

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: AMERICAN HUMANE ASSOCIATION
D Employer identification number: 84-0432950
E Telephone number: 202-677-4227
G Gross receipts \$: 54,599,344.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.AMERICANHUMANE.ORG
K Form of organization: Corporation
L Year of formation: 1877
M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Governance metrics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer ROBIN R. GANZERT, PHD, PRESIDENT & CEO
Date
Paid: Preparer's name ERIN CRANMER, signature ERIN CRANMER, Date 02/24/26, PTIN P01712644
Preparer Use Only: Firm's name CALIBRE CPA GROUP, PLLC, Firm's EIN 47-0900880, Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814, Phone no. 202-331-9880

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,719,359. including grants of \$ 3,596.) (Revenue \$ 123,733.)

AMERICAN HUMANE CERTIFIED NO ANIMALS WERE HARMED

AMERICAN HUMANE SOCIETY'S "NO ANIMALS WERE HARMED" CERTIFICATION PROGRAM WAS AND IS THE FIRST TO PROTECT 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 LEADING 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 \$ 4,531,023. including grants of \$ 560,553.) (Revenue \$ 448,089.)

HUMANE CONSERVATION

AMERICAN HUMANE CERTIFIED ZOOS AND AQUARIUMS

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 SOCIETY 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.

4c (Code:) (Expenses \$ 3,533,822. including grants of \$ 5,636.) (Revenue \$ 1,045,727.)

AMERICAN HUMANE CERTIFIED FARM PROGRAM

AMERICAN HUMANE SOCIETY BELIEVES PEOPLE SHOULD BE ABLE TO FOLLOW THEIR FOOD PREFERENCE AND FIND HUMANELY RAISED DAIRY, MEAT, AND EGG PRODUCTS.

THE AMERICAN HUMANE CERTIFIED FARM PROGRAM IS THE FIRST WELFARE CERTIFICATION PROGRAM IN THE UNITED STATES TO HELP ENSURE THE HUMANE TREATMENT OF FARM ANIMALS. THE AMERICAN HUMANE CERTIFIED FARM 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

4d Other program services (Describe on Schedule O.)

(Expenses \$ 8,520,555. including grants of \$ 356,612.) (Revenue \$ 2,030,371.)

4e Total program service expenses 24,304,759.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MELISSA SANOFF - 202-677-4253
1400 16TH STREET, NW, SUITE 360, WASHINGTON, DC 20036

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) CANDY SPELLING VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (19) LARRY STRICKLAND DIRECTOR (UNTIL 8/14/24) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) ABIGAIL TRENK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) NELVA BRYANT, DVM, MPH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) CYBELL KIESSLING DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) DAVID WEBB DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,828,332. | 0. | 316,448. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,828,332. | 0. | 316,448. |

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 27

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| MRB PRODUCTIONS 2130 HILLVIEW DRIVE, LAGUNA BEACH, CA 92651 | FILM PRODUCTION | 918,323. |
| RKD GROUP, 2701 N DALLAS PARKWAY SUITE 65, PLANO, TX 75093 | FUNDRAISING COUNSEL | 770,334. |
| J MERAKI GENERAL SERVICES LLC, 4382 COUNTY GROVE BLVD, WEST PALM BEACH, FL 33406 | BUILDING CONTRACTOR | 288,999. |
| CANNELLA MEDIA LLC 848 LIBERTY DRIVE, BURLINGTON, WI 53105 | MEDIA PRODUCTION | 229,084. |
| INTACT US, 250 NORTHWEST BLVD, SUITE 208, COEUR D'ALENE, ID 83814 | TECHNOLOGY | 201,237. |

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

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | 48,077. | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 74,173. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 899,321. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 23,591,990. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 442,023. | | | | |
| | h | Total. Add lines 1a-1f | | | 24,613,561. | | | |
| Program Service Revenue | 2 a | SERVICE FEES | Business Code | 900099 | 3,188,496. | 3,188,496. | | |
| | b | BROADCAST RIGHTS | | 900099 | 235,375. | 235,375. | | |
| | c | TICKET SALES AND OTHER | | 900099 | 224,049. | 224,049. | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 3,647,920. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 707,198. | | 707,198. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | 3,163,940. | | 3163940. | |
| | 6 a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 15,588,964. | 2343675. | | | |
| | c | Gain or (loss) | 7c | 4,351,263. | 56,325. | | | |
| d | Net gain or (loss) | | | 4,407,588. | | 4407588. | | |
| 8 a | Gross income from fundraising events (not including \$ 74,173. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | 27,365. | 99,139. | | | | |
| c | Net income or (loss) from fundraising events | | | -71,774. | | -71,774. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | 900099 | 99,133. | | 99,133. | |
| | e | Total. Add lines 11a-11d | | | 99,133. | | | |
| 12 | Total revenue. See instructions | | | 36,567,566. | 3,647,920. | 0. | 8306085. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 85,000. | 85,000. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 841,397. | 841,397. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,097,017. | 1,318,534. | 613,237. | 165,246. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 9,740,823. | 7,052,205. | 641,461. | 2,047,157. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 377,963. | 259,741. | 37,881. | 80,341. |
| 9 Other employee benefits | 1,173,686. | 791,298. | 137,108. | 245,280. |
| 10 Payroll taxes | 902,748. | 608,355. | 115,379. | 179,014. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 131,896. | 93,326. | 15,769. | 22,801. |
| c Accounting | 48,419. | 34,260. | 5,789. | 8,370. |
| d Lobbying | 238,201. | 168,544. | 28,479. | 41,178. |
| e Professional fundraising services. See Part IV, line 17 | 264,190. | | | 264,190. |
| f Investment management fees | 114,853. | 81,267. | 13,731. | 19,855. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 7,209,647. | 5,916,051. | 636,893. | 656,703. |
| 12 Advertising and promotion | 1,516,153. | 1,415,391. | 8,467. | 92,295. |
| 13 Office expenses | 1,394,371. | 667,040. | 30,207. | 697,124. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 644,234. | 479,407. | 101,425. | 63,402. |
| 17 Travel | 2,788,619. | 2,506,507. | 102,692. | 179,420. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 506,670. | 410,970. | 41,948. | 53,752. |
| 23 Insurance | 304,487. | 237,355. | 41,309. | 25,823. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a TRADESHOWS AND EVENTS | 950,307. | 844,352. | 35,865. | 70,090. |
| b TAXES, LICENSES AND FEE | 428,210. | 274,536. | 91,251. | 62,423. |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | 823,984. | 219,223. | 223,299. | 381,462. |
| 25 Total functional expenses. Add lines 1 through 24e | 32,582,875. | 24,304,759. | 2,922,190. | 5,355,926. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,508,390. | 1 | 1,654,064. |
| | 2 Savings and temporary cash investments | 375,994. | 2 | 409,858. |
| | 3 Pledges and grants receivable, net | 4,510,740. | 3 | 6,579,088. |
| | 4 Accounts receivable, net | 2,425,710. | 4 | 1,673,586. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 766,463. | 9 | 855,670. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 9,801,949. | | |
| | b Less: accumulated depreciation | 10b 3,304,244. | | |
| | 11 Investments - publicly traded securities | 7,503,796. | 10c | 6,497,705. |
| | 12 Investments - other securities. See Part IV, line 11 | 18,884,205. | 11 | 19,989,195. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 8,490,238. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 45,465,536. | 15 | 8,563,775. | |
| | | 16 | 46,222,941. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,002,292. | 17 | 2,811,334. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 736,727. | 19 | 235,375. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 5,255,269. | 24 | 5,365,525. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 4,958,800. | 25 | 7,042,148. |
| | 26 Total liabilities. Add lines 17 through 25 | 14,953,088. | 26 | 15,454,382. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 14,546,760. | 27 | 12,248,870. |
| | 28 Net assets with donor restrictions | 15,965,688. | 28 | 18,519,689. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 30,512,448. | 32 | 30,768,559. |
| | 33 Total liabilities and net assets/fund balances | 45,465,536. | 33 | 46,222,941. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 36,567,566. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32,582,875. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,984,691. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 30,512,448. |
| 5 | Net unrealized gains (losses) on investments | 5 | -2,466,167. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -1,575,307. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 312,894. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 30,768,559. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 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: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | 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: | | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2024)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 8920303. | 13822948. | 17800533. | 19977133. | 24539388. | 85060305. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 8920303. | 13822948. | 17800533. | 19977133. | 24539388. | 85060305. |
| 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) | | | | | | 23871794. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 61188511. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 8920303. | 13822948. | 17800533. | 19977133. | 24539388. | 85060305. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2747377. | 3097228. | 3363538. | 3789995. | 3871138. | 16869276. |
| 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.) | 17,750. | 6,393. | 4,209. | 15,836. | 99,133. | 143,321. |
| 11 Total support. Add lines 7 through 10 | | | | | | 102072902 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 19,971,178. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 59.95 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 63.00 % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

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

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

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Organization type (check one):

Filers of:

Section:

Form 990 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 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|--|---|
| Name of organization AMERICAN HUMANE ASSOCIATION | Employer identification number 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 | <hr/> <hr/> <hr/> | \$ <u>7,079,676.</u> | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>3,025,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>1,129,900.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,040,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>1,020,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>812,750.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 615,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 612,836. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 562,172. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

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

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

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

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

| | |
|--|---|
| Name of organization AMERICAN HUMANE ASSOCIATION | Employer identification number (EIN) 84-0432950 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 238,200. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 238,200. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 26,873,896. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 27,112,096. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | 979,990. | 1,000,000. | 1,000,000. | 1,000,000. | 3,979,990. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,969,985. |
| c Total lobbying expenditures | | | 165,000. | 238,200. | 403,200. |
| d Grassroots nontaxable amount | 244,998. | 250,000. | 250,000. | 250,000. | 994,998. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,492,497. |
| f Grassroots lobbying expenditures | | | | | |

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 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?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

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

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 738,457. | 738,457. | 769,260. | 1,712,355. | 1,480,941. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | 238,391. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | 30,803. | 943,095. | 6,977. |
| f Administrative expenses | | | | | |
| g End of year balance | 738,457. | 738,457. | 738,457. | 769,260. | 1,712,355. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment 68.4440 %
 - c** Term endowment 31.5560 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,422,921. | | 2,422,921. |
| b Buildings | | 2,155,894. | 74,211. | 2,081,683. |
| c Leasehold improvements | | 911,163. | 543,833. | 367,330. |
| d Equipment | | 2,208,433. | 661,564. | 1,546,869. |
| e Other | | 2,103,538. | 2,024,636. | 78,902. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 6,497,705. |

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|-------------------|
| (1) BENEFICIAL INTERESTS IN CHARITABLE TRUSTS | 6,471,330. |
| (2) OPERATING RIGHT-OF-USE ASSET | 2,092,445. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 8,563,775. |

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 3,098,489. |
| (3) OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS | 1,485,618. |
| (4) DUE TO RELATED PARTY | 2,458,041. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 7,042,148. |

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

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

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

| | | | | |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 72,045,906. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | -2,466,167. | |
| | b Donated services and use of facilities | 2b | 35,310,161. | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 2,749,199. | |
| | e Add lines 2a through 2d | 2e | 35,593,193. | |
| 3 | Subtract line 2e from line 1 | | 3 | 36,452,713. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 114,853. | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | 114,853. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 36,567,566. |

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

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

| | | | | |
|---|--|----|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 68,969,445. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 35,310,161. | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 1,191,262. | |
| | e Add lines 2a through 2d | 2e | 36,501,423. | |
| 3 | Subtract line 2e from line 1 | | 3 | 32,468,022. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 114,853. | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | 114,853. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 32,582,875. |

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

AMERICAN HUMANE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER 170(B)(1)(A)(VI), AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE IRC. HOWEVER, INCOME NOT DIRECTLY RELATED TO AMERICAN HUMANE SOCIETY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AMERICAN HUMANE SOCIETY HAD NO SIGNIFICANT TAXABLE INCOME OR INCOME TAX EXPENSE DURING THE YEARS ENDED JUNE 30, 2025 AND 2024.

AMERICAN HUMANE SOCIETY BELIEVES IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT STATUS. AMERICAN HUMANE SOCIETY'S TAX RETURNS FOR FISCAL YEARS 2022 THROUGH 2024 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 404,048.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

AMERICAN HUMANE ASSOCIATION

84-0432950

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 217,202. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 1 | 2 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 11,184. |
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 3,108. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 120,850. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 21,362. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 841,397. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 548,165. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | RESCUE, CARE, AND PROTECT ANIMALS | 12,021. |
| 3 a Subtotal | 1 | 2 | | | 1,775,289. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 1 | 2 | | | 1,775,289. |

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

Schedule F (Form 990) (Rev. 12-2024)

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 the Instructions for Form 926)* Yes No

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

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

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

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

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|---|--|------------------------|--|
| | | PUPS4PATRIOT S GOLF EVENTS (event type) | PUPS4PATRIOT S DINNER DAN (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 59,658. | 41,880. | | 101,538. |
| | 2 Less: Contributions | 50,818. | 23,355. | | 74,173. |
| | 3 Gross income (line 1 minus line 2) | 8,840. | 18,525. | | 27,365. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 2,834. | | | 2,834. |
| | 6 Rent/facility costs | 14,400. | 14,365. | | 28,765. |
| | 7 Food and beverages | | 37,825. | | 37,825. |
| | 8 Entertainment | | 6,500. | | 6,500. |
| | 9 Other direct expenses | 6,878. | 16,337. | | 23,215. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 99,139. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -71,774. | |

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

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: RKD GROUP, LLC

(I) ADDRESS OF FUNDRAISER:

2701 NORTH DALLAS PARKWAY, SUITE 650, PLANO, TX 75093

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| PALM BEACH FREEDOM INSTITUTE 249 ROYAL PALM WAY PALM BEACH, FL 33480 | 86-3757978 | 501(C)(3) | 25,000. | 0. | | | ETHIOPIAN OUTREACH |
| ISRAEL GUIDE DOG CENTER 968 EASTON ROAD WARRINGTON, PA 18976 | 23-2519029 | 501(C)(3) | 54,000. | 0. | | | SERVICE DOGS FOR VETERANS |
| ANIMAL AID INC 200 SPRINGDALE LANE WILLIAMSTOWN, NJ 08094 | 45-4473502 | 501(C)(3) | 6,000. | 0. | | | GRANT AFTER HURRICANE HELENE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ROBIN GANZERT, PH.D PRESIDENT & CEO | (i) | 517,993. | 182,590. | 0. | 15,250. | 103,463. | 819,296. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) STEPHANIE CARMODY EVP & CHIEF OPERATING OFFICER | (i) | 373,672. | 50,715. | 0. | 15,250. | 10,339. | 449,976. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) KASHYAP CHOKSI SVP & MANAGING DIRECTOR, GLOBAL PART | (i) | 332,124. | 7,715. | 0. | 15,250. | 21,275. | 376,364. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) MELISSA SANOFF CHIEF FINANCIAL OFFICER | (i) | 313,757. | 32,250. | 0. | 11,500. | 17,018. | 374,525. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) CHERYL LESKO SVP & CHIEF GROWTH OFFICER | (i) | 300,155. | 30,718. | 0. | 15,250. | 17,018. | 363,141. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) KIRSTEN PETERSON CHIEF TALENT OFFICER | (i) | 213,140. | 30,706. | 0. | 11,500. | 10,321. | 265,667. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) THOMAS EDLING CHIEF VETERINARY OFFICER & ANIMAL ET | (i) | 222,262. | 700. | 0. | 11,658. | 17,995. | 252,615. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MAREAN SPERO STEEN VP, NO ANIMALS WERE HARMED | (i) | 214,058. | 5,777. | 0. | 12,840. | 10,521. | 243,196. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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 \$22,000

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

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---------------|---|-----------------------------------|--|---|--|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | X | 2 | 120,500. | FMV - APPRAISAL |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | X | 36 | 316,603. | FMV |
| 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 | 6 | 4,920. | ESTIMATED FAIR VALUE |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other () | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B)

THE NUMBER REPORTED REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

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

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

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

FOUNDED IN 1877, AMERICAN HUMANE ASSOCIATION, DBA AMERICAN HUMANE SOCIETY (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 "NO ANIMALS WERE HARMED" KEEPING ANIMALS SAFE ON SETS, WHICH ALSO RESULTS IN GREATER SAFETY FOR HUMAN ACTORS. THE PROGRAM FUNDAMENTALLY:

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

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

VERIFIES AMERICAN HUMANE SOCIETY'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:

ANIMAL WELFARE STANDARDS ARE REGULARLY REVIEWED BY THE PROGRAM'S SCIENTIFIC ADVISORY COMMITTEE, AN INTERNATIONAL GROUP OF ANIMAL SCIENCE EXPERTS, VETERINARIANS, AND ETHICISTS.

FEWER THAN THREE PERCENT OF ZOOLOGICAL INSTITUTIONS WORLDWIDE ARE ACCREDITED OR CERTIFIED. 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 SOCIETY 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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 REMARKABLE AND ENDANGERED ANIMALS WITH WHOM WE SHARE THE EARTH.

HELPING PROTECT SPECIES IN ZOOLOGICAL SETTINGS WORLDWIDE: AMERICAN HUMANE SOCIETY ADVANCES THE WELFARE AND HUMANE TREATMENT OF NEARLY 500,000 ANIMALS AT 85 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 DOZENS OF COUNTRIES IN NORTH AMERICA, THE CARIBBEAN, EUROPE, ASIA AND THE MIDDLE EAST.

AWARD-WINNING CONSERVATION FILMS 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 SOCIETY HAS CREATED TWO DOCUMENTARY FILMS, "ESCAPE FROM EXTINCTION," NARRATED BY OSCAR-WINNING ACTRESS DAME HELEN MIRREN AND "ESCAPE FROM EXTINCTION: REWILDING," NARRATED BY OSCAR-WINNING ACTRESS MERYL STREEP. THE FILMS HAVE GALVANIZED ANIMAL LOVERS AROUND THE WORLD.

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

WOLFGANG KIESSLING INTERNATIONAL PRIZE FOR SPECIES CONSERVATION

HONORING THE HEROES OF GLOBAL ANIMAL CONSERVATION

AT AMERICAN HUMANE SOCIETY, WE RECOGNIZE THAT THE WORK TO PRESERVE EARTH'S SPECIES IS MORE CRITICAL THAN EVER. EQUALLY IMPORTANT ARE THE SCIENTISTS, RESEARCHERS, AND ADVOCATES DEDICATING THEIR LIVES TO CONSERVATION.

TO HONOR THOSE MAKING SIGNIFICANT CONTRIBUTIONS IN CONSERVATION THEORY, PRACTICE, AND RESEARCH, AMERICAN HUMANE SOCIETY LAUNCHED THE WOLFGANG KIESSLING INTERNATIONAL PRIZE FOR SPECIES CONSERVATION IN 2022.

THIS PRESTIGIOUS ANNUAL AWARD CELEBRATES CONSERVATIONISTS WHO HAVE MADE MEASURABLE IMPACTS ON SPECIES CONSERVATION. IT IS NAMED AFTER WOLFGANG F. KIESSLING, FOUNDER OF LORO PARQUE AND A GLOBALLY RENOWNED LEADER IN CONSERVATION. FOLLOWING A RIGOROUS APPLICATION AND REVIEW PROCESS LED BY GLOBAL CONSERVATION EXPERTS, THE PRIZE IS AWARDED TO ONE OUTSTANDING CONSERVATIONIST.

THE INAUGURAL 2022 RECIPIENT WAS PROF. JON PAUL RODRIGUEZ, CHAIR OF THE

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

SPECIES SURVIVAL COMMISSION OF THE INTERNATIONAL UNION FOR CONSERVATION OF NATURE. IN 2023, PROF. THEO PAGEL OF COLOGNE ZOO, GERMANY, RECEIVED THE PRIZE FOR HIS WORK ON SUSTAINABILITY STRATEGIES AND GUIDELINES FOR CONSERVATION EDUCATION AS PRESIDENT OF THE WORLD ASSOCIATION OF ZOOS AND AQUARIUMS. HE ALSO CO-CHAIRING THE INTERNATIONAL REVERSE THE RED (RTR) INITIATIVE. IN 2024, DR. ARNAUD DESBIEZ RECEIVED THE PRIZE FOR HIS WORK TO FIND SOCIALLY INCLUSIVE SOLUTIONS TO BIODIVERSITY THREATS IN FOUR BRAZILIAN BIOMES: PANTANAL, CERRADO, ATLANTIC FOREST, AND THE AMAZON.

WE ARE PROUD TO ANNOUNCE THAT THE 2025 PRIZE WAS AWARDED TO DR. KATHLEEN DUDZINSKI, A PIONEERING MARINE MAMMALOGIST AND EXPERT IN DOLPHIN COMMUNICATION. A LEADING MARINE MAMMAL SCIENTIST WITH OVER 30 YEARS OF EXPERIENCE, HER COMPARATIVE RESEARCH BRIDGES CONSERVATION SCIENCE AND PUBLIC EDUCATION, OFFERING DATA-DRIVEN INSIGHTS THAT SUPPORT ANIMAL WELFARE AND OCEAN ADVOCACY.

AMERICAN HUMANE CERTIFIED ECOTOURISM

AS MILLIONS OF PEOPLE WORLDWIDE SEEK TO CONNECT WITH EARTH'S WILDLIFE, GLOBAL HUMANE SOCIETY HAS IDENTIFIED A VITAL OPPORTUNITY TO LEVERAGE OUR ANIMAL WELFARE EXPERTISE BY CREATING A HUMANE TOURISM CERTIFICATION PROGRAM. THIS PROGRAM ASSESSES AND CERTIFIES WILDLIFE RESERVES, LODGES, AND TOUR OPERATORS FOR THEIR HUMANE TREATMENT OF ANIMALS THEY MAY ENCOUNTER OR IMPACT, BUILT ON THE SAME FOUNDATION OF SCIENCE AND EVIDENCE-BASED PRACTICES FOR WHICH WE ARE RENOWNED.

THE HUMANE TOURISM INITIATIVE IS GUIDED BY A SCIENTIFIC ADVISORY COMMITTEE OF ANIMAL WELFARE EXPERTS WHO SPECIALIZE IN THE COMPLEX RELATIONSHIP BETWEEN TOURISM AND WILDLIFE. THEIR INPUT HAS SHAPED COMPREHENSIVE WELFARE CRITERIA AND RIGOROUS STANDARDS, WHICH ARE VERIFIED THROUGH INDEPENDENT, ON-SITE AUDITS FOR ANY OPERATION SEEKING HUMANE TOURISM CERTIFICATION. SINCE ITS LAUNCH IN LATE 2023, WE HAVE CERTIFIED SIX LEADING ENTITIES IN AFRICA AND WILL CONTINUE TO DRIVE THIS INNOVATIVE PROGRAM FORWARD.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CONSUMERS AND PEOPLE INVOLVED IN THE FOOD SUPPLY CHAIN ABOUT THE SIGNIFICANCE AND BENEFITS OF THE HUMANE TREATMENT OF FARM ANIMALS.**

THIS PROGRAM CERTIFIES THE HUMANE TREATMENT OF MORE ANIMALS IN FOOD PRODUCTION THAN ANY OTHER AND HAS EXPANDED INTO SOUTH AMERICA.

FARM ANIMAL WELFARE STANDARDS ARE FREQUENTLY 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 THE SCIENCE AND EVIDENCE-BASED AMERICAN HUMANE CERTIFIED STANDARDS.

THE PROGRAM COVERS THOUSANDS OF FARMS AND RANCHES THROUGHOUT THE UNITED STATES AND ABROAD. 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 4D, OTHER PROGRAM SERVICES:
AMERICAN HUMANE RESCUE**

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

FOR MORE THAN 100 YEARS, AMERICAN HUMANE SOCIETY'S RESCUE TEAMS HAVE HELPED 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.

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.

IN JANUARY 2025, THE RESCUE TEAM DEPLOYED TO LOS ANGELES IN RESPONSE TO MASSIVE AND DEVASTATING WILDFIRES. IN ADDITION TO IN-FIELD RESCUE OPERATIONS, OUR TEAM TRANSPORTED MORE THAN 300 LONG-TERM SHELTER ANIMALS TO OTHER STATES, PROVIDED VETERINARY CARE TO MORE THAN 100 DISPLACED PETS IN SHELTERS AND THE COMMUNITY, AND DISTRIBUTED MORE THAN 10,000 POUNDS OF CAT AND DOG FOOD TO ANIMALS IN NEED.

TRAINED MORE RESCUERS: AMERICAN HUMANE SOCIETY PROVIDED 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 \$ 2,425,667. INCLUDING GRANTS OF \$ 22,568. REVENUE \$ 0.

AMERICAN HUMANE MILITARY WORKING DOG REUNIFICATION

AMERICAN HUMANE SOCIETY IS COMMITTED TO HELPING AMERICA'S VETERANS AND RECOGNIZING THEIR HEROIC CONTRIBUTIONS TO THE UNITED STATES BOTH ON AND OFF THE BATTLEFIELD. AMERICAN HUMANE SOCIETY HAS WORKED WITH THE U.S. MILITARY FOR OVER A CENTURY: THE ANIMAL RESCUE PROGRAM WAS BORN ON THE BATTLEFIELDS OF WORLD WAR I EUROPE, WHERE, AT THE REQUEST OF THE U.S. SECRETARY OF WAR, VOLUNTEERS WITH AMERICAN HUMANE SOCIETY DEPLOYED TO RESCUE AND CARE FOR 68,000 WOUNDED WAR HORSES EACH MONTH.

WE CONTINUE TO PROUDLY HONOR THIS LEGACY TODAY THROUGH OUR PROGRAM THAT REUNITES RETIRED MILITARY WORKING DOGS WITH THEIR FORMER HANDLERS. AMERICAN HUMANE SOCIETY RAISES FUNDS TO COVER THE COSTS OF TRANSPORTATION AND COORDINATES THE REUNIFICATION PROCESS. ADDITIONALLY, WE PROVIDE LIFETIME VETERINARY CARE FOR THE DOGS WE REUNITE WITH THEIR HANDLERS, SUPPORTING THEIR HEALTH AND HAPPINESS FOR YEARS TO COME.

AMERICAN HUMANE PUPS4PATRIOTS PROGRAM

AMERICAN HUMANE SOCIETY HELPS PROVIDE LIFESAVING SERVICE DOGS TO

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|

AMERICAN HUMANE ASSOCIATION

84-0432950

VETERANS AND RETIRED FIRST RESPONDERS SUFFERING FROM POST-TRAUMATIC STRESS (PTS) AND/OR TRAUMATIC BRAIN INJURY (TBI). RESEARCH SHOWS THAT SPECIALLY TRAINED SERVICE DOGS CAN REDUCE STRESS AND ANXIETY LEVELS, MITIGATE DEPRESSION, EASE SOCIAL REINTEGRATION, PROVIDE COMFORT AND RESTORE CONFIDENCE IN AFFECTED VETERANS AND FIRST RESPONDERS. HOWEVER, MANY OBSTACLES OFTEN PREVENT THESE HEROES FROM GAINING ACCESS TO SERVICE DOGS. AMERICAN HUMANE SOCIETY BRIDGES A CRITICAL GAP OF CARE AND COMPANIONSHIP. PUPS4PATRIOTS DOGS ARE TRAINED ACCORDING TO AMERICAN HUMANE SOCIETY'S SERVICE DOG GUIDELINES AN APPROACH INFORMED BY A SCIENTIFIC ADVISORY COMMITTEE OF VETERAN EXPERTS, MENTAL HEALTH PROFESSIONALS, SCIENTISTS, ANIMAL WELFARE SPECIALISTS, VETERINARIANS, DOG TRAINERS AND OTHER KEY ADVOCATES.

EXPENSES \$ 2,250,421. INCLUDING GRANTS OF \$ 55,798. REVENUE \$ 0.

OTHER

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

THERAPY DOGS CREDENTIALLED 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.

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

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 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-STUDED 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.

AMERICAN HUMANE SOCIETY SANCTUARY

DURING FISCAL YEAR 2024, AMERICAN HUMANE SOCIETY PURCHASED A 14.2-ACRE PROPERTY IN PALM CITY, FLORIDA, AS THE NEW HOME OF THE AMERICAN HUMANE SOCIETY SANCTUARY.

FOLLOWING THE SALE OF THE ORIGINAL WEST PALM BEACH PROPERTY, ALL OPERATIONS TRANSITIONED TO THE NEW LOCATION.

STRATEGICALLY LOCATED IN PALM CITY, THE SANCTUARY IS HOME TO SEVERAL KEY PROGRAMS:

PUPS4PATRIOTS: THE NEW FACILITY WILL HOST OUR FIRST RESIDENTIAL TRAINING PROGRAM, HELPING VETERANS RECEIVE SERVICE DOGS FASTER. GRADUATES WILL ALSO HAVE OPPORTUNITIES FOR ADVANCED TRAINING IN THIS

| | |
|---|---|
| Name of the organization AMERICAN HUMANE ASSOCIATION THERAPEUTIC ENVIRONMENT. | Employer identification number 84-0432950 |
|---|---|

ANIMAL RESCUE: THE SANCTUARY WILL TRAIN AMERICAN HUMANE SOCIETY FIRST RESPONDERS TO DEPLOY TO NATURAL DISASTERS WORLDWIDE. RESCUE VEHICLES WILL BE STATIONED ON-SITE FOR TOURS AND EDUCATIONAL PURPOSES.

BETTY WHITE HEALING GARDEN: A LIFE-SIZED BRONZE SCULPTURE OF BETTY WHITE WILL WELCOME VISITORS, HONORING HER LEGACY AS A SUPPORTER OF AMERICAN HUMANE SOCIETY.

IN ADDITION, THE SANCTUARY FEATURES STATE-OF-THE-ART FACILITIES CURRENTLY UNDER RENOVATION, INCLUDING:

MULTI-SPECIES BARN AND FARM PADDOCKS: RESCUE ANIMALS, INCLUDING DOGS, CATS, RABBITS, COWS, DUCKS, AND MORE, WILL BE CARED FOR IN A MULTI-SPECIES FARM SETTING.

VETERINARY TRIAGE CENTER: LOCATED IN THE 9,000 SQ. FT. MULTI-SPECIES BARN, THE CENTER WILL PROVIDE FIRST AID AND CRITICAL CARE FOR ANIMALS.

THE SANCTUARY SERVES AS A RETREAT FOR WOUNDED VETERANS, WHERE THEY WILL BE PAIRED WITH SERVICE DOGS, AND A RESCUE CENTER OFFERING HOPE, HEALING, AND TRANSFORMATIVE EXPERIENCES. THIS INNOVATIVE HUMANE HOME WILL BENEFIT ANIMALS, VETERANS, AND ADVOCATES FOR GENERATIONS, SHOWCASING AMERICAN HUMANE SOCIETY'S COMMITMENT TO LIFESAVING SERVICES AND EDUCATION.

AMERICAN HUMANE CERTIFIED PET PROVIDERS

PETS HAVE ALWAYS HELD A SPECIAL PLACE IN OUR LIVES, AND IT IS IMPORTANT TO CONSIDER NOT ONLY WHERE THEY COME FROM BUT ALSO WHO CARES FOR THEM BEFORE THEY JOIN OUR FAMILIES. PET PROVIDERS WHO MEET AMERICAN HUMANE SOCIETY'S RIGOROUS CERTIFICATION STANDARDS SET THEMSELVES APART, GIVING PET OWNERS CONFIDENCE THAT THEIR PETS WERE TREATED HUMANELY THROUGHOUT THE PROCESS.

THE HUMANE TREATMENT OF ALL ANIMALS IS A CORE PRINCIPLE AT AMERICAN HUMANE SOCIETY. WHEN CONSUMERS SEE THE AMERICAN HUMANE CERTIFIED SEAL, THEY CAN TRUST THEIR PETS HAVE RECEIVED HIGH LEVELS OF CARE AND ATTENTION.

FOLLOWING RIGOROUS AUDITS ADMINISTERED BY AMERICAN HUMANE SOCIETY 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 CERTIFIED WORKING ANIMALS

THE AMERICAN HUMANE CERTIFIED WORKING ANIMALS PROGRAM HELPS VERIFY THE WELFARE AND HUMANE TREATMENT OF ANIMALS WHEREVER THEY LIVE AND WORK. AMERICAN HUMANE'S WORKING ANIMALS CERTIFICATION PROGRAM AUDIT ASSESSES THE CONDITION, WELL-BEING, AND WELFARE OF DOMESTICATED ANIMALS TRAINED TO PERFORM CERTAIN SPECIALIZED TASKS, WHICH MAY APPEAR AT PUBLIC

| | |
|---|--|
| Name of the organization AMERICAN HUMANE ASSOCIATION DEMONSTRATIONS, PERFORMANCES AND/OR APPEARANCES. | Employer identification number 84-0432950 |
|---|--|

THE PROGRAM ENFORCES RIGOROUS, SCIENCE-BASED, AND COMPREHENSIVE CRITERIA FOR ANIMAL WELFARE, REVIEWED BY AN INDEPENDENT SCIENTIFIC ADVISORY COMMITTEE COMPOSED OF WORLD-RENOWNED LEADERS IN THE FIELDS OF ANIMAL SCIENCE, VETERINARY MEDICINE, AND ANIMAL BEHAVIOR.

AREAS OF CERTIFICATION EVALUATION INCLUDE - BUT ARE NOT LIMITED TO - HOUSING AND ENVIRONMENT, ANIMAL HEALTH, APPEARANCE AND BEHAVIOR, NUTRITION, VETERINARY CARE, AND CLEANLINESS/SANITATION. IN ADDITION TO PERMANENT HOUSING FACILITIES, AMERICAN HUMANE SOCIETY ASSESSES TRANSPORT, PUBLIC PERFORMANCES, SOCIAL INTERACTIONS WITH THE PUBLIC, SAFE AND STIMULATING TEMPORARY ENVIRONMENTS, AND EVIDENCE OF THOROUGH PREPARATION AND PROTOCOLS ESTABLISHED TO HANDLE MEDICAL CARE.

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. HIGHLIGHTS OF OUR EDUCATIONAL OUTREACH EXPENSES \$ 3,844,467. INCL GRANTS OF \$ 278,246. REVENUE \$ 2,030,371.

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 PRESIDENT OR HIGHER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS OF THE ASSOCIATION. EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT THAT AFFIRMS SUCH PERSON 1) HAS RECEIVED A COPY OF THE POLICY 2) HAS READ AND UNDERSTANDS THE POLICY AND 3) HAS AGREED TO COMPLY WITH THE POLICY. IN ADDITION, EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, COMPLETE A DISCLOSURE FORM IDENTIFYING ANY INTERESTS, POSITIONS OR RELATIONSHIPS THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. DISCLOSURE FORMS SHALL BE SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND EVALUATION. IF A CONFLICT OF INTEREST ARISES WITH RESPECT TO A PARTICULAR MATTER TO BE ACTED UPON BY THE ASSOCIATION, 1) THE "RESPONSIBLE PERSON" MUST DISCLOSE TO THOSE CHARGED WITH MAKING THE DECISION ON BEHALF OF THE ASSOCIATION ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND ANY MATERIAL FACTS THAT BEAR ON THE DECISION FROM THE STANDPOINT OF THE ASSOCIATION, PRIOR TO THE ASSOCIATION TAKING ACTION AND 2) ALTHOUGH THE "RESPONSIBLE PERSON" MAY MAKE A PRESENTATION AT THE MEETING, AND RESPOND TO QUESTIONS, HE OR SHE MUST EXCUSE HIMSELF OR HERSELF FROM DELIBERATION AND DEBATE ON THE MATTER, AND MUST NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. THE ASSOCIATION MAY APPROVE THE MATTER IF 1) THE MATERIAL FACTS AS TO THE "RESPONSIBLE PERSON'S" OR RELATED PARTY'S INTEREST, POSITION OR RELATIONSHIP GIVING RISE TO THE CONFLICT OF INTEREST,

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

AND AS TO THE MATTER, ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF DIRECTORS OR ANY BOARD COMMITTEE DELEGATED AUTHORITY OVER THE MATTER AND 2) THE BOARD OR BOARD COMMITTEE IN GOOD FAITH AUTHORIZES, APPROVES OR RATIFIES THE MATTER BY THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT, EVEN THOUGH THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS ARE LESS THAN A QUORUM.

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

THE BOARD OF DIRECTORS DELEGATES COMPENSATION DETERMINATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD COMPENSATION COMMITTEE. THE BOARD COMPENSATION COMMITTEE USES SALARY SURVEYS GATHERED FROM AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, CHRONICLE OF PHILANTHROPY, ASSOCIATION OF FUNDRAISING PROFESSIONALS, AND ECONOMIC RESEARCH INSTITUTE AS WELL AS COMPENSATION INFORMATION FOR SIMILAR POSITIONS OF SIMILAR ORGANIZATIONS FOR THE DETERMINATION OF COMPENSATION. THE COMMITTEE ALSO FACTORS IN GEOGRAPHIC PAY DIFFERENTIAL, EXPERIENCE, EDUCATION, PERFORMANCE, SCOPE OF DUTIES, INTERNAL EQUITY, AND SALARY HISTORY OF INDIVIDUALS IN THE COMPENSATION PROCESS. THIS PROCESS IS DONE ON AN ANNUAL BASIS. THE PRESIDENT AND CHIEF 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.

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

SUBCONTRACTORS:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 2,330,733. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,330,733. |

OTHER CONSULTING SERVICES:

| | |
|--|------------|
| PROGRAM SERVICE EXPENSES | 3,585,318. |
| MANAGEMENT AND GENERAL EXPENSES | 636,893. |
| FUNDRAISING EXPENSES | 656,703. |
| TOTAL EXPENSES | 4,878,914. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 7,209,647. |

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

| | |
|--|----------|
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 404,048. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | -91,154. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 312,894. |

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| GLOBAL HUMANE CONSERVATION FUND OF AFRICA BAY SUITES, UNIT 1B, 1A HOMEWOOD RD PORT ELIZABETH, SOUTH AFRICA | CONSERVING, REWILDING, AND SAFEGUARDING AFRICA'S DIVERSE, ECOSYSTEMS AND | SOUTH AFRICA | | | AMERICAN HUMANE ASSOCIATION | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) GLOBAL HUMANE CONSERVATION FUND OF AFRICA | B | 841,397. | VALUE OF WIRE TRANSFERS |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

GLOBAL HUMANE CONSERVATION FUND OF AFRICA

PRIMARY ACTIVITY: CONSERVING, REWILDING, AND SAFEGUARDING AFRICA'S

DIVERSE, ECOSYSTEMS AND WIL