPISODIC SERIES, SUPERVISING 3,000 PRODUCTION DAYS OF ACTION ON EVERYTHING FROM INDIE FILMS TO THE BIGGEST BOX-OFFICE BLOCKBUSTERS.

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

THIS PROGRAM CERTIFIES THE HUMANE TREATMENT OF MORE ANIMALS IN FOOD PRODUCTION THAN ANY OTHER AND HAS EXPANDED INTO SOUTH AMERICA. 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. THE PROGRAM COVERS THOUSANDS OF FARMS AND RANCHES THROUGHOUT THE UNITED STATES AND CANADA. THE AMERICAN HUMANE CERTIFIED SEAL IS NOW FOUND ON MANY PRODUCTS IN GROCERY STORES, INCLUDING DAIRY, CHICKEN, TURKEY, PORK, DUCKS, AND EGGS.

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

PROVIDED HURRICANE RELIEF: AMERICAN HUMANE RESCUE HAD TWO REQUESTS

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WITH FOUR MISSION TASKS FOR HURRICANE IDA THAT WAS A FEDERALLY DECLARED DISASTER FOLLOWING THE STRONG CATEGORY 4 HURRICANE THAT HAMMERED LOUISIANA FOR OVER 13 HOURS WITH 150 MPH SUSTAINED WINDS, 10-15 INCHES OF RAIN AND 5-12 FEET OF STORM SURGE. AMERICAN HUMANE RECEIVED THE SECOND REQUEST BY LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY (LDAF) TO ASSIST OUR MOU PARTNER TERREBONNE AND LAFOURCHE PARISHES WITH THREE MISSION TASKS. TERREBONNE PARISH REPORTED 90% OF HOMES WERE DAMAGED, 60% OF THEM WERE LEFT UNINHABITABLE. SIX TEAMS RESPONDED, OPERATING UNDER HYBRID COVID-19 SAFETY PROTOCOLS DUE TO THE LACK OF HOTELS. OKLAHOMA AND LOUISIANA REGIONAL RESPONSE TRUCKS AND TRAILERS WERE UTILIZED ALONG WITH AN RV TO HOUSE RESPONDERS ON SITE FOR 31 DAYS. AN EMERGENCY TEMPORARY ANIMAL SHELTER WAS CREATED TO HANDLE THE OVERFLOW DOGS FOR BOTH PARISHES PROVIDING CARE, MEDICAL SUPPORT FOR 120 PLUS DOGS, DECONTAMINATION, AND DEMOBILIZATION OF THE SHELTER AT THE END.

SAVED ANIMALS DURING THE PANDEMIC: AMERICAN HUMANE TOOK A LEADERSHIP ROLE IN SUPPORTING SHELTER PETS ABANDONED DURING THE PANDEMIC, PROVIDING ONE MILLION MEALS, AS WELL AS CRITICALLY NEEDED SUPPLIES AND MEDICINES THROUGH ITS "FEED THE HUNGRY COVID-19 FUND" (THE FUND). THE FUND CONTINUES TO OFFER RELIEF TO SHELTERS AND RESCUES BEYOND THE IMPACTS OF THE COVID-19 PANDEMIC. WE WERE ABLE TO PROVIDE GRANT FUNDING TO SHELTERS AND RESCUE ORGANIZATIONS IN DESPERATE NEED OF ASSISTANCE. TWO OF THE RECEIVING SHELTERS WERE IMPACTED BY THE DEVASTATING DECEMBER TORNADO OUTBREAK IN KENTUCKY. THIS BROUGHT US TO A TOTAL OF 1,166,250 MEALS ACROSS 46 STATES AND 1 TERRITORY. THE FUND ENABLES US TO SUPPORT LOCAL SHELTERS AND RESCUES DURING CHALLENGING TIMES, AND WE WILL CONTINUE TO LEVERAGE GRANT OPPORTUNITIES TO PROVIDE RELIEF NATIONWIDE.

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SHELTERED ANIMALS AMIDST THE CALDOR WILDFIRES: AMERICAN HUMANE RESCUE  
WAS REQUESTED BY EL DORADO COUNTY ANIMAL SERVICES TO ASSIST WITH FOUR  
MISSION TASKS TO ASSIST EL DORADO COUNTY, CA AND DOUGLAS COUNTY, NV  
DURING THE CALDOR WILDFIRE THAT BECAME A FEDERALLY DECLARED DISASTER,  
BURNED OVER 200,000 ACRES, AND THREATENED SOUTH LAKE TAHOE. STILL  
OPERATING UNDER COVID 19 SAFETY PROTOCOLS, THREE TEAMS RESPONDED,  
HELPING SHELTER OVER 680 SMALL ANIMALS ON BOTH THE WEST SIDE AND EAST  
SIDE OF THE FIRE, PROVIDED CRITICAL TRANSPORT OF ANIMALS OUT OF THE  
SOUTH LAKE TAHOE EVACUATED AREAS ON THE EAST SIDE, SET UP, SECURED, AND  
PROVIDED MANAGEMENT OF THE EAST SIDE TEMPORARY SHELTER, AND ASSISTED  
WITH DECONTAMINATION AND DEMOBILIZATION OF RESOURCES ON THE WEST SIDE  
AS PETS WENT HOME AFTER EVACUATION ORDERS WERE LIFTED. ALL THIS ENABLED  
EL DORADO COUNTY ANIMAL SERVICES TO SHELTER OVER 1,700 ANIMALS AND  
PROVIDE CRITICAL SERVICES TO THE ANIMALS IN THEIR COUNTY.

HELPED THOSE WHO NEED IT MOST: AMERICAN HUMANE RESCUE HELD A VACCINE  
AND WELLNESS CLINIC DURING NATIONAL PET PREPAREDNESS MONTH IN JUNE WITH  
OUR PARTNERS AT ZOETIS AND TERREBONNE PARISH ANIMAL SHELTER. THE CLINIC  
ENABLED LOW-INCOME FAMILIES TO ACCESS ESSENTIAL PREVENTIVE VET CARE FOR  
THEIR CATS AND DOGS, EDUCATE THEM ON THE IMPORTANCE OF VET CARE, AND  
HELPED CONNECT THEM WITH LOCAL VETERINARY RESOURCES FOR CONTINUED  
ROUTINE CARE.

TRAINED MORE RESCUERS: AMERICAN HUMANE WAS ABLE TO PROVIDE A SERIES  
OF FIRST RESPONDER RESCUE TRAININGS AT THE AMERICAN HUMANE SANCTUARY,  
"SATURDAYS AT THE SANCTUARY." CLASS PARTICIPANTS RECEIVED HANDS-ON  
EDUCATION ABOUT DOG AND CAT BEHAVIOR AND PROPER HANDLING TECHNIQUES,

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HOW TO PREPARE THEIR PETS AND COMMUNITY FOR A DISASTER, AND ESSENTIAL COMPONENTS OF DEPLOYING AS AN AMERICAN HUMANE RESCUE FIRST RESPONDER.

PROVIDED SUPPORT OVERSEAS: AS WAR BROKE OUT IN UKRAINE, THE CONCERN WAS NOT ONLY FOR THE CITIZENS, BUT THE ANIMALS CAUGHT IN THE CROSSFIRE. AMERICAN HUMANE COLLABORATED WITH NARSC PARTNERS THAT HAD EXISTING UKRAINE CONTACTS AND NETWORKS TO SUPPORT OPERATIONS AND FACILITATE LOGISTICS. AMERICAN HUMANE PROVIDED \$75,000 IN EMERGENCY RELIEF GRANTS THAT HAVE SUPPORTED LOCAL ANIMAL SHELTERS AND ASSISTED EVACUEES AND THEIR PETS FLEEING TO NEIGHBORING COUNTRIES IN SECURING ESSENTIAL MEDICAL CARE, DOCUMENTATION, AND SUPPLIES. THE GRANTS HAVE ALSO PROVIDED RELIEF, FOOD, CARE, AND CRITICAL EVACUATION TRANSPORT FOR ZOO AND WILDLIFE REHAB FACILITIES THAT HAVE BEEN IMPACTED.

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

AMERICAN HUMANE CONSERVATION

IN THE FACE OF WHAT SCIENTISTS ARE CALLING A "SIXTH MASS EXTINCTION" WITH SPECIES DISAPPEARING AT AN UNPRECEDENTED RATE, ZOOS AND AQUARIUMS ARE PLAYING AN OUTSIZED ROLE IN PRESERVING THE VITAL WEB OF LIFE ON EARTH. TO ELEVATE STANDARDS AND SHINE A SPOTLIGHT ON THOSE WHO TAKE GOOD CARE OF THEIR ANIMALS, AMERICAN HUMANE DEVELOPED THE FIRST-EVER INDEPENDENT, SCIENCE-BASED HUMANE CERTIFICATION DEDICATED SOLELY TO HELPING ENSURE THE WELFARE AND HUMANE TREATMENT OF THE ANIMALS IN THE WORLD'S ZOOS, AQUARIUMS, AND CONSERVATION CENTERS.

WE ARE PROUD TO ANNOUNCE THE FOLLOWING ACCOMPLISHMENTS ON BEHALF OF THE REMARKABLE AND ENDANGERED ANIMALS WITH WHOM WE SHARE THE EARTH.

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HELPING PROTECT SPECIES IN ZOOLOGICAL SETTINGS WORLDWIDE: AMERICAN HUMANE NOW HELPS PROTECT THE WELFARE AND HUMANE TREATMENT OF NEARLY 400,000 ANIMALS AT 65 LEADING ZOOLOGICAL FACILITIES AROUND THE WORLD. FEWER THAN ONE PERCENT OF ZOOS AND AQUARIUMS HAVE EARNED OUR PRESTIGIOUS HUMANE CERTIFIED SEAL OF APPROVAL.

GLOBAL EXPANSION: MAJOR INSTITUTIONS AROUND THE WORLD ARE LINING UP TO BECOME AMERICAN HUMANE CERTIFIED AND WE NOW CERTIFY MAJOR ZOOLOGICAL FACILITIES IN 18 U.S. STATES AND 12 COUNTRIES IN NORTH AND CENTRAL AMERICA, THE CARIBBEAN, EUROPE, AND ASIA.

AWARD-WINNING CONSERVATION FILM LAUNCHED: TO COUNTER THE "SIXTH MASS EXTINCTION" NOW TAKING PLACE AND RALLY A NEW GENERATION OF ADVOCATES FOR THE PRESERVATION OF EARTH'S PRECIOUS ANIMALS, AMERICAN HUMANE CREATED ITS FIRST DOCUMENTARY FILM, "ESCAPE FROM EXTINCTION," NARRATED BY OSCAR-WINNING ACTRESS DAME HELEN MIRREN. THE FILM IS GALVANIZING ANIMAL LOVERS AROUND THE WORLD AND WAS NAMED THE "BEST ENVIRONMENTAL DOCUMENTARY" OF 2020 AT DOC LA.

RAISED PUBLIC AWARENESS FOR HUMANE CONSERVATION: HUNDREDS OF MILLIONS OF PEOPLE HAVE BEEN REACHED THROUGH OUR EDUCATIONAL VIDEOS AND NATIONAL TV AND RADIO PUBLIC SERVICE ANNOUNCEMENTS (PSAS) ABOUT THE VITAL ROLE OF ZOOS AND AQUARIUMS IN CONSERVATION.

EXPENSES \$ 1,176,833. INCLUDING GRANTS OF \$ 140,000. REVENUE \$ 453,885.

AMERICAN HUMANE'S LOIS POPE LIFE CENTER FOR MILITARY AFFAIRS

SINCE 1916, AMERICAN HUMANE HAS BEEN FIRST TO SERVE THOSE WHO SERVE OUR

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COUNTRY BY HELPING OUR NATION'S MILITARY HEROES ON THE BATTLEFIELD AND  
ON THE HOME FRONT.

BROUGHT BATTLE BUDDIES BACK TOGETHER: AFTER A LIFETIME OF SERVING OUR  
COUNTRY AND PROTECTING OUR TROOPS, FAR TOO MANY RETIRED MILITARY DOGS  
ARE SEPARATED FROM THEIR HANDLERS AND LEFT OVERSEAS. AMERICAN HUMANE  
HAS ALREADY BROUGHT 52 OF THESE HEROES HOME AND REUNITED THEM WITH  
THEIR BATTLE BUDDIES.

SAVED LIVES ON EACH END OF THE LEASH: TO HELP STEM THE TIDE OF  
VETERAN SUICIDE AND FIND FOREVER HOMES FOR ANIMALS IN NEED OF THEM,  
AMERICAN HUMANE HELPED PROVIDE ANOTHER DOZEN U.S. VETERANS STRUGGLING  
WITH PTS AND TBI FREE, HIGHLY TRAINED SERVICE DOGS THROUGH ITS  
"PUPS4PATRIOTSTM" PROGRAM, BRINGING THE TOTAL SO FAR TO 196.

CREATED MORE TRAINING CENTERS ACROSS THE COUNTRY: AMERICAN HUMANE HAS  
SIX PUPS4PATRIOTS TRAINING LOCATIONS AND PLANS TO ADD MORE NEXT YEAR.

GALVANIZED SUPPORT FOR AMERICA'S FOUR-LEGGED MILITARY HEROES:  
AMERICAN HUMANE'S ANNUAL "PUPS4PATRIOTS DINNER DANCE" RAISED FUNDS FOR  
OUR VETERANS WITH THE HELP OF INTERNATIONALLY RENOWNED PHILANTHROPISTS  
AND VETERANS' ADVOCATES.

EXPENSES \$ 1,627,374. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMERICAN HUMANE HERO DOG AWARDS

THE AMERICAN HUMANE HERO DOG AWARDS WERE CREATED TO CELEBRATE THE  
EXTRAORDINARY ACTS OF HEROISM PERFORMED BY OUR BEST FRIENDS. THIS

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POPULAR, YEARLY NATIONAL CAMPAIGN DRAWS HUNDREDS OF COURAGEOUS CANINES FROM ACROSS THE COUNTRY, MORE THAN A MILLION VOTES BY THE AMERICAN PUBLIC, AND FOUR BILLION MEDIA IMPRESSION, INCLUDING FEATURES BY NBC NIGHTLY NEWS WITH LESTER HOLT KID'S EDITION, TODAY SHOW AND PEOPLE MAGAZINE ALL CULMINATING IN A CELEBRITY-STUDED, NATIONAL TELEVISION BROADCAST.

AMERICAN HUMANE SANCTUARY

THE AMERICAN HUMANE SANCTUARY IS A TRANSFORMATIONAL RESCUE RETREAT FOR ANIMALS SET IN WEST PALM BEACH, FL. EVER SINCE WE WERE CALLED UPON TO SERVE OUR COUNTRY DURING WORLD WAR I, AMERICAN HUMANE HAS BEEN SUPPORTING THE U.S. MILITARY. WE WORK TO HELP OUR BRAVE VETERANS OVERCOME THE INVISIBLE WOUNDS OF DUTY THROUGH AMERICAN HUMANE'S FAMED "PUPS4PATRIOTS" PROGRAM.

WHILE AT THE SANCTUARY, P4P TEAMS WILL CONTINUE THEIR COMPLETE HANDS-ON TRAINING SESSIONS TO CULTIVATE THE IMPORTANT CONNECTION BETWEEN THE VETERAN AND HIS OR HER NEW SERVICE DOG. CREATING A WELCOMING ENVIRONMENT CONDUCIVE TO THIS BONDING PROCESS IS CRUCIAL TO THE SUCCESS OF OUR PROGRAM.

IN ADDITION TO HELPING OUR NATION'S VETERANS, THE SANCTUARY IS A HAVEN WHERE RESCUED ANIMALS CAN FIND HOPE AND HEALING AND EVENTUALLY A FOREVER HOME OF THEIR OWN. THIS ONE-OF-A-KIND REFUGE WILL SERVE MANY FUNCTIONS, ULTIMATELY LEADING TO A BETTER TOMORROW FOR ALL LIVING CREATURES AND THE PEOPLE WITH WHOM THEY COME INTO CONTACT.



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## AMERICAN HUMANE CERTIFIED PET PROVIDER PROGRAM

THROUGHOUT TIME, PETS HAVE BEEN, ARE, AND WILL ALWAYS BE STAPLES IN OUR LIVES. BECAUSE OF THIS SPECIAL BOND IT'S IMPORTANT THAT WE CONSIDER NOT ONLY WHERE OUR PETS COME FROM BUT ALSO WHO IS INVOLVED IN THE PROCESS OF CARING FOR THEM BEFORE THEY REACH YOUR HOME. PET PROVIDERS WHO MEET AMERICAN HUMANE'S RIGOROUS SCIENCE-BASED CERTIFICATION STANDARDS SET THEMSELVES APART FROM OTHERS AND GIVE PET OWNERS ASSURANCE THAT THEIR PETS HAVE BEEN TREATED WELL ON THE JOURNEY TO THEIR NEW FAMILY.

AMERICAN HUMANE'S PET PROVIDER PROGRAM IS FOCUSED ON ASSESSING THE CONDITION, WELL-BEING AND WELFARE OF SMALL MAMMALS, BIRDS, REPTILES, AMPHIBIANS, INVERTEBRATES AND AQUATIC LIFE AT PET PROVIDER LOCATIONS AND ANIMAL SUPPLIERS. AMERICAN HUMANE CERTIFIED BRANDS ARE DISTINGUISHED AS THOSE THAT PRIORITIZE ANIMAL WELFARE. THE PROGRAM INCORPORATES SCIENCE- AND EVIDENCE-BASED PRACTICES INTO A VERIFIABLE THIRD-PARTY AUDIT PROGRAM.

## AMERICAN HUMANE IN ACTION

AMERICAN HUMANE IN ACTION IS A TV SERIES THAT PROVIDES VIEWERS WITH A FIRSTHAND LOOK AT HOW OUR GROUNDBREAKING PROGRAMS AFFECT CHANGE IN THE REAL WORLD, FROM ANIMALS RESCUED FROM PERILOUS DISASTERS TO ENDANGERED SPECIES ON THE BRINK OF EXTINCTION. HOSTED BY AMERICAN HUMANE CEO AND PRESIDENT DR. ROBIN GANZERT, THE SERIES FEATURES HOLLYWOOD STARS FOUR-LEGGED AND TWO-LEGGED LEADING CONSERVATIONISTS, FRONTLINE RESCUE WORKERS, THOSE BATTLING TO KEEP OUR COUNTRY SAFE AND THOSE WHO ENSURE A HUMANE FOOD SUPPLY.

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EACH EPISODE SHINES A SPOTLIGHT ON A DIFFERENT PROGRAM AREA: RESCUE, MILITARY, CONSERVATION, HOLLYWOOD AND FARM, WITH AN OVERARCHING THEME EMPHASIZING HOW WE CONTINUE TO STRENGTHEN THE HUMAN-ANIMAL BOND.

PUBLIC EDUCATION, PREVENTION, AND OUTREACH

AS THE LEADER ON ANIMAL WELFARE ISSUES SINCE 1877, NEWS ORGANIZATIONS ARE CONSTANTLY SEEKING OUR EXPERTISE AND COMMENTARY. WE WORK WITH THOUSANDS OF LOCAL, REGIONAL, AND NATIONAL NEWS GROUPS TO GET OUT LIFESAVING INFORMATION AND SPREAD OUR MESSAGE OF COMPASSION, CARING AND HOPE. RECENT HIGHLIGHTS OF OUR EDUCATIONAL OUTREACH INCLUDE:

REACHING THE WORLD WITH OUR HUMANE MESSAGES, REACHING MILLIONS OF PEOPLE, ENCOURAGING THEM TO BE KIND TO ANIMALS AND PROVIDING THEM WITH TOOLS TO CREATE A MORE COMPASSIONATE WORLD.

GENERATING MAJOR NEWS STORIES ON HELPING ANIMALS CARRIED BY PROMINENT NATIONAL PUBLICATIONS, NEWSPAPERS, MAGAZINES, AND NEWS STATIONS.

TOUCHING MILLIONS THROUGH A NATIONAL TELEVISION BROADCAST OF THE 11TH ANNUAL AMERICAN HUMANE HERO DOG AWARDS ON HALLMARK CHANNEL WITH ITS 80 MILLION+ SUBSCRIBERS. THIS ANNUAL CAMPAIGN HIGHLIGHTS THE LIFE-CHANGING, LIFE-SAVING POWER OF THE BOND BETWEEN ANIMALS AND PEOPLE.

OUR AWARD-WINNING NATIONAL TELEVISION AND RADIO PSAS AND BILLBOARD CAMPAIGNS ARE REACHING HUNDREDS OF MILLIONS OF PEOPLE EACH YEAR WITH

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LIFESAVING INFORMATION, MESSAGES OF COMPASSION, AND PRACTICAL WAYS THE PUBLIC CAN SUPPORT HUMANE FARMING, HUMANE CONSERVATION OF THE WORLD'S REMARKABLE AND ENDANGERED CREATURES, VETERANS NEEDING SERVICE DOGS, AND ANIMALS CAUGHT IN DISASTERS AND CRUELTY CASES. TO ENCOURAGE PEOPLE TO RESCUE, ADOPT AND SAVE ANIMALS IN NEED AMERICAN HUMANE RAN BILLBOARDS ACROSS THE COUNTRY REMINDING PEOPLE TO "BE A HERO."

TEACHING KIDS TO BE KIND: FOR THE 107TH ANNUAL "BE KIND TO ANIMALS WEEK," THE OLDEST COMMEMORATIVE WEEK IN U.S. HISTORY, AMERICAN HUMANE UNVEILED A SPANISH VERSION OF ITS COMPREHENSIVE WEB SITE FEATURING FREE, HUMANE-THEMED MATH AND LANGUAGE ARTS LESSON FOR KIDS FROM PRE-K TO GRADE 5, ALONG WITH DOWNLOADABLE BE KIND TO ANIMALS POSTERS, A PLEDGE WITH SIMPLE WAYS TO PROTECT THE ANIMALS IN OUR LIVES, AND A FASCINATING HISTORICAL RETROSPECTIVE ALL OF WHICH WERE SENT TO TEACHERS AND CLASSROOMS ACROSS THE COUNTRY. BUILDING A BETTER WORLD FOR ALL OF US BEGINS WITH TEACHING THE NEXT GENERATION TO RESPECT AND VALUE LIVING BEINGS . . . AND THIS ROBUST CAMPAIGN WAS DESIGNED TO DO JUST THAT FOR MILLIONS OF FUTURE MEMBERS OF THE COMPASSION MOVEMENT.

AWARD-WINNING CAMPAIGNS: AMERICAN HUMANE WAS NAMED THE 2022 SOCIAL MEDIA & DIGITAL AWARDS WINNER IN PR DAILY'S SOCIAL MEDIA & DIGITAL AWARDS FOR ITS WORK TO FOSTER COMMUNITY GROWTH THROUGH THE HERO DOG AWARDS. THIS NATIONAL, HIGHLY SELECTIVE AWARDS COMPETITION CELEBRATES THE TEAMS, ORGANIZATIONS AND AGENCIES WHO CREATE CAPTIVATING DIGITAL CAMPAIGNS AND HAVE REDEFINED THE FIELD WITH THEIR GROUNDBREAKING WORK. EXPENSES \$ 3,341,701. INCLUDING GRANTS OF \$ 550. REVENUE \$ 2,372,688.

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

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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 PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF THE ASSOCIATION WHEN IT IS CONTEMPLATING TAKING AN ACTION OR MAKING A DECISION THAT MAY BENEFIT THE PRIVATE INTERESTS OF A "RESPONSIBLE PERSON" OR RELATED PARTY. A "RESPONSIBLE PERSON" IS ANY DIRECTOR, CORPORATE OFFICER OF VICE PRESIDENT OR HIGHER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS OF THE ASSOCIATION. EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT THAT AFFIRMS SUCH PERSON 1) HAS RECEIVED A COPY OF THE POLICY 2) HAS READ AND UNDERSTANDS THE 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

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OUTSIDE THE MEETING. THE ASSOCIATION MAY APPROVE THE MATTER IF 1) THE MATERIAL FACTS AS TO THE "RESPONSIBLE PERSON'S" OR RELATED PARTY'S INTEREST, POSITION OR RELATIONSHIP GIVING RISE TO THE CONFLICT OF INTEREST, AND AS TO THE MATTER, ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF DIRECTORS OR ANY BOARD COMMITTEE DELEGATED AUTHORITY OVER THE MATTER AND 2) THE BOARD OR BOARD COMMITTEE IN GOOD FAITH AUTHORIZES, APPROVES OR RATIFIES THE MATTER BY THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT, EVEN THOUGH THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS ARE LESS THAN A QUORUM.

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

THE BOARD OF DIRECTORS DELEGATES COMPENSATION DETERMINATION FOR THE 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 CHEIF EXECUTIVE OFFICER USE A SIMILAR COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. MARKET DATA FOR SIMILAR SIZED NON-PROFIT ORGANIZATIONS IS REVIEWED AND GEOGRAPHIC PAY DIFFERENTIAL, EXPERIENCE, EDUCATION, PERFORMANCE, SCOPE OF DUTIES, INTERNAL EQUITY AND SALARY HISTORY ARE CONSIDERED. THE PRESIDENT AND CEO SHALL ANNUAL REPORT TO THE BOARD OF DIRECTORS REGARDING COMPLETION OF THIS RESPONSIBILITY.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, LA

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

THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CONSULTANTS:

|                                 |            |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES        | 1,930,283. |
| MANAGEMENT AND GENERAL EXPENSES | 395,617.   |
| FUNDRAISING EXPENSES            | 306,633.   |
| TOTAL EXPENSES                  | 2,632,533. |

SUBCONTRACTORS:

|  |            |
|--|------------|
| PROGRAM SERVICE EXPENSES                               | 1,499,229. |
| MANAGEMENT AND GENERAL EXPENSES                        | 0.         |
| FUNDRAISING EXPENSES                                   | 0.         |
| TOTAL EXPENSES   | 1,499,229. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 4,131,762. |

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

|  |             |
|--|-------------|
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS | -1,134,307. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS               | -46,437.    |
| PROCEEDS FROM PPP LOAN                                     | 1,163,177.  |
| TOTAL TO FORM 990, PART XI, LINE 9                         | -17,567.    |

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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.