PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1888564 | Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A F</u>	For the	$= 2022$ calendar year, or tax year beginning $\cup \cup \cup$	<u> </u>	0, 2023	
B	Check if applicable	C Name of organization	D Emp	oloyer identific	cation number
Г	Addre	AMERICAN HUMANE ASSOCIATION			
	Name chang	AMEDICAN HUMAND DIDOM MO CED	VE 8	4-043295	50
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1400 16TH STREET, NW Room/s		phone number 202)677-	
	⊥return/ termin ated			receipts \$	27,990,690.
Х	Ameno			this a group re	
	Applic	F Name and address of principal officer: ROBIN R. GANZERT, PHD		r subordinates'	
	pendir	SAME AS C ABOVE	I	all subordinates in	
1	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If '	'No," attach a	list. See instructions
	Websit		H(c) Gr	oup exemption	n number
			Year of formati	on: 1877 N	State of legal domicile: DC
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O		
Governance					<u> </u>
ērn	2	Check this box if the organization discontinued its operations or disposed of r		1 1	ets.
9	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			16
		Total number of individuals employed in calendar year 2022 (Part V, line 1a)			111
Activities &	6	Total number of volunteers (estimate if necessary)			500
Ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		······	0.
Ă	h h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			r Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	13,8	22,948.	17,800,533.
nue	9	Program service revenue (Part VIII, line 2g)		59,782.	3,425,219.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,056.	2,041,353.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,323.	2,631,140.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,5	05,109.	25,898,245.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2	44,145.	125,620.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,108.	10,197,903.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1	26,000.	126,000.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25) 3,618,768.			
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,550.	13,772,893.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,803.	24,222,416.
		Revenue less expenses. Subtract line 18 from line 12	<u> </u>	53,306.	1,675,829.
SOF				Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		37,379.	36,216,465.
Net Assets or	21	Total liabilities (Part X, line 26)		19,824.	8,860,803.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	43,0	17,555.	27,355,662.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atamante and t	o the best of my	knowledge and helief it is
		itles of perjory, ruccial e that i have examined this return, including accompanying scriedules and sa it, and complete. Declaration of preparer (other than officer) is based on all information of which prej		-	knowledge and belief, it is
truc	, 001100		paror nas any k	nowicage.	
Sig	n	Signature of officer		Date	
Her		ROBIN R. GANZERT, PHD, PRESIDENT & CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid	j	KRISTIN A. JACQUELIN, CPAKRISTIN A. JACQUELI	N 02/09	/24 if self-employe	P01325865
	parer	Firm's name CALIBRE CPA GROUP, PLLC			7-0900880
	Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WE	ST		
		BETHESDA, MD 20814		Phone no. 20	2-331-9880
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	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?	40
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Na.
3	If "Yes," describe these changes on Schedule O.	NO.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,716,769. including grants of \$ 220.) (Revenue \$ 464,001.	•)
	AMERICAN HUMANE HOLLYWOOD	
	- <u> </u>	
	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 \$2,216,259. including grants of \$110. (Revenue \$1,237,500.	<u>•</u>)
	AMERICAN HUMANE FARM ANIMAL PROGRAM	
	AMEDICAN HUMANE DELIEUEG DEODLE GUOLLD DE ADLE MO EOLLOW MUELD EOOD	
	AMERICAN HUMANE BELIEVES PEOPLE SHOULD BE ABLE TO FOLLOW THEIR FOOD PREFERENCE AND FIND HUMANELY RAISED DAIRY, MEAT, AND EGG PRODUCTS.	
	FREFERENCE AND FIND HUMANEDI RAISED DAIRI, MEAI, AND EGG FRODUCIS.	
	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	
4c	(Code:) (Expenses \$2, 708, 177. Including grants of \$99, 396. (Revenue \$\$ 530, 618.	<u>•</u>)
	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, GLOBAL, AND 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.	
	ANIMAL WELFARE STANDARDS ARE REGULARLY REVIEWED BY THE PROGRAM'S	
	SCIENTIFIC ADVISORY COMMITTEE, AN INTERNATIONAL GROUP OF ANIMAL SCIENCE	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 7,035,023. including grants of \$ 25,894.) (Revenue \$ 1,193,100.)	
40	Total program service expenses 18,676,228.	
<u>+€</u>	Form 990 (20)22)

Form 990 (2022) AMERICAN HUMANE ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	l °		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, columni (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

232003 12-13-22

84-0432950 Page 4

Pai	Tt IV Checklist of Required Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	21	
30		20		X
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	10	x	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 111			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_ oa_		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Consequenciate included on Form 200 Part VIII line 10 for public use of old to facilities.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			177
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
222005	If "Yes," complete Form 6069.	Form	990	(2022) (
2020U5	1E-10-EE	i UIII	,	12022

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	150	Х	
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.54	taxable entity during the year?	16a		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL , AK , AZ , CA , CO , CT , FL , GA , HI	,IL,	KS,	, KY
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (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	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELISSA SANOFF - 240-350-4950			
	1400 16TH STREET, NW, SUITE 360, WASHINGTON, DC 20036		000	
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBIN GANZERT, PH.D PRESIDENT & CEO	40.00			х				651,759.	0.	51,160.
(2) JOHN HUBBARD	40.00							031,733.	0.	31,100.
CHIEF OPERATING OFFICER	40.00	1			Х			437,533.	0.	32,069.
(3) STEPHANIE CARMODY, ESQ	40.00							207,70001		32,0031
SVP & GENERAL COUNSEL		1				x		352,997.	0.	23,735.
(4) THOMAS M EDLING, DVM, MSPVM, MP	40.00							002,0011		
CHIEF VETERINARY OFFICER		1				x		222,236.	0.	4,237.
(5) LAURA A. T. SHEEHAN	40.00							·		•
SVP, COMMUNICATIONS AND LEGISLAT						Х		218,709.	0.	3,224.
(6) AMY HRIN, PH.D	40.00									
NATIONAL DIRECTOR, MILITARY AFFAIRS						X		197,708.	0.	9,908.
(7) KARTHIK DEVARAJAN	40.00									
CHIEF TECHNOLOGY OFFICER						X		194,532.	0.	12,207.
(8) MELISSA SANOFF	40.00	1								
CHIEF FINANCIAL OFFICER	1 22			Х				25,138.	0.	1,431.
(9) DAWN ASSENZIO	1.00	ļ							•	•
DIRECTOR		Х						0.	0.	0.
(10) J. MICHAEL MCFARLAND	2.00	.,							0	0
SECRETARY (A1)	1 00	Х		Х				0.	0.	0.
(11) SCOTT CAMPBELL, COL., USMC (RET	1.00	3,7							0	0
DIRECTOR (12) SHARON JABLIN	1 00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) TOM KEARNEY REAR ADMIRAL USN (1.00	Λ						0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(14) HERBERT KRAUSS, JD	1.00	-25						•	•	
DIRECTOR		Х						0.	0.	0.
(15) LOUISE LANE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JOHN PAYNE	2.00									
CHAIR		Х		Х	L			0.	0.	0.
(17) AMANDA BOWMAN	1.00									
DIRECTOR		Х						0.	0.	0.

232007 12-13-22 Form **990** (2022)

84-0432950

TOTAL 990 (2022)	THE THE PERSON	- 10	, 20	<u></u>			-,		01 0102	JJO Tage
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(D)	(E)	(F)						
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MARILYN PELSTRING	1.00									
DIRECTOR		Х	Ш					0.	0.	0.
(19) JEAN SHAFIROFF DIRECTOR	1.00	х						0.	0.	0.
(20) CANDY SPELLING VICE CHAIR	2.00	х		х				0.	0.	0.
(21) LARRY STRICKLAND	1.00		Н			\vdash		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(22) ABIGAIL TRENK DIRECTOR	1.00	х						0.	0.	0.
(23) NELVA BRYANT, DVM, MPH DIRECTOR	1.00	х						0.	0.	0.
(24) CYBELL KIESSLING DIRECTOR	1.00	х						0.	0.	0.
(25) DAVID WEBB DIRECTOR	1.00	х						0.	0.	0.
1b Subtotal								2,300,612.	0.	137,971.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,300,612.	0.	137,971.
2 Total number of individuals (including h								ceived more than \$100	000 of reportable	

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

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.

the organization: rieport compensation for the calculat year chaing with or with		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
FUSE FUNDRAISING, 12355 SUNRISE VALLEY	FUNDRAISING COUNSEL	
DRIVE, RESTON, VA 20191	& DIRECT MAIL	432,159.
M2 CONSTRUCTION LLC, 11250 ROGER BACON DR,		
SUITE 13, RESTON, VA 20190	BUILDING CONTRACTOR	384,047.
JAVIER C MOSQUERA GUTIERREZ, 4382 COUNTRY		
GROVE BLVD, WEST PALM BEACH, FL 33406	BUILDING CONTRACTOR	236,843.
MRB PRODUCTIONS, 8875B CYNTHIA STREET,		
WEST HOLLYWOOD, CA 90069	FILM PRODUCTION	150,000.
CLIFFORD ROSE	ACCOUNTING	
34 TIBBETTS POINT WAY, OCEAN VIEW, DE 19970	CONSULTING	137,438.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 6		
	<u> </u>	= OOO (2222)

Form 990 (2022) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue		Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
(0, (0	4 .	Federated campaigns 1a	32,973.				
Contributions, Gifts, Grants and Other Similar Amounts			32,373.				
يج و		Membership dues 1b	207 572				
ts, An		Fundraising events1c	207,573.				
a G		d Related organizations 1d					
ini	•	Government grants (contributions)					
rior	1	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	17,559,987.				
ÖĘ	9	Noncash contributions included in lines 1a-1f	149,950.				
an So	i	1 Total. Add lines 1a-1f		17,800,533.			
			Business Code				
•	2 8	service fees	900099	3,321,977.	3,321,977.		
Program Service Revenue	2 4	TICKET SALES AND OTHER	900099	103,242.	103,242.		
er, ne	'		300033	100,212.	100,212.		
n S	(
Je Je	•	d					
o L		·					
ه	1	All other program service revenue					
		Total. Add lines 2a-2f		3,425,219.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		664,661.			664,661.
	4	Income from investment of tax-exempt bond pro	i i				
	5	Royalties		2,698,877.			2698877.
	·	(i) Real	(ii) Personal	, ,			
	6 .		(1)				
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3,288,209.					
	ŀ	Less: cost or other basis					
ne		and sales expenses 7b 1,911,517.					
ther Revenue	(Gain or (loss) 7c 1,376,692.					
Be		d Net gain or (loss)		1,376,692.			1376692.
e		Gross income from fundraising events (not					
튐		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	108,982.				
		Less: direct expenses 8b	180,928.				
		Net income or (loss) from fundraising events		-71,946.			-71,946.
				, 1, 5 20 .			71,510.
	9 8	a Gross income from gaming activities. See	l				
		Part IV, line 199a					
		Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 :	MISCELLANEOUS	900099	4,209.			4,209.
nec				, -			, , , , , , , , , , , , , , , , , , ,
ĭla ver	,						
Sce							
Ξ	(d All other revenue		4,209.			
		Total. Add lines 11a-11d			2 405 010		4670403
	12	Total revenue. See instructions		25,898,245.	3,425,219.	0.	4672493.

232009 12-13-22

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 (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 51,620. 51,620. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 74,000. 74,000. Benefits paid to or for members Compensation of current officers, directors, 676,998. 1,072,230. 279,025. 116,207. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,528,151. 5,368,537. 614,872. 1,544,742. Other salaries and wages 7 Pension plan accruals and contributions (include 145,951. 102,776. 10,104. 33,071. section 401(k) and 403(b) employer contributions) 582,703. 74,985. 838,076. 180,388. Other employee benefits 9 613,495. 419,028. 67,236. 127,231. 10 Payroll taxes 11 Fees for services (nonemployees): Management 19,527. 160,757. 123,723. 17,507. Legal 50,599. 5,511. 6,146. 38,942. Accounting Lobbying 126,000. 126,000. Professional fundraising services. See Part IV, line 17 71,433. 6,348. 55,301. 9,784. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,159,812. 6,008,992. 388,177. 461,003. column (A), amount, list line 11g expenses on Sch O.) 63,457. 848,979. 779,968. 5,554. Advertising and promotion 12 1,036,111. 549,553. 23,390. 463,168. 13 Office expenses 185,176. 142,516. 20,167. 22,493. Information technology 14 Royalties 15 520,532. 114,432. 705,285. 70,321. 16 Occupancy 2,685,893. 2,514,782. 40.173. 130,938. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 432,099. 367,911. 19,462. 44,726. Depreciation, depletion, and amortization 22 25,860. 259,360. 191,419. 42,081. 23 Other expenses. Itemize expenses not covered 24 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.) 682,926. 586,063. 9,089. 87,774. TRADESHOWS AND EVENTS MISCELLANEOUS EXPENSES 418,932. 292,465. 31,265. 95,202. 161,873. 62,054. 36,263. 63,556. TAXES, LICENSES AND FEE 64,478. 64,478. d DONATED GOODS e All other expenses 24,222,416. 18,676,228. 1,927,420. 3,618,768. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,347,231.	1	1,230,105.
	2	Savings and temporary cash investments			1,690,055.	2	667,866.
	3	Pledges and grants receivable, net			1,280,631.	3	3,104,278.
	4	Accounts receivable, net			1,080,692.	4	2,234,568.
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substanti	tial contrib	outor, or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in s	section 4	958(c)(3)(B)		6	
υ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B			729,410.	9	834,288
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D10		6,440,429.			
	b	Less: accumulated depreciation10	0b	2,663,455.	3,842,076.		3,776,974. 15,994,333.
	11	Investments - publicly traded securities			13,877,116.	11	15,994,333.
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			5,390,168.	15	8,374,053
	16	Total assets. Add lines 1 through 15 (must equal lin			30,237,379.	16	36,216,465
	17	Accounts payable and accrued expenses		2,021,001.	17	1,970,058.	
	18	Grants payable		050 040	18	500 160	
	19	Deferred revenue			253,912.	19	592,462
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substanti		outor, or 35%			
jab.		controlled entity or family member of any of these po				22	
_	23	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	1 000 000
	24	Unsecured notes and loans payable to unrelated thi	-			24	1,000,000.
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-	-	·	2 244 011		E 200 202
		of Schedule D			2,344,911.		5,298,283. 8,860,803.
	26	Total liabilities. Add lines 17 through 25		X	4,619,824.	26	0,000,003.
S		Organizations that follow FASB ASC 958, check in	nere				
nce	07	and complete lines 27, 28, 32, and 33.			15,707,121.	27	16,152,158.
ala	27	Net assets without donor restrictions	9,910,434.	28	11,203,504.		
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958,			J, J10, 434.	20	11,203,304
ᆵ		and complete lines 29 through 33.	CHECK III				
ō	20	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or equip				30	
\ss(31	Retained earnings, endowment, accumulated incom				31	
et /					25,617,555.	32	27,355,662.
Ž	32	Total liabilities and not assets/fund balances			30,237,379.	33	36,216,465.
	33	Total liabilities and net assets/fund balances			30,231,313.	აპ	50,210,405

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,22	2,4	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,67	5,8	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,61	7,5	55.
5	Net unrealized gains (losses) on investments	5	-11	0,9	80.
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	3,2	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,35	5,6	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 8.4 - 0.432950

D -				E ASSOCIATIO				4-0432930		
Ра	rt I	Reason for Public C	onarity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.			
Γhe	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in		
_		section 170(b)(1)(A)(iv). (C		,		, ,				
6		A federal, state, or local gov		nental unit described in	section 17	70/h\/ 1\/ A\	(v)			
	X		-					aublia dagaribad in		
′	21	An organization that normal	•	iliai part of its support ii	oni a gove	emmema	unit or from the general p	Jublic described in		
_		section 170(b)(1)(A)(vi). (C	• •	4VAV-1) (Olata D						
8	\square	A community trust describe								
9		An agricultural research org				-	-	-		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or		
		university:								
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	* *					giving		
		the supported organization			•	_				
		organization. You must c			,, -					
b		Type II. A supporting orga	-		tion with it	s sunnorte	ed organization(s) by hav	vina		
-		control or management of	· ·					-		
		organization(s). You mus			arric perso	iis triat coi	Titlor of manage the supp	onted		
_		Type III functionally inte			in connect	ion with c	and functionally integrate	od with		
С							• •	cu with,		
		its supported organization								
d		Type III non-functionally	=				• • • • • • • • • • • • • • • • • • • •	* *		
		that is not functionally int	-		•		•	/eness		
		requirement (see instructi	•							
е		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f		r the number of supported o								
g		ide the following information			I (iv) Is the orga	nization listed	(() () () () () () () () () ((vi) Amazumt of other		
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		Organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)		

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11785834.	15396030.	8920303.	13822948.	17800533.	67725648.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11785834.	15396030.	8920303.	13822948.	17800533.	67725648.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14645341.
6	Public support. Subtract line 5 from line 4.						53080307.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	11785834.	15396030.	8920303.	13822948.	17800533.	67725648.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2712460.	2757018.	2747377.	3097228.	3363538.	14677621.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	25,287.	6,434.	17,750.	6,393.	4,209.	
11	Total support. Add lines 7 through 10						82463342.
12	Gross receipts from related activities	etc. (see instruction	ons)			12 20	,994,332.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	64.37 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	66.35 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circum	nstances test, chec	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2022

232022 12-09-22

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

232024 12-09-22

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion 5.7th Type in Supporting Organizations		Vaa	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations					
1	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.								
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	on 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						
	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	on C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

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 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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 contributed year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. It 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.		exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc.,						
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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						

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

AMERICAN HUMANE ASSOCIATION

84-0432950

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$360,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 878,391.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>450,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 5,961,772.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMERICAN HUMANE ASSOCIATION

84-0432950

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15.	00		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 84-0432950 AMERICAN HUMANE ASSOCIATION 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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 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) organizat	ions: Complete Part III.			
Nan	ne of organization			Em	oloyer identification number
	AMERICA	<u>N HUMANE ASSOCIA</u>	TION		84-0432950
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax			-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 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.				1/21
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).
	Enter the amount directly expended	, , ,	•		\$
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures				Φ.
4	line 17b				⇒Yes No
4 5	Did the filing organization file Form Enter the names, addresses and en				
3	made payments. For each organiza		•		
	contributions received that were pro	·	0 0		·
	political action committee (PAC). If	additional space is needed, prov	vide 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) 2022

LHA

232041 11-08-22

		UMANE ASSOCI			432950 Page 2	
Part II-A Complete if the org	janization is ex	empt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under	
section 501(h)).						
A Check if the filing organiza	ation belongs to an a	iffiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
	re of excess lobbyin	· ,				
B Check if the filing organiza	ation checked box A	and "limited control" pro	visions apply.	T	1	
Limi	its on Lobbying Ex	enditures		(a) Filing organization's	(b) Affiliated group totals	
(The term "expend	ditures" means am	ounts paid or incurred.)		totals	ioiais	
		/				
	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)					
b Total lobbying expenditures to influe	-	• • • • •				
c Total lobbying expenditures (add lid Other exempt purpose expenditure				20,603,648.		
Total exempt purpose expenditure		1 <i>d</i>)		20,603,648.		
f Lobbying nontaxable amount. Enter	•	,		1,000,000.		
If the amount on line 1e, column (a) of		obbying nontaxable am		1,000,000		
Not over \$500,000		of the amount on line 1e.	ount is.			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc	ess over \$500 000			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc				
Over \$1,500,000 but not over \$17.		000 plus 5% of the exce				
Over \$17,000,000	,	0,000.	σο στοι φτ,σοσ,σοσ.			
	, ,,,,	3,000.				
g Grassroots nontaxable amount (er	g Grassroots nontaxable amount (enter 25% of line 1f)					
h Subtract line 1g from line 1a. If zer	,			250,000.		
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.		
j If there is an amount other than ze	ro on either line 1h					
reporting section 4911 tax for this	year?				Yes No	
	4-Year	veraging Period Under	Section 501(h)			
(Some organizations t		501(h) election do not	-	of the five columns be	elow.	
	-	arate instructions for lir				
	Lobbying Ex	enditures During 4-Yea	ar Averaging Period	T	T	
Calendar year	() 2242	# \ 2222	() 0004	(1) 0000		
(or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount	945,408	. 825,352.	979,990.	1,000,000.	3,750,750.	
b Lobbying ceiling amount	·	,	,	, ,		
(150% of line 2a, column(e))					5,626,125.	
c Total lobbying expenditures	117,441	•			117,441.	
d Grassroots nontaxable amount	236,352	. 206,338.	244,998.	250,000.	937,688.	
e Grassroots ceiling amount						
(150% of line 2d, column (e))					1,406,532.	

Schedule C (Form 990) 2022

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 ϵ	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	o Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
9					
n	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	• • •				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5).	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	Li	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year		2b		
С	Total		2c		
3	4		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A, I	ines 1 a	nd 2 (See	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i dilas ana otner accounts
1 2	Total number at end of 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 advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

	t III Organizations Maintaining Co			asures or (Other S			S /continu	
	•							(CONTINU	iea)
3	Using the organization's acquisition, accession	i, and other records	s, check any or the i	ollowing that m	ake sign	ilicant u	se or its		
	collection items (check all that apply):								
a	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations					_			
4	Provide a description of the organization's college						e in Part	XIII.	
5	During the year, did the organization solicit or i							٦	—
Dos	to be sold to raise funds rather than to be main							Yes	L No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the organizatio	n answered "Ye	es" on Fo	orm 990,	, Part IV,	line 9, or	
	<u>'</u>					le collecti			
па	Is the organization an agent, trustee, custodiar							٦,,	
	on Form 990, Part X?						∟	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	owing table:					Amount	
						—		Amount	
	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					1f		٦,,	
	Did the organization include an amount on For				•	?	∟	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. C								
Fai						1 Three w	aara baali	(a) Four	uaara baali
	_	(a) Current year	(b) Prior year	(c) Two years I			ears back	· ,	years back
	Beginning of year balance	769,260.	1,712,355.	1,480,	941.	1,4	73,320.		275,787.
	Contributions			020	201		20 005		148,846.
	Net investment earnings, gains, and losses			238,	391.		22,897.		48,687.
d	Grants or scholarships								
е	Other expenditures for facilities			_					
	and programs	30,803.	943,095.	6,	977.		15,276.		
f	Administrative expenses								
g	End of year balance	738,457.	769,260.	· · ·	355.	1,48	30,941.	1,	473,320.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 68.4400	%							
С	Term endowment 31.5600 %								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held ar	id administered	for the			Г	Va a Na
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4 Do:	Describe in Part XIII the intended uses of the o	rganization's endov	vment funds.						
Pai	t VI Land, Buildings, and Equipme		Dart IV line 11 a C		and V IIIa	- 10			
	Complete if the organization answered		1				.		
	Description of property	(a) Cost or ot	` ,	I		umulate	d	(d) Book	value
		basis (investm	·	` '	aepre	eciation		(22	770
	Land			9,770.		-0 -			,770.
	Buildings			4,152.		9,62	48 ·		,524.
	Leasehold improvements			9,334.		37,77		641	,559.
	Equipment		3,02	7,173.	4,25	6,05	04.	//1	,121.
	Other							2 55	054
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990. Part)	K. column (B), line 10	Oc.)				3,776	,974.

Schedule D (Form 990) 2022

	MANE ASSUCTAT	TON 84	1-0432950 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		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 en	d-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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<u> </u>	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
-	Description	Tra. See Form 990, Fart A, line 13.	(b) Book value
DEVICE AND THE PROPERTY AND		cmc	5,632,450.
		515	2,741,603.
	ET.		2,741,003
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0 254 052
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		8,374,053.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	<u>5.</u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OBLIGATIONS UNDER SPLIT-IN	TEREST		
(3) AGREEMENTS			1,382,354.
(4) LEASE LIABILITY			3,915,929.

5,298,283. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2022

(5) (6)(7) (8) (9)

		(Form 990) 2022 AMERICAN HUMANE ASSO				0432950 Page
Par	t XI	Reconciliation of Revenue per Audited Financial		th Revenue per Re	eturn.	
1	Total	Complete if the organization answered "Yes" on Form 990, Part revenue, gains, and other support per audited financial statemen	_		1	66,006,935.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	ເຣ		-	00,000,555
		nrealized gains (losses) on investments	2a	-110,980.		
b		ted services and use of facilities				
C		veries of prior year grants		33733373273		
d		(Describe in Part XIII.)		354,186.		
e		nes 2a through 2d		•	2e	40,180,123.
3		act line 2e from line 1			3	25,826,812.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				, , , , , ,
			4a	71,433.		
b		(Describe in Part XIII.)		,		
		nes 4a and 4b	·	•	4c	71,433.
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. li			5	25,898,245
	rt XII	Reconciliation of Expenses per Audited Financia	al Statements W	/ith Expenses per	Retur	
		Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.			
1	Total	expenses and losses per audited financial statements			1	64,268,828.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a	39,936,917.	<u>. </u>	
b	Prior y	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	180,928.		
е	Add li	nes 2a through 2d			2e	40,117,845.
3	Subtra	act line 2e from line 1			3	24,150,983.
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:	1			
				71,433.		
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	71,433.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)		5	24,222,416.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			4; Part	X, line 2; Part XI,
lines	2d and	4 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	vide any additional ir	formation.		
ם א ב	om 17	, LINE 4:				
LAI	<u> </u>	, DINE 4.				
EAF	RNIN	GS ON THE ASSOCIATION'S ENDOWMENT	r FUND NET	ASSETS ARE (ENE	RALLY
====						
RES	STRI	CTED BY DONORS FOR SUPPORT OF SPI	ECIFIC ASSO	CIATION PROC	RAM	S. THE
						-
ASS	SOCI	ATION'S GOVERNING BOARD DETERMINE	ES ANNUAL A	APPROPRIATION	IS F	'OR
EXE	END	ITURE IN SUPPORT OF ITS PROGRAMS	IN ACCORDA	ANCE WITH DON	IOR	
RES	STRI	CTIONS.				
_	_					
PAF	RT X	, LINE 2:				
3 7 <i>7</i> -	.n ~					

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

Schedule D (Form 990) 2022 AMERICAN HUMANE ASSOCIATION	84-0432950 Page
Part XIII Supplemental Information (continued)	
THE IRC. HOWEVER, INCOME NOT DIRECTLY RELATED TO AMERICAN	HUMANE'S
TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSI	NESS 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 2019 THROUGH 2021 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	242,282.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-69,024.
DIRECT COSTS OF SPECIAL EVENTS	180,928.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	354,186.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT COSTS OF SPECIAL EVENTS	180,928.

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Inspection

AMERICAN	HUMANE	ASSOCTATION

Employer identification number

AMERICAN HUMANE				84-043295					
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on				
Form 990, Part IV	/, line 14b.								
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,					
the grantees' eligibility fo	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2 For grantmakers. Desc	ribe in Part V the	organization's	orocedures for monitoring the use of its	s grants and other assistance outsi	de the				
United States.									
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	needed.)					
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total				
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and				
	in the region	independent	gram services, investments, grants to	describe specific type	investments				
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region				
				MONITOR THE USE OF					
				ANIMALS ON INTERNATIONAL					
				MOVIE SETS AND IN THE					
SUB-SAHARAN AFRICA	0	0	ANIMAL WELFARE	PRODUCTION OF	23,092.				
				MONITOR THE USE OF	, , , , , , , , , , , , , , , , , , ,				
				ANIMALS ON INTERNATIONAL					
EUROPE (INCLUDING				MOVIE SETS AND IN THE					
ICELAND & GREENLAND)	1	0	ANIMAL WELFARE	PRODUCTION OF	607,835.				
				MONITOR THE USE OF	, -				
				ANIMALS ON INTERNATIONAL					
MIDDLE EAST AND				MOVIE SETS AND IN THE					
NORTH AFRICA	0	0	ANIMAL WELFARE	PRODUCTION OF	74,234.				
	-	-		MONITOR THE USE OF	,				
				ANIMALS ON INTERNATIONAL					
EAST ASIA AND THE				MOVIE SETS AND IN THE					
PACIFIC	0	0	ANIMAL WELFARE	PRODUCTION OF	20,400.				
				MONITOR THE USE OF					
				ANIMALS ON INTERNATIONAL					
				MOVIE SETS AND IN THE					
NORTH AMERICA	0	0	ANIMAL WELFARE	PRODUCTION OF	113,811.				
		-							
3 a Subtotal	1	0			839,372.				
b Total from continuation					000,072.				
	0	0			0.				
sheets to Part I c Totals (add lines 3a									
and 3b)	1	0			839,372.				
und 00/	_								

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

Schedule F (Form 990) 2022

232071 10-17-22

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for an	ıy
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.	

						I		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA		10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)		50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)		9,000.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
3	Enter total number of other organizations or entities	>

Schedule F (Form 990) 2022

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 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: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MONITOR THE USE OF ANIMALS ON

INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.

PRESERVATION OF SPECIES IN THEIR NATURAL HABITATS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: MONITOR THE USE OF ANIMALS ON

INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.

PRESERVATION OF SPECIES IN THEIR NATURAL HABITATS.

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MONITOR THE USE OF ANIMALS ON

INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS.

PRESERVATION OF SPECIES IN NATURAL HABITATS.

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.

PRESERVATION OF SPECIES IN NATURAL HABITATS.

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.

PRESERVATION OF SPECIES IN NATURAL HABITATS.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization AMERICA	N HUMANE ASSOCIATI	ON				Employer ide 84-0432	ntification number 950
	Complete if the organization answer		es" or	n Form 990, Part IV, I	ine 1		
Indicate whether the organization rais	ed funds through any of the following X Solicitates	ation of ation of I fundra I (includ professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
FUSE FUNDRAISING, LLC - 12355		Yes	No				
SUNRISE VALLEY DRIVE SUITE	FUNDRAISING COUNSEL		X	423,320.		126,000.	297,320.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit			423,320. or has been notified	it is e	126,000. exempt from re	297,320. gistration
AL, AK, AZ, AR, CA, CO, CT,	FL,GA,HI,IL,KS,KY,	LA,M	Œ,M	ID,MA,MI,MN	, MS	S,NH,NJ,	NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,							
ID							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

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
				PUPS4PATRIOT		(add col. (a) through
			S DINNER	S GOLF INVIT	1	col. (c))
40			(event type)	(event type)	(total number)	COI. (C))
nue						
Revenue	1	Gross receipts	184,343.	94,036.	38,176.	316,555.
Œ						
	2	Less: Contributions	130,313.	75,180.	2,080.	207,573.
	3	Gross income (line 1 minus line 2)	54,030.	18,856.	36,096.	108,982.
	4	Cash prizes				
	5	Noncash prizes		1,570.		1,570.
Direct Expenses					· ·	
Sen	6	Rent/facility costs	20,823.	5,562.	6,744.	33,129.
Š			F2 FF4	40 504	11 510	55.006
ect	7	Food and beverages	53,554.	10,734.	11,548.	75,836.
ā			F 500	202	0 000	14 000
	8	Entertainment	5,500.	383.	9,000.	14,883. 55,510.
	9	Other direct expenses	16,307.	35,178.	4,025.	
	10	,				180,928. -71,946.
Pa	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a				-/1,940.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		ψ13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3 1 3		(-7 3 (-7)
Re	4	Gross revenue				
	Ė	dross revenue				
	2	Cash prizes				
Direct Expenses						
per	3	Noncash prizes				
Ë						
rec	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	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)			
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
1 0~	. \^/-	ore any of the organization's coming lines	vokod guapandad ciita	rminated during the tarre	voor?	Voc. No.
		ere any of the organization's gaming licenses re	wokea, suspended, or te	minated during the fax y	'Eai (Yes No
D	, 11	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 AMERICAN HUMANE ASSOCIATION	84-0432950 Page 3
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	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
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 rev	venue? 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 convices provided	
Description of services provided	
Director/officer Employee Independent contractor	
47. Manadakan aliabiih diana	
17 Mandatory distributions:	_
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year \$	s or spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and Part III, lines 9, 9h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(iii) and (v), and rare iii, iii ee e, ee, ree,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID F	UNDRAISERS:
(I) NAME OF FUNDRAISER: FUSE FUNDRAISING, LLC	
(I) ADDRESS OF FUNDRAISER:	
12355 SUNRISE VALLEY DRIVE SUITE 240, RESTON, VA 20191	

Schedule G	G (Form 990)	AMERICAN I	HUMANE	ASSOCIATION	84-0432950	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)			
		(continued	/			

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization AMERICAN	Employer identification number $84-0432950$						
Part I General Information on Grants a		50011111011					01 0101300
 Does the organization maintain records or criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				-		on X Yes No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	zations and Domestic	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
INTERNATIONAL FUND FOR ANIMAL WELFARE - 290 SUMMER STREET - YARMOUTH PORT, MA 02675	31-1954197	501(C)(3)	15,000.	0.			ANIMAL WELFARE
IUCN SPECIES SURVIVAL C/O RE:WILD PO BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	25,000.	0.			ANIMAL WELFARE
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization:	•	•	e line 1 table				2.

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

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ASSOCIATION'S GRANT APPLICATION	N PROCESS	INCLUDES	ELIGIBILIT	Y	
REQUIREMENTS, EVALUATION AS TO NEED	O, RELEVA	NCY AND/OR	OTHER FAC	TORS, AND	
COMPLIANCE WITH THE ASSOCIATION'S I	REPORTING	REQUIREME	ENTS, WHICH	MAY REQUIRE	
GRANT RECIPIENTS TO DOCUMENT TO TH	E ASSOCIA	TION HOW A	AND WHEN TH	E FUNDS WERE	
USED, ALONG WITH OTHER SUPPORTING	INFORMATI	ON.			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
_				
3	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.			
	 X Compensation committee Independent compensation consultant X Written employment contract X Compensation survey or study 			
	Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	Х	
e	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		
J	Regulations section 53.4958-6(c)?	9		
	negulations section 50.4500°0[c]:	J		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROBIN GANZERT, PH.D	(i)	506,259.	125,000.	20,500.	34,000.	17,160.	702,919.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOHN HUBBARD	(i)	337,033.	100,500.	0.	10,250.	21,819.	469,602.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) STEPHANIE CARMODY, ESQ	(i)	302,497.	50,500.	0.	13,500.	10,235.	376,732.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) THOMAS M EDLING, DVM, MSPVM, MP	(i)	219,736.	2,500.	0.	3,387.	850.	226,473.	0.	
CHIEF VETERINARY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LAURA A. T. SHEEHAN	(i)	216,209.	2,500.	0.	2,024.	1,200.	221,933.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) AMY HRIN, PH.D	(i)	195,208.	2,500.	0.	8,708.	1,200.	207,616.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) KARTHIK DEVARAJAN	(i)	192,032.	2,500.	0.	2,024.	10,183.		0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule 3 (Form 990) 2022 THIBRECING TIGHTAN TIDDOCTITIES	04 0432730	raye s
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 4B:		
ROBIN GANZERT - \$85,000		
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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	AMERICAN HUM	ANE AS	SOCIATION		8	4 - 0432	950	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution a	•	s
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	X	7	85,471.	FMV			
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 SU)	X	15	64,478.	ESTIMATE	D FAIR	VA]	LUE
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used t	for			
	exempt purposes for the entire holding period'	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Bort II							

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

Schedule M (Form 990) 2022

232142 09-09-22

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 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

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 OUR LEADERSHIP PROGRAMS ARE FIRST WELFARE AND WELL-BEING OF ANIMALS. TO SERVE IN PROMOTING AND NURTURING THE BONDS BETWEEN ANIMALS AND HUMANS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DBA AMERICAN HUMANE FOUNDED IN 1877, AMERICAN HUMANE ASSOCIATION, 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 THAT FILM PRODUCTIONS MEET THE REQUIREMENTS OF OUR ANIMALS WERE HARMED" KEEPING ANIMALS SAFE ON SETS, WHICH ALSO RESULTS IN GREATER SAFETY FOR HUMAN ACTORS. THE PROGRAM FUNDAMENTALLY: TELEVISION AND COMMERCIAL WORKS TO PROTECT ANIMALS USED IN FILM, 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) 2022

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

EDUCATES AND INFORMS FILM INDUSTRY PROFESSIONALS AND THE PUBLIC

REGARDING THE HUMANE TREATMENT OF ANIMAL ACTORS IN THE GLOBAL MEDIA

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.

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

INVOLVED IN THE FOOD SUPPLY CHAIN ABOUT THE SIGNIFICANCE AND BENEFITS

OF THE HUMANE TREATMENT OF FARM ANIMALS.

THIS PROGRAM CERTIFIES THE HUMANE TREATMENT OF MORE ANIMALS IN FOOD PRODUCTION THAN ANY OTHER 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:

EXPERTS, VETERINARIANS, AND ETHICISTS.

COMMUNITY.

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

FEWER THAN THREE PERCENT OF ZOOLOGICAL INSTITUTIONS WORLDWIDE ARE

ACCREDITED. WHILE INDUSTRY-AFFILIATED ASSOCIATIONS OFFER PROGRAMS FOR

BROAD ACCREDITATION OF BUSINESS PRACTICES, AMERICAN HUMANE CERTIFIED IS

THE ONLY INDEPENDENT, THIRD-PARTY CERTIFICATION EFFORT SOLELY DEVOTED

TO THE HUMANE TREATMENT OF ANIMALS IN ZOOS, AQUARIUMS, AND OTHER

CONSERVATION ORGANIZATIONS.

THE AMERICAN HUMANE CERTIFIED PROGRAM OFFERS THREE LEVELS OF
TRANSPARENT AND CREDIBLE ASSURANCE:

UNIQUELY QUALIFIED, TRUSTED HUMANE ORGANIZATION: AMERICAN HUMANE IS THE
WORLD'S LARGEST CERTIFIER OF ANIMAL WELFARE, PROTECTING MORE THAN 1
BILLION ANIMALS AROUND THE GLOBE WITH THE MOST RECOGNIZED, CREDIBLE,
AND RESPECTED HUMANE PROGRAMS. THESE INCLUDE THE WORLD'S LARGEST FARM
ANIMAL WELFARE CERTIFICATION PROGRAM AND THE HISTORIC "NO ANIMALS WERE
HARMED" FILM CERTIFICATION.

COMPREHENSIVE WELFARE CRITERIA DEVELOPED BY TOP EXPERTS: THE PROGRAM IS

BUILT ON COMPREHENSIVE WELFARE CRITERIA INFORMED BY AN UNMATCHED,

INDEPENDENT SCIENTIFIC ADVISORY COMMITTEE MADE UP OF HIGHLY RESPECTED

EXPERTS IN ANIMAL WELFARE, ANIMAL SCIENCE, BEHAVIOR, AND ANIMAL ETHICS.

INDEPENDENT VERIFICATION: IMPLEMENTATION OF THESE RIGOROUS WELFARE

MEASURES ARE VERIFIED BY INDEPENDENT AUDITORS WITH EXTENSIVE ZOOLOGICAL

EXPERTISE IN ANIMAL SCIENCE AND WELFARE.

WE ARE PROUD TO ANNOUNCE THE FOLLOWING ACCOMPLISHMENTS ON BEHALF OF THE

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

REMARKABLE AND ENDANGERED ANIMALS WITH WHOM WE SHARE THE EARTH:

HELPING PROTECT SPECIES IN ZOOLOGICAL SETTINGS WORLDWIDE: AMERICAN

HUMANE ADVANCES THE WELFARE AND HUMANE TREATMENT OF NEARLY 400,000

ANIMALS AT 69 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 THE U.S AND DOZENS OF COUNTRIES IN NORTH AND CENTRAL

AMERICA, THE CARIBBEAN, EUROPE, AND ASIA INCLUDING THE UNITED ARAB

EMIRATES IN THE MIDDLE EAST.

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 NAME THE "BEST ENVIRONMENTAL

DOCUMENTARY" OF 2020 AT DOC LA AND IS PLAYED IN THEATERS AROUND THE

WORLD. "ESCAPE FROM EXTINCTION II" IS CURRENTLY IN PRODUCTION FOR

RELEASE IN 2024.

RAISED PUBLIC AWARENESS FOR HUMANE CONSERVATION: HUNDREDS OF MILLIONS

OF PEOPLE HAVE BEEN REACHED THROUGH OUR EDUCATIONAL VIDEOS AND NATIONAL

TV AND RADIO PSAS ABOUT THE VITAL ROLE OF ZOOS AND AQUARIUMS IN

CONSERVATION.

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

HONORING THE HEROES OF GLOBAL ANIMAL CONSERVATION:

WOLFGANG KIESSLING INTERNATIONAL PRIZE FOR SPECIES CONSERVATION

AMERICAN HUMANE KNOWS THAT THE EXTRAORDINARY EFFORTS TO PRESERVE THE

ANIMALS ON EARTH ARE MORE VITAL THAN EVER AS ARE THE SCIENTISTS,

RESEARCHERS AND ADVOCATES WHO DEVOTE THEIR LIVES TO THESE EFFORTS.

TO RECOGNIZE AND CELEBRATE THOSE WHO ACHIEVE SIGNICANT POSITIVE CHANGE

IN THE FIELD OF CONSERVATION PRACTICE, THEORY, AND RESEARCH, AMERICAN

HUMANE, THE COUNTRY'S FIRST AND MOST EXPERIENCED NATIONAL HUMANE

ORGANIZATION, LAUNCHED THE WOLFGANG KIESSLING INTERNATIONAL PRIZE FOR

SPECIES CONSERVATION (THE PRIZE).

THIS BIENNIAL AWARD WAS CREATED IN HONOR OF WOLFGANG F. KIESSLING, THE
FOUNDER OF LORO PARQUE AND GLOBALLY ACKNOWLEDGED LEADER IN THE FIELD OF
CONSERVATION. AFTER AN APPLICATION AND REVIEW PROCESS FROM A TEAM MADE
UP OF GLOBAL LEADERS IN THE FIELD OF CONSERVATION, THE PRIZE IS AWARDED
TO ONE CONSERVATIONIST WHO HAS MADE A MEASURABLE IMPACT ON SPECIES
CONSERVATION.

THE INAUGURAL WINNER OF THE PRIZE WAS PROF. JON PAUL RODRIGUEZ, CHAIR
OF THE SPECIES SURVIVAL COMMISSION OF THE INTERNATIONAL UNION FOR
CONSERVATION OF NATURE. THE SECOND WINNER IS ANOTHER GLOBAL FORCE FOR
ANIMALS AND WILL BE ANNOUNCED SEPTEMBER 13, 2023 IN WASHINGTON, DC.

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

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

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 HUMAN-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. FIRST RESPONDERS TRAVEL THE NATION WITH A

FLEET OF SPECIALLY EQUIPPED RESCUE VEHICLES, INCLUDING AMERICAN

HUMANE'S FLAGSHIP 82-FOOT "RESCUE RIG."

AMERICAN HUMANE RESCUE SERVES THE ANIMAL VICTIMS OF UNIMAGINABLE

CRUELTY AND ABUSE. OUR EMERGENCY RESCUE TEAM COLLABORATES WITH LOCAL

LAW ENFORCEMENT AGENCIES ON LARGE-SCALE ANIMAL CRUELTY INVESTIGATIONS,

INVOLVING EVERYTHING FROM HOARDING CASES TO PUPPY MILLS AND DOGFIGHTING

OPERATIONS.

WHENEVER AND WHEREVER TRAGEDY STRIKES, WHETHER A NATURAL DISASTER OR AN

INCIDENT OF DEPLORABLE ABUSE, AMERICAN HUMANE RESCUE IS THERE FOR

ANIMALS. THE PROGRAM'S PURPOSE IS TO PROVIDE INTERVENTION FOR

COMMUNITIES IN CRISIS AND TO BUILD MORE HUMANE COMMUNITIES NATIONWIDE

THROUGH TRAINING, GRANTS, SHELTER SUPPORT AND HUMANE EDUCATION.

AMERICAN HUMANE RESCUE DEPLOYMENTS FROM IN 2023 INCLUDES:

PROVIDED GEORGIA TORNADO RELIEF: AMERICAN HUMANE RESCUE WAS REQUESTED

TO DEPLOY TO GEORGIA WHERE TORNADOS DESTROYED HOMES AND DISPLACED

HUMANS AND ANIMALS. THE TEAM WORKED CLOSELY WITH THE GEORGIA DEPARTMENT

OF AGRICULTURE AND ATLANTA HUMANE SOCIETY TO PROVIDE TEMPORARY

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

EMERGENCY SHELTER FOR RESCUED ANIMALS. THE TEAM EVALUATED AND

FACILITATED MEDICAL CARE IN THE TEMPORARY EMERGENCY SHELTER, REUNITED

PETS WITH THEIR FAMILIES, AND COLLABORATED WITH LOCAL OFFICIALS TO HELP

DISPLACED ANIMALS FIND PERMANENT HOMES.

SUPPORTED NEEDS AFTER TENNESSEE TORNADOS: AMERICAN HUMANE DEPLOYED A
TEAM TO TIPTON COUNTY, TN TO HELP ANIMALS IN NEED AFTER TWO TORNADOES
HIT THE AREA. THE STORM DAMAGED 540 STRUCTURES, CAUSING MORE THAN \$37
MILLION IN DAMAGE. THE AMERICAN HUMANE RESCUE TEAM COORDINATED WITH
AUTHORITIES ON THE GROUND TO HELP PROVIDE TEMPORARY EMERGENCY SHELTER
FOR DISPLACED PETS. THE TIPTON COUNTY ANIMAL SHELTER WAS OVERWHELMED
FOLLOWING THE POWERFUL STORM AND NEEDED OUR TEAM TO HELP CARE FOR THE
INJURED AND DISPLACED PETS.

TEAM HEADED TO GUAM TO HELP AFTER HURRICANE MAWAR: AMERICAN HUMANE

RESCUE WAS CALLED INTO ACTION TO ASSIST WITH CRITICAL RELIEF EFFORTS IN

GUAM IN THE WAKE OF TYPHOON MAWAR. OUR TEAM ASSISTED WITH AND WERE

FOCUSED ON THE SAFETY AND WELL-BEING OF DISPLACED ANIMALS IN SEVERAL

COMMUNITIES ON THE ISLAND. WE HELPED WITH ANIMAL RESCUES,

REUNIFICATIONS, AND ANIMAL CONTROL ISSUES. WE ALSO TRAINED LOCAL ANIMAL

CONTROL STAFF IN ADVANCED TECHNIQUES TO ENHANCE THEIR EFFECTIVENESS AND

SAFETY IN THE FIELD. AN ISLAND ENDEMIC SPECIES THAT'S FACED THE BRINK

OF EXTINCTION WAS ALSO AFFECTED BY THE TYPHOON'S AFTERMATH. THE

ISLAND'S CRITICALLY ENDANGERED KO'KO' BIRD (ALSO KNOWN AS GUAM RAIL)

WAS ANOTHER FOCUS OF AMERICAN HUMANE'S EFFORTS INCLUDING WORKING ON

PERMANENT MEASURES TO HELP THE SPECIES INCREASE POPULATIONS. WE CANNOT

LET THIS SPECIES DISAPPEAR FROM EARTH!

Schedule O (Form 990) 2022

Employer identification number Name of the organization 84-0432950 AMERICAN HUMANE ASSOCIATION HELPED ANIMALS DISPLACED BY WILDFIRES IN SPOKANE, WASHINGTON: AMERICAN HUMANE DEPLOYED A RESCUE TEAM TO SPOKANE, WASHINGTON AMID ONGOING WILDFIRES. THE FIRES BURNED MORE THAN 20,000 ACRES. AMERICAN HUMANE WORKED WITH LOCAL AUTHORITIES AND GROUPS TO HELP SHELTER AND CARE FOR HUNDREDS OF ANIMALS, INCLUDING FAMILY PETS, HORSES, GOATS, SHEEP, CHICKENS, AND MORE - THAT WERE IMPACTED BY THE FLAMES. IN TOTAL, IT'S ESTIMATED THAT MORE THAN ONE THOUSAND ANIMALS WERE IMPACTED AND NEEDED CARE. TRAINED MORE RESCUERS: AMERICAN HUMANE WAS ABLE TO PROVIDE A SERIES OF FIRST RESPONDER RESCUE TRAININGS THROUGHOUT THE YEAR. CLASS PARTICIPANTS RECEIVED HANDS-ON EDUCATION ABOUT DOG AND CAT BEHAVIOR AND PROPER HANDLING TECHNIQUES, HOW TO PREPARE THEIR PETS AND COMMUNITY FOR A DISASTER, AND ESSENTIAL COMPONENTS OF DEPLOYING AS AN AMERICAN HUMANE RESCUE FIRST RESPONDER. EXPENSES \$ 1,589,084. INCLUDING GRANTS OF \$ 21,486. REVENUE \$ 0. AMERICAN HUMANE'S LOIS POPE LIFE CENTER FOR MILITARY AFFAIRS

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

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

ON THE HOME FRONT.

AMERICAN HUMANE IS COMMITTED TO HELPING AMERICA'S VETERANS AND

RECOGNIZING THEIR HEROIC CONTRIBUTIONS TO THE UNITED STATES - BOTH ON

AND OFF THE BATTLEFIELD. AMERICAN HUMANE HAS BEEN FIRST TO SERVE WITH

THE U.S. MILITARY FOR A CENTURY: THE ANIMAL RESCUE PROGRAM WAS BORN ON

THE BATTLEFIELDS OF WORLD WAR I EUROPE, WHERE, AT THE REQUEST OF THE

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

U.S. SECRETARY OF WAR, VOLUNTEERS WITH AMERICAN HUMANE DEPLOYED TO RESCUE AND CARE FOR 68,000 WOUNDED WAR HORSES EACH MONTH.

WE CONTINUE TO PROUDLY HONOR THIS LEGACY TODAY THROUGH AMERICAN

HUMANE'S LOIS POPE LIFE CENTER FOR MILITARY AFFAIRS. THE PROGRAM,

FOUNDED THROUGH THE GENEROSITY OF PHILANTHROPIST AND PASSIONATE

VETERANS ADVOCATE, LOIS POPE, OFFERS MEANINGFUL SUPPORT TO OUR VETERANS

WITH TWO KEY AREAS OF FOCUS: FIRST, PROVIDING LIFESAVING SERVICE DOGS

(PUPS4PATRIOTS) TO VETERANS SUFFERING FROM POST-TRAUMATIC STRESS (PTS)

AND/OR TRAUMATIC BRAIN INJURY (TBI); SECOND, REUNITING RETIRED MILITARY

DOGS WITH THEIR FORMER HANDLERS.

BROUGHT BATTLE BUDDIES BACK TOGETHER: AFTER A LIFETIME OF SERVING OUR

COUNTRY AND PROTECTING OUR TROOPS, AMERICAN HUMANE HAS BROUGHT DOZENS

OF FURRY 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 U.S. VETERANS STRUGGLING WITH PTS AND TBI HIGHLY

TRAINED AND FREE SERVICE DOGS THROUGH ITS PUPS4PATRIOTS PROGRAM,

PROVIDING PUPS TO VETERANS.

EXPENSES \$ 2,061,745. INCLUDING GRANTS OF \$ 220. REVENUE \$ 0.

AMERICAN HUMANE HERO DOG AWARDS

THE AMERICAN HUMANE HERO DOG AWARDS IS AN ANNUAL, NATIONWIDE

COMPETITION THAT SEARCHES OUT AND RECOGNIZES AMERICA'S HERO DOGS
OFTEN ORDINARY DOGS WHO DO EXTRAORDINARY THINGS, WHETHER IT'S SAVING

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

LIVES ON THE BATTLEFIELD, LENDING SIGHT OR HEARING TO A HUMAN

COMPANION, OR HELPING PEOPLE ACHIEVE THEIR GOALS. DOGS ARE HONORED IN

MULTIPLE CATEGORIES FOR THE HERO DOG AWARDS:

LAW ENFORCEMENT AND FIRST RESPONDER DOGS - THIS CATEGORY BROADLY

INCLUDES DOGS THAT ARE CRITICAL TO FIRST RESPONDERS, THAT SAFEGUARD THE

PUBLIC, AND THAT FIND THE MISSING AND VICTIMS OF DISASTERS. LAW

ENFORCEMENT DOGS' ABILITY TO HELP PROTECT THEIR HUMAN HANDLERS, THWART

LAWBREAKERS, AND FIND EVIDENCE MAKES THEM TRUE PARTNERS TO FIRST

RESPONDERS. SCENT DETECTIONS DOGS CAN ACCURATELY DETECT A VARIETY OF

TARGETS, INCLUDING CORRECTLY IDENTIFYING A MULTITUDE OF DISEASES AND

FLORA AND FAUNA, AND ARE USED TO DETECT ILLICIT SUBSTANCES, DRUGS, FIRE

ACCELERANTS, FIREARMS, OR EXPLOSIVES. SEARCH AND RESCUE DOGS ARE

TRAINED TO FIND THE MISSING, FROM THOSE LOST IN THE WILDERNESS OR CITY

TO VICTIMS OF ACCIDENTS AND NATURAL DISASTERS.

SERVICE AND GUIDE/HEARING DOGS - SERVICE DOGS ARE TRAINED TO PERFORM

SPECIFIC TASKS FOR PEOPLE WITH DISABILITIES AS DEFINED BY THE AMERICANS

WITH DISABILITIES ACT (ADA). THEY CAN BE TRAINED TO WORK WITH PEOPLE

WITH PHYSICAL MOBILITY NEEDS OR LIMITATIONS, OR PEOPLE WHO NEED ALERTS

TO MEDICAL CONDITIONS. THEY CAN ALSO SERVE AS THE "EYES AND EARS" FOR

THE BLIND AND/OR DEAF OR PERFORM TASKS FOR THOSE WITH PSYCHIATRIC

DISABILITIES SUCH AS POST TRAUMATIC STRESS OR TRAUMATIC BRAIN INJURY.

THESE SPECIALLY TRAINED DOGS CAN EVEN HELP BY RETRIEVING OR

MANIPULATING OBJECTS THAT ARE OUT OF THEIR PERSON'S REACH, ALERTING

BYSTANDERS AND RETRIEVING HELP FOR THEIR HANDLER, LEADING WHILE

AVOIDING DISTRACTIONS AND OBSTACLES, AND MANY OTHER INDIVIDUAL TASKS AS

NEEDED BY A PERSON WITH A DISABILITY. THESE HEROES NOT ONLY IMPROVE THE

Schedule O (Form 990) 2022

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

LIVES OF THE PEOPLE WITH WHOM THEY WORK, BUT ALSO KEEP THEM SAFE EVERY DAY.

THERAPY DOGS - CREDENTIALED ANIMAL-ASSISTED THERAPY (AAT) DOGS ARE PART

OF A THERAPEUTIC PLAN TO AID WITH PHYSICAL, SOCIAL, EMOTIONAL, AND

COGNITIVE CHALLENGES FOR PERSONS OTHER THAN THE DOG'S OWNER/HANDLER.

AAT HAS BEEN SHOWN TO HELP ENHANCE THE LIVES OF PEOPLE IN NEED SUCH AS

CHILDREN WHO HAVE EXPERIENCED ABUSE OR NEGLECT, PATIENTS UNDERGOING

CHEMOTHERAPY OR OTHER DIFFICULT MEDICAL TREATMENTS, AND MILITARY

VETERANS AND THEIR FAMILIES WHO ARE STRUGGLING TO COPE WITH THE EFFECTS

OF WARTIME MILITARY SERVICE. STUDIES HAVE FOUND THAT AAT LOWERS BLOOD

PRESSURE, REDUCES STRESS AND ENHANCES A PATIENT'S ABILITY TO ACHIEVE

PHYSICAL AND PSYCHOLOGICAL WELLNESS.

MILITARY DOGS - MILITARY WORKING DOGS FIRST ENTERED THE SERVICE IN 1942

TO SERVE IN THE ARMY'S K-9 CORPS. TODAY, THESE DOGS ARE STILL PLAYING

AN ACTIVE ROLE IN SEARCHING FOR EXPLOSIVES AND SEIZING ENEMIES.

MILITARY WORKING DOGS HAVE BEEN USED BY THE U.S. ARMED FORCES SINCE

WORLD WAR I. IN WORLD WAR II, 436 SCOUT DOGS WALKED COMBAT PATROLS

OVERSEAS, OFTEN DETECTING THE ENEMY AT 1,000 YARDS, LONG BEFORE THE

ENEMY BECAME AWARE OF THEM. DOGS CONTINUED TO SERVE WITH DISTINCTION IN

OTHER CONFLICTS, SUCH AS KOREA, WHERE THE ARMY USED ABOUT 1,500 DOGS,

PRIMARILY FOR GUARD DUTY. DURING THE VIETNAM WAR, NEARLY 4,000 DOGS

WERE EMPLOYED AND, OFFICIALLY, 281 WERE KILLED IN ACTION. TODAY'S

CONFLICTS INCLUDE DOGS AT EVERY LEVEL, STILL SERVING OUR COUNTRY,

HELPING TO PROTECT OUR TROOPS.

EMERGING HERO AND SHELTER DOGS - JUST AS OUR UNDERSTANDING OF ANIMAL BEHAVIOR AND SCIENCE IS EVER EXPANDING, SO TOO DO THE AMAZING STORIES

AMERICAN HUMANE ASSOCIATION 84-0432950

OF THE HUMAN ANIMAL BOND IN ACTION. DOGS IN THIS CATEGORY CAN BE

NOMINATED FOR DOING HEROIC DEEDS, LARGE OR SMALL; FOR OVERCOMING

DIFFICULT ODDS; OR BY HAVING A REMARKABLE RESCUE STORY LIKE THE

MILLIONS OF HOMELESS DOGS IN SHELTERS, ON THE STREETS, OR NEEDING HELP

FROM UNFAVORABLE SITUATIONS. WHETHER IT WAS A SECOND CHANCE AND A NEW

"LEASH" ON LIFE OR JUST A PERFECT FIT THAT WAS MEANT TO BE, THESE DOGS

HIGHLIGHT WHAT IT MEANS TO BE MAN'S BEST FRIEND.

AFTER VOTING BY THE AMERICAN PUBLIC, WINNERS IN EACH CATEGORY ARE

HONORED AT THE STAR-STUDDED AMERICAN HUMANE HERO DOG AWARDS GALA IN

PALM BEACH, FLORIDA.

THIS 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 IMPRESSIONS, INCLUDING FEATURES

BY NBC NIGHTLY NEWS WITH LESTER HOLT KID'S EDITION, TODAY SHOW AND

PEOPLE MAGAZINE - ALL CULMINATING IN A CELEBRITY-STUDDED, NATIONAL

TELEVISION BROADCAST.

AMERICAN HUMANE SANCTUARY

Name of the organization

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. IN ADDITION TO RETURNING WAR DOGS BACK TO

U.S. SOIL AND REUNITING THEM WITH THEIR HANDLERS, WE WORK TO HELP OUR

BRAVE VETERANS OVERCOME THE INVISIBLE WOUNDS OF DUTY THROUGH AMERICAN

HUMANE'S FAMED PUPS4PATRIOTS PROGRAM.

Employer identification number

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

WHILE AT THE SANCTUARY, PUPS4PATRIOTS 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.

AMERICAN HUMANE 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 AT EVERY STEP 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 84-0432950 AMERICAN HUMANE ASSOCIATION DISTINGUISHED AS THOSE THAT PRIORITIZE ANIMAL WELFARE. THE PROGRAM INCORPORATES SCIENCE- AND EVIDENCE-BASED PRACTICES INTO A VERIFIABLE AUDIT. THE HUMANE TREATMENT OF ALL ANIMALS IS PARAMOUNT TO AMERICAN HUMANE. IT IS OUR MORAL OBLIGATION TO ENSURE THEY ARE TREATED WELL AND WITH HIGH ANIMAL WELFARE STANDARDS. CONSUMERS CAN BE CONFIDENT THAT WHEN THEY SEE THE AMERICAN HUMANE CERTIFIED SEAL, THEY KNOW THE PETS THEY ARE WELCOMING INTO THEIR HOMES HAVE RECEIVED HIGH LEVELS OF CARE AND ATTENTION. FOLLOWING RIGOROUS AUDITS ADMINISTERED BY AMERICAN HUMANE AUDITORS, CERTIFIED PET PROVIDERS ARE AWARDED THE COVETED AMERICAN HUMANE CERTIFIED SEAL OF APPROVAL. ANIMAL WELFARE STANDARDS ARE REGULARLY REVIEWED BY THE PROGRAM'S SCIENTIFIC ADVISORY COMMITTEE, AN INTERNATIONAL GROUP OF ANIMAL SCIENCE EXPERTS, VETERINARIANS, AND ETHICISTS. CERTIFIED PROVIDERS SHOULD BE COMMENDED FOR PROACTIVELY TAKING THE NEXT STEP TO ENSURE ANIMALS IN THEIR CARE ARE TREATED HUMANELY AND ETHICALLY.

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

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

WORKERS, THOSE BATTLING TO KEEP OUR COUNTRY SAFE AND THOSE WHO ENSURE A HUMANE FOOD SUPPLY.

EACH OF THE 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.

EXPENSES \$ 3,384,194. INCLUDING GRANTS OF \$ 4,188. REVENUE \$ 1,193,100.

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

THE FORM 990 IS DISTRIBUTED TO THE BOARD BUDGET AND FINANCE COMMITTEE FOR REVIEW AND APPROVAL AND TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT 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

322212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 84-0432950 AMERICAN HUMANE ASSOCIATION 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 SUBMITIED TO THE BOARD OF DIRECTORS FOR REVIEW AND EVALUATION. IF A CONFLICT OF INTEREST ARISES WITH RESPECT TO A PARTICULAR MATTER TO BE ACTED UPON BY THE ASSOCIATION, 1) THE "RESPONSIBLE PERSON" MUST DISCLOSE TO THOSE CHARGED WITH MAKING THE DECISION ON BEHALF OF THE ASSOCIATION ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND ANY MATERIAL FACTS THAT BEAR ON THE DECISION FROM THE STANDPOINT OF THE ASSOCIATION, PRIOR TO THE ASSOCIATION TAKING ACTION AND 2) ALTHOUGH THE "RESPONSIBLE PERSON" MAY MAKE A PRESENTATION AT THE MEETING, AND RESPOND TO QUESTIONS, HE OR SHE MUST EXCUSE HIMSELF OR HERSELF FROM DELIBERATION AND DEBATE ON THE MATTER, AND MUST NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. THE ASSOCIATION MAY APPROVE THE MATTER IF 1) THE MATERIAL FACTS AS TO THE "RESPONSIBLE PERSON'S" OR RELATED PARTY'S INTEREST, POSITION OR RELATIONSHIP GIVING RISE TO THE CONFLICT OF INTEREST, AND AS TO THE MATTER, ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF DIRECTORS OR ANY BOARD COMMITTEE DELEGATED AUTHORITY OVER THE MATTER AND 2) THE BOARD OR BOARD COMMITTEE IN GOOD FAITH AUTHORIZES, APPROVES OR RATIFIES THE MATTER BY THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL OF THE DISINTERESTED

EVEN THOUGH THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS ARE LESS THAN Schedule O (Form 990) 2022

DIRECTORS OR COMMITTEE MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT,

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

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 ANNUALLY REPORT TO THE BOARD OF DIRECTORS REGARDING COMPLETION OF THIS RESPONSIBILITY.

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

AL,AK,AZ,CA,CO,CT,FL,GA,HI,IL,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,ME,MO,NV,SD

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.

Schedule O (Form 990) 2022	Page 2
Name of the organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	137,372.
MANAGEMENT AND GENERAL EXPENSES	19,439.
FUNDRAISING EXPENSES	21,681.
TOTAL EXPENSES	178,492.
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	1,901,948.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,901,948.
CONSULTANT TRAVEL:	
PROGRAM SERVICE EXPENSES	144,544.
MANAGEMENT AND GENERAL EXPENSES	20,454.
FUNDRAISING EXPENSES	22,813.
TOTAL EXPENSES	187,811.
OTHER CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	2,975,948.
MANAGEMENT AND GENERAL EXPENSES	421,110.
FUNDRAISING EXPENSES	343,683.
TOTAL EXPENSES	3,740,741.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,008,992.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3 242,282.
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-69,024.
TOTAL TO FORM 990, PART XI, LINE 9	173,258.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
FORM 990, PART VII, LINE 1E	
THE RETURN WAS AMENDED TO CORRECT A CONTRIBUTION THAT WAS	
REPORTED ON LINE 1.E. THE CONTRIBUTION IS PROPERLY REPORT	TED ON LINE
1.F.	