

**Return of Organization Exempt From Income Tax**

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **2022**, and ending **2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **THE HUMANE SOCIETY OF THE UNITED STATES**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1255 23RD STREET, NW SUITE 450**  
 City or town, state or province, country, and ZIP or foreign postal code  
**WASHINGTON, DC 20037**

**D** Employer identification number  
**53-0225390**

**E** Telephone number  
**(202) 452-1100**

**F** Name and address of principal officer: **CRISTOBEL BLOCK**  
**SAME AS C ABOVE**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number

**G** Gross receipts \$ **172,681,931**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.HUMANESOCIETY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1954**

**M** State of legal domicile: **DE**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE HUMANE SOCIETY OF THE UNITED STATES FIGHTS THE BIG FIGHTS, WORKING TO END ALL FORMS OF ANIMAL CRUELTY AND ACHIEVE THE VISION (CONTINUED ON SCHEDULE O)</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>640</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,032</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>84,986</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>237,362,075</b>	Current Year <b>146,810,602</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>3,664,933</b>	<b>3,796,195</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,372,223</b>	<b>6,456,458</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,120,507</b>	<b>382,609</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>259,519,738</b>	<b>157,445,864</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>26,123,956</b>	<b>40,849,231</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>56,022,539</b>	<b>60,405,911</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>9,423,192</b>	<b>12,747,602</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>42,811,023</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>46,604,176</b>	<b>52,956,523</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>138,173,863</b>	<b>166,959,267</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>121,345,875</b>	<b>(9,513,403)</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>449,724,533</b>	End of Year <b>416,909,787</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>30,945,984</b>	<b>41,293,158</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>418,778,549</b>	<b>375,616,629</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **WILLIAM HALL, TREASURER** Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **MARC R. BERGER, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN: **P01871563**

Firm's name: **BDO USA, P.A.** Firm's EIN: **13-5381590**

Firm's address: **8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102** Phone no.: **(703) 893-0600**

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

For Paperwork Reduction Act Notice, see the separate instructions.

# Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

# 2022

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

THE HUMANE SOCIETY OF THE UNITED STATES

EIN or SSN

53-0225390

## Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.


1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	157,445,864
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration of Officer or Person Subject to Tax

- 11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  \_\_\_\_\_ Date 8/2/23 Title, if applicable TREASURER

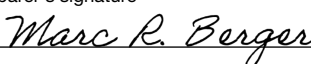
Here \_\_\_\_\_ Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_ Title, if applicable \_\_\_\_\_

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARC R. BERGER, CPA		8/2/2023		P01871563
	Firm's name	Firm's EIN	Firm's address	Phone no.	
	BDO USA, P.A.	13-5381590	8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102	(703) 893-0600	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

THE HUMANE SOCIETY OF THE UNITED STATES FIGHTS THE BIG FIGHTS, WORKING TO END ALL FORMS OF ANIMAL CRUELTY AND ACHIEVE THE VISION BEHIND ITS NAME: A HUMANE SOCIETY. THE HSUS WORKS TO END THE CRUELEST PRACTICES, RESCUE AND CARE FOR ANIMALS IN CRISIS, AND BUILD A STRONGER ANIMAL PROTECTION MOVEMENT.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 51,125,672 including grants of \$ 31,929,249 ) (Revenue \$ 1,665,890 )  
CARE FOR ANIMALS IN CRISIS

THE ANIMAL RESCUE TEAM COLLABORATES WITH LAW ENFORCEMENT, GOVERNMENT OFFICIALS AND FELLOW ANIMAL WELFARE ORGANIZATIONS TO PROVIDE RESCUE, RELIEF AND EVACUATION OF ANIMALS IN THE U.S. AND AROUND THE WORLD. THE HSUS COORDINATES THE DISTRIBUTION OF FOOD AND OTHER RESOURCES DURING EMERGENCY FIELD RESCUES AND OTHER OPERATIONS. THE ANIMALS RESCUED ARE SUFFERING IN PUPPY MILLS AND FIGHTING RINGS, ARE VICTIMS OF OTHER CRUELTY AND NEGLECT OR ARE CAUGHT IN DISASTER SITUATIONS. THE HSUS ALSO WORKS TO PREVENT FUTURE CRISES BY PARTNERING WITH AGENCIES ON ADVANCE DISASTER PREPARATIONS AND ANIMAL SAFETY PLANS.

CONTINUED ON SCHEDULE O

**4b** (Code: ) (Expenses \$ 37,045,201 including grants of \$ 6,061,633 ) (Revenue \$ 1,212,841 )  
BUILD A STRONGER ANIMAL PROTECTION MOVEMENT

ACCESS TO CARE:

THE PETS FOR LIFE (PFL) PROGRAM SUPPORTS PETS AND THEIR FAMILIES LIVING IN UNDERSERVED COMMUNITIES WHILE TACKLING THE SYSTEMIC INEQUITY AND INSTITUTIONAL BARRIERS FACED BY MILLIONS OF PET OWNERS WHO NEED CARE, RESOURCES AND SUPPORT FOR THEIR COMPANION ANIMALS.

\*IN 2022, PFL HELPED PETS ACROSS THE U.S, IN CITIES LARGE AND SMALL AND COMMUNITIES IN RURAL AND REMOTE AREAS.

CONTINUED ON SCHEDULE O

**4c** (Code: ) (Expenses \$ 25,142,961 including grants of \$ 2,858,349 ) (Revenue \$ 819,264 )  
END THE CRUELEST PRACTICES

STOP PUPPY MILLS:

\*WITH THE HSUS'S LEADERSHIP, NEW YORK BECAME THE SIXTH STATE TO BAN RETAIL PUPPY SALES WITH PASSAGE OF THE PUPPY MILL PIPELINE ACT, GROUNDBREAKING LEGISLATION THAT WILL STOP THE FLOW OF CRUELLY BRED PUPPIES TO NEW YORK PET STORES. THE NEW LAW ENDS THE RETAIL SALE OF DOGS, CATS AND RABBITS IN PET STORES ACROSS THE STATE, A HUGE STEP THAT AFFECTS 66 PET STORES-10% OF ALL PUPPY-SELLING PET STORES IN THE U.S.

CONTINUED ON SCHEDULE O

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 113,313,834

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	640		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			✓
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country <u>BE, CA, KS, LI, MX, SF, UK, VM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			6
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		✓	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
WILLIAM H. HALL, 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037, (202) 452-1100

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(1) CRISTOBEL BLOCK PRESIDENT & CHIEF EXECUTIVE OFFICER	40.0 0.0			✓			562,693	0	45,436	
(2) ALISON GREGG CORCORAN CHIEF DEVELOPMENT & MARKETING OFFICER	38.0 2.0			✓			345,620	0	33,082	
(3) ERIN FRACKLETON CHIEF OPERATING OFFICER	32.5 7.5			✓			341,186	0	23,268	
(4) SARA AMUNDSON CHIEF GOVERNMENT RELATIONS OFFICER	1.0 39.0			✓			0	275,088	42,041	
(5) REBECCA BRANZELL DEPUTY GENERAL COUNSEL	40.0 0.0					✓	270,899	0	43,122	
(6) WILLIAM H. HALL CHIEF FINANCIAL OFFICER & TREASURER	32.5 7.5			✓			274,738	0	34,099	
(7) NICOLE PAQUETTE CHIEF PROGRAMS & POLICY OFFICER	36.9 3.1			✓			272,551	0	36,164	
(8) JEFFREY FLOCKEN CHIEF INTERNATIONAL OFFICER	4.0 36.0			✓			0	275,428	28,130	
(9) MIGUEL ABI-HASSAN CHIEF ANIMAL RESCUE, CARE AND SANCTUARY OFFICER	34.0 6.0			✓			272,209	0	22,041	
(10) KIMBERLEE DINN SVP., PHILANTHROPY	40.0 0.0					✓	219,556	0	31,545	
(11) JONATHAN LOVVORN SVP. & CHIEF COUNSEL, APL	40.0 0.0					✓	223,715	0	22,201	
(12) JAMIE NATELSON SVP. MARKETING OPERATIONS	40.0 0.0					✓	225,445	0	19,400	
(13) STACY STONICH SVP. TECHNOLOGY & INFORMATION SOLUTIONS	40.0 0.0					✓	216,062	0	11,500	
(14) STEVEN MAUGHAN VP. PLANNED GIVING	40.0 0.0					✓	195,883	0	24,184	



**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 dotted 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			
(15) ESTELLE MUNN SENIOR ASSOCIATE GENERAL COUNSEL	40.0 0.0					✓	196,115	0	16,146	
(16) ANGELA CICCOLO GENERAL COUNSEL & CHIEF LEGAL OFFICER	37.0 3.0			✓			142,781	0	2,590	
(17) THERESA REESE FORMER SECOND DEPUTY TREASURER	38.0 2.0					✓	131,691	0	3,792	
(18) MICHAEL BARSNESS FORMER SVP., FINANCE & ACCOUNTING	33.5 6.5					✓	102,719	0	8,001	
(19) ALEXA HERNDON CHIEF PEOPLE OFFICER	40.0 0.0			✓			96,914	0	9,555	
(20) JOHANIE V. PARRA SECRETARY	32.0 8.0			✓			85,033	0	20,878	
(21) KATHERINE KARL GENERAL COUNSEL & CHIEF LEGAL OFFICER	39.0 1.0			✓			100,674	0	4,555	
(22) MARSHALL TAYLOR CHIEF PEOPLE OFFICER	38.0 2.0			✓			61,548	0	69	
(23) ADITYA KUMAR DIRECTOR	0.7 0.0	✓					0	0	0	
(24) BRAD JAKEMAN DIRECTOR	0.6 0.0	✓					0	0	0	
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>							4,338,029	550,516	481,798	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							4,338,029	550,516	481,798	

**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 **140**

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

**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
META PLATFORMS, INC., 1601 WILLOW RD, MENLO PARK, CA 94025	ADVERTISING	6,305,717
NAVISTAR DIRECT MARKETING LLC, 4612 NAVISTAR DR, FREDERICK, MD 21703	PRINT, DESIGN & COPY SERVICES	5,058,151
GREEN PLANET SALES COMPANY, INC., 301 COMMERCE DR, MOORESTOWN, NJ 08057	FUNDRAISING CONSULTANT	4,962,226
GIVEBRIDGE, INC., 525 W MONROE ST, STE 2350, CHICAGO, IL 60661	FUNDRAISING CONSULTANT	3,558,657
DIALOGUEDIRECT INC., 351 W 39TH ST, NEW YORK, NY 10018	FUNDRAISING CONSULTANT	1,979,160

**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 **43**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	176,410				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,029,120				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	40,655				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	340,014				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	145,224,403				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 19,832,935				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			146,810,602			
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		SUPPORT SERVICES REVENUE		561000	2,787,791	2,787,791		
<b>b</b>		PROGRAM EVENT INCOME		813312	808,536	808,536		
<b>c</b>		OFFICE RENTAL		531120	98,200		98,200	
<b>d</b>		ADVERTISING		541800	84,986	84,986		
<b>e</b>		AUCTION INCOME AND OTHER		541900	10,930	10,930		
<b>f</b>		All other program service revenue . .		541900	5,752	5,752	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			3,796,195			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			4,523,921		4,523,921	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .			311,101		311,101	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						15,941,502	213,929	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	14,221,872	1,022			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,719,630	212,907			
	<b>d</b>	Net gain or (loss) . . . . .			1,932,537		1,932,537	
<b>8a</b>	Gross income from fundraising events (not including \$ 1,029,120 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	501,560					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	1,013,173					
<b>c</b>	Net income or (loss) from fundraising events . . . . .			(511,613)		(511,613)		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	LIST RENTAL		900099	174,601		174,601	
	<b>b</b>	OTHER INCOME		900099	219,089		219,089	
	<b>c</b>	OTHER FEES		541900	189,431		189,431	
	<b>d</b>	All other revenue . . . . .			0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			583,121				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			157,445,864	3,613,009	84,986	6,937,267	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	39,720,657	39,720,657		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,128,574	1,128,574		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,283,627	2,591,767	337,557	354,303
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	45,800,248	36,010,507	4,362,089	5,427,652
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,295,622	1,812,848	219,444	263,330
<b>9</b>	Other employee benefits . . . . .	5,959,279	4,705,015	571,785	682,479
<b>10</b>	Payroll taxes . . . . .	3,067,135	2,421,583	294,745	350,807
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	2,419,993	2,157,611	262,382	0
<b>c</b>	Accounting . . . . .	325,879	290,546	35,333	0
<b>d</b>	Lobbying . . . . .	1,820,885	836,618	101,739	882,528
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	12,747,602			12,747,602
<b>f</b>	Investment management fees . . . . .	681,251	0	681,251	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	6,435,141	2,199,798	1,114,213	3,121,130
<b>12</b>	Advertising and promotion . . . . .	10,099,654	5,668,976	297,913	4,132,765
<b>13</b>	Office expenses . . . . .	3,496,816	933,748	945,370	1,617,698
<b>14</b>	Information technology . . . . .	4,227,236	3,329,928	404,945	492,363
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	3,395,134	3,020,813	367,354	6,967
<b>17</b>	Travel . . . . .	4,239,787	3,541,705	447,463	250,619
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	27,113	19,269	5,028	2,816
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	490,493	420,662	69,831	0
<b>23</b>	Insurance . . . . .	1,145,536	1,015,813	123,531	6,192
<b>24</b>	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.) . . . . .				
<b>a</b>	<u>EDUCATION AND MARKETING MATERIAL</u> . . . . .	13,034,766	665,959	92,546	12,276,261
<b>b</b>	<u>EQUIPMENT</u> . . . . .	863,906	680,526	82,757	100,623
<b>c</b>	<u>RE &amp; PROPERTY TAXES</u> . . . . .	252,933	140,911	17,134	94,888
<b>d</b>	-----				
<b>e</b>	All other expenses -----	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	166,959,267	113,313,834	10,834,410	42,811,023
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	55,570,931	21,718,377	0	33,852,554

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,629	<b>1</b>	6,629
	<b>2</b> Savings and temporary cash investments . . . . .	133,247,547	<b>2</b>	47,147,704
	<b>3</b> Pledges and grants receivable, net . . . . .	9,635,673	<b>3</b>	4,814,985
	<b>4</b> Accounts receivable, net . . . . .	5,445,923	<b>4</b>	6,056,026
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,174,482	<b>9</b>	2,221,950
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 17,272,417		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 9,528,957	7,880,457	<b>10c</b> 7,743,460
	<b>11</b> Investments—publicly traded securities . . . . .	84,243,718	<b>11</b>	85,859,800
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	206,866,486	<b>12</b>	252,122,728
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	430,000	<b>13</b>	430,000
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	793,618	<b>15</b>	10,506,505
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	449,724,533	<b>16</b>	416,909,787	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,048,094	<b>17</b>	12,239,974
	<b>18</b> Grants payable . . . . .	2,260,602	<b>18</b>	1,328,909
	<b>19</b> Deferred revenue . . . . .	513,792	<b>19</b>	647,907
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	17,123,496	<b>25</b>	27,076,368
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	30,945,984	<b>26</b>	41,293,158
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	350,646,619	<b>27</b>	317,592,162
	<b>28</b> Net assets with donor restrictions . . . . .	68,131,930	<b>28</b>	58,024,467
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	418,778,549	<b>32</b>	375,616,629
<b>33</b> Total liabilities and net assets/fund balances . . . . .	449,724,533	<b>33</b>	416,909,787	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	157,445,864
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	166,959,267
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(9,513,403)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	418,778,549
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(33,648,517)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	375,616,629

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> 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?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**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 dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) C. THOMAS MCMILLEN ----- DIRECTOR	0.6 ----- 0.1	✓						0	0	0
(26) CAREN M. FLEIT ----- DIRECTOR	0.9 ----- 0.0	✓						0	0	0
(27) CAROLYN EVERSON ----- DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(28) CATHY KANGAS ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(29) CHARLES A. LAUE ----- DIRECTOR	0.7 ----- 0.1	✓						0	0	0
(30) DAVID NIEKIRK ----- DIRECTOR	1.1 ----- 0.0	✓						0	0	0
(31) ELIZABETH BRADHAM ----- DIRECTOR	0.6 ----- 0.0	✓						0	0	0
(32) GEORGINA BLOOMBERG ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(33) KATHLEEN M. LINEHAN, ESQ. ----- DIRECTOR	0.3 ----- 0.1	✓						0	0	0
(34) MARCUS EAST ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(35) MARSHA PERELMAN ----- DIRECTOR	0.8 ----- 0.0	✓						0	0	0
(36) ROBERT GREENSPON ----- DIRECTOR	0.9 ----- 0.0	✓						0	0	0
(37) SHARON LEE PATRICK ----- DIRECTOR	0.0 ----- 0.0	✓						0	0	0
(38) STEVEN G. WHITE ----- DIRECTOR	0.2 ----- 1.0	✓						0	0	0
(39) SUSAN ATHERTON ----- DIRECTOR	0.9 ----- 4.1	✓						0	0	0
(40) SUZY WELCH ----- DIRECTOR	0.8 ----- 0.0	✓						0	0	0
(41) SYLVIA KASER ----- DIRECTOR	0.7 ----- 0.0	✓						0	0	0
(42) THOMAS J. SABATINO, JR. ----- DIRECTOR	0.8 ----- 0.1	✓						0	0	0
(43) YOLANDA BERKOWITZ ----- DIRECTOR	0.7 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> THE HUMANE SOCIETY OF THE UNITED STATES	<b>Employer identification number</b> 53-0225390
----------------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	111,677,456	124,782,166	119,093,171	237,362,075	146,810,602	739,725,470
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	111,677,456	124,782,166	119,093,171	237,362,075	146,810,602	739,725,470
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						92,735,977
<b>6 Public support.</b> Subtract line 5 from line 4						646,989,493

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	111,677,456	124,782,166	119,093,171	237,362,075	146,810,602	739,725,470
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,685,050	4,378,638	2,699,528	3,504,373	5,080,405	19,347,994
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2,109,181	1,116,812	942,026	841,585	583,121	5,592,725
<b>11 Total support.</b> Add lines 7 through 10						764,666,189
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	15,379,078
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	84.61 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	85.98 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
<b>a</b>	From 2017 . . . . .			
<b>b</b>	From 2018 . . . . .			
<b>c</b>	From 2019 . . . . .			
<b>d</b>	From 2020 . . . . .			
<b>e</b>	From 2021 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2022 distributable amount			
<b>i</b>	Carryover from 2017 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2022 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2018 . . . . .			
<b>b</b>	Excess from 2019 . . . . .			
<b>c</b>	Excess from 2020 . . . . .			
<b>d</b>	Excess from 2021 . . . . .			
<b>e</b>	Excess from 2022 . . . . .			

Schedule A (Form 990) 2022



**Part VI**

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) OTHER INCOME	326,804	533,136	483,248	279,371	219,089	1,841,648
	(2) LIST RENTALS	293,377	286,640	216,181	290,287	174,601	1,261,086
	(3) OTHER FEES	193,000	297,036	242,597	271,927	189,431	1,193,991
	(4) PENSION REFUND	1,296,000	0	0	0	0	1,296,000
	Total	2,109,181	1,116,812	942,026	841,585	583,121	5,592,725

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number 53-0225390

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).



**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>THE HUMANE SOCIETY OF THE UNITED STATES</b>	Employer identification number <b>53-0225390</b>
------------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

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

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?	✓		709,559
<b>d</b> Mailings to members, legislators, or the public?	✓		641,919
<b>e</b> Publications, or published or broadcast statements?	✓		55,203
<b>f</b> Grants to other organizations for lobbying purposes?	✓		1,780,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		752,930
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		13,217
<b>i</b> Other activities?	✓		553,502
<b>j</b> Total. Add lines 1c through 1i			4,506,330
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1A - VOLUNTEERS	THE HSUS UTILIZED UNPAID VOLUNTEERS TO CONTACT LEGISLATORS AND THEIR STAFF, TESTIFY AT LEGISLATIVE HEARINGS, BROADCAST OR PUBLISH STATEMENTS (SOCIAL MEDIA, LETTERS TO THE EDITOR), AND PARTICIPATE IN RALLIES, DEMONSTRATIONS, SEMINARS, AND CONVENTIONS.
SCHEDULE C, PART II-B, LINE 1B - PAID STAFF OR MANAGEMENT	THE HSUS MANAGEMENT AND STAFF PLANNED, COORDINATED, AND IMPLEMENTED A PUBLIC POLICY PROGRAM. THIS PROGRAM INCLUDED MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF CONGRESS, STATE LEGISLATORS, EXECUTIVE AND REGULATORY AGENCIES, ANIMAL WELFARE COALITIONS, AND OTHER NATIONAL AND LOCAL ORGANIZATIONS.
SCHEDULE C, PART II-B, LINE 1C - MEDIA ADVERTISEMENTS	THE HSUS PUBLISHED ADVERTISEMENTS THROUGH THE MEDIA IN AN EFFORT TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA.
SCHEDULE C, PART II-B, LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC	THE HSUS SENT ELECTRONIC UPDATES ON ANIMAL WELFARE LEGISLATION TO UNPAID VOLUNTEERS, MEMBERS, AND OTHER INTERESTED PARTIES. IN ADDITION, THE HSUS ASSISTED INTERESTED PARTIES IN SENDING EMAILS TO LAWMAKERS THROUGH THE HSUS WEBSITE. IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION, HSUS STAFF, UNPAID VOLUNTEERS, AND PAID CONSULTANTS CORRESPONDED IN WRITTEN FORMAT INCLUDING EMAILS WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.
SCHEDULE C, PART II-B, LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS	IN FURTHERANCE OF ITS EFFORTS TO IMPROVE THE WELFARE OF ANIMALS, THE HSUS MADE STATEMENTS IN ITS ELECTRONIC AND PRINT PUBLICATIONS, AS WELL AS IN PUBLISHED OR BROADCAST STATEMENTS INTENDED TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA.
SCHEDULE C, PART II-B, LINE 1F - GRANTS TO OTHER ORGANIZATIONS	THE HSUS MADE GRANTS TO 501(C)(3) AND 501(C)(4) ORGANIZATIONS TO FURTHER ANIMAL WELFARE LEGISLATION.
SCHEDULE C, PART II-B, LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, ETC.	IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA, HSUS STAFF, UNPAID VOLUNTEERS, AND PAID CONSULTANTS HAD DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.
SCHEDULE C, PART II-B, LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, ETC.	THE HSUS HELD LOBBY DAYS IN VARIOUS STATE CAPITALS FOR CITIZENS WHO ARE CONCERNED ABOUT ANIMAL WELFARE ISSUES, AND WHO WISH TO PARTICIPATE IN THE LEGISLATIVE PROCESS AND INFLUENCE PUBLIC POLICY.
SCHEDULE C, PART II-B, LINE 1I - OTHER ACTIVITIES	THE HSUS STAFF CONDUCTED RESEARCH AND HAD INTERNAL MEETINGS AND COMMUNICATIONS AS WELL AS EXTERNAL MEETINGS AND COMMUNICATIONS WITH OTHER ORGANIZATIONS TO DISCUSS PROPOSED LEGISLATION AND STRATEGY FOR INFLUENCING SUCH LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: THE HUMANE SOCIETY OF THE UNITED STATES; Employer identification number: 53-0225390

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain, with dollar amount fields.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	118,698,629	35,975,307	26,846,489	21,905,601	24,818,863
<b>b</b> Contributions	206,061	79,001,049	4,691,314	317,282	5,227
<b>c</b> Net investment earnings, gains, and losses	(6,688,964)	4,432,527	5,089,060	5,268,196	(1,829,260)
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,015,358	710,254	651,556	644,590	1,089,229
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	111,200,368	118,698,629	35,975,307	26,846,489	21,905,601

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

- a** Board designated or quasi-endowment 68.00 %
- b** Permanent endowment 25.00 %
- c** Term endowment 7.00 %

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
<b>(i)</b> Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Land		4,780,242		4,780,242
<b>b</b> Buildings		7,067,325	6,108,896	958,429
<b>c</b> Leasehold improvements		2,257,921	993,527	1,264,394
<b>d</b> Equipment		1,742,672	1,241,923	500,749
<b>e</b> Other		1,424,257	1,184,611	239,646
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,743,460

**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 . . . . .	252,122,728	END OF YEAR MARKET VALUE
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	252,122,728	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**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) ACCRUED SEVERANCE OBLIGATION	349,049
(3) DEFERRED COMPENSATION LIABILITY	342,751
(4) ANNUITIES AND UNITRUSTS LIABILITY	11,531,129
(5) DUE TO AFFILIATES	1,870,744
(6) DEFERRED RENT	0
(7) LEASEHOLD ALLOWANCE	0
(8) OPERATING LEASE LIABILITY	12,982,695
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	27,076,368

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	159,170,554
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	6,355,020
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,355,020
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	152,815,534
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,630,330
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	4,630,330
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	157,445,864

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	173,585,433
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	6,355,020
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,013,173
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	7,368,193
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	166,217,240
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	681,251
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	60,776
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	742,027
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	166,959,267

**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.

SEE STATEMENT

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**Part XIII**

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	EXPENSES FROM FUNDRAISING EVENTS	- 1,013,173
	REALIZED GAIN ON INVESTMENTS	1,719,630
	INTEREST AND DIVIDEND REVENUE	4,523,921
	ANNUITY LIABILITY CHANGE IN VALUATION	- 600,048
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	EXPENSES FROM FUNDRAISING EVENTS	1,013,173
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	FOREIGN CURRENCY LOSS	60,776

**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.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>DEFRAY OPERATING EXPENSES, AWARD SCHOLARSHIPS TO CONNECTICUT SECONDARY SCHOOL STUDENTS, AND SUPPORT FOR THE BEST INTERESTS OF THE ORGANIZATION AND OTHER HUMANE ORGANIZATIONS, INCLUDING THE NORMA TERRIS HUMANE EDUCATION AND NATURE CENTER. ADDITIONALLY, FUNDS SUPPORT THE STATE OF NEW HAMPSHIRE WILDLIFE; BETTERMENT OF SONG BIRDS; AND PUBLICIZING AND PREVENTING MISTREATMENT OF EXOTIC ANIMALS.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FOLLOWING FOOTNOTE IS FROM THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATES (THE SOCIETY):</p> <p>THE HSUS, FFA (FUND FOR ANIMALS), HSI (HUMANE SOCIETY INTERNATIONAL), HSVMA (HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION), HSWLT (HUMANE SOCIETY WILDLIFE LAND TRUST), AND PC (PROJECT CHIMPS) QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. THEREFORE, THE SOCIETY IS GENERALLY NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS; HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES.</p> <p>TOTAL UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2022 WAS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.</p> <p>IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE SOCIETY RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. WITH A FEW EXCEPTIONS, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2019, AND PRIOR. MANAGEMENT HAS EVALUATED THE SOCIETY'S TAX POSITIONS AND HAS CONCLUDED THAT THE SOCIETY HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.</p>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number

53-0225390

**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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	N/A	43,897
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	N/A	5,643
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	N/A	12,332
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	N/A	2,500
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING	N/A	66,239
(6) SOUTH AMERICA	0	0	GRANTMAKING	N/A	18,360
(7) SOUTH ASIA	0	0	GRANTMAKING	N/A	13,989
(8) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	N/A	965,614
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	83,483,973
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	8,216,959
(11) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	408,380
(12) EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	4,353
(13) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	2	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	125,830
(14) NORTH AMERICA (CANADA & MEXICO ONLY)	0	2	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	202,908
(15) SOUTH AMERICA	0	0	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	35,445
(16) SOUTH ASIA	0	1	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	66,516
(17) (SEE STATEMENT)					
<b>3a Subtotal</b>	<b>0</b>	<b>6</b>			<b>93,672,938</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>136,976</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>0</b>	<b>6</b>			<b>93,809,914</b>

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **13**

**3** Enter total number of other organizations or entities . . . **0**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part I**

**Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	132,299
(18) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CAMPAIGNS FOR COMPANION ANIMALS, WILD ANIMALS, AND RESOLUTION OF HUMAN-ANIMAL CONFLICT.	4,677

**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	917,049	WIRE			
(2)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	43,897	WIRE			
(3)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	31,176	WIRE			
(4)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	28,813	WIRE			
(5)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	10,310	WIRE			
(6)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	7,937	WIRE			
(7)		SOUTH AMERICA	FUNDING TO HELP TEACHERS IN CHILE PROVIDE ANIMAL CARE EDUCATION TO CHILDREN	5,360	WIRE			
(8)		SOUTH AMERICA	FUNDS TO PURCHASE EQUIPMENT FOR A NEW SPAY/NEUTER CLINIC WITHIN A SUBURB OF SAO PAULO, BRAZIL	5,000	WIRE			
(9)		SUB-SAHARAN AFRICA	SUPPORT HUMANE EDUCATION PROGRAM IN PRIMARY SCHOOLS AS WELL AS THE BROADER COMMUNITY THAT ENCOURAGES PROPER CARE AND HANDLING OF DOGS	5,000	WIRE			
(10)		SUB-SAHARAN AFRICA	FUNDS TO SUPPORT HANDS-ON TRAINING FOR FARMERS ON IMPROVING/MANUFACTURING DONKEY HARNESSES	5,000	WIRE			
(11)		SOUTH AMERICA	FUNDS TO SUPPORT SPAY/NEUTER/VACCINATION PROGRAMS	5,000	WIRE			
(12)		SOUTH ASIA	FUNDS TO PURCHASE AN X-RAY MACHINE FOR AN ANIMAL HOSPITAL	5,000	WIRE			
(13)		SOUTH ASIA	FUNDS TO SUPPORT MASS STRAY CAT STERILIZATION PROJECT IN VERSOVA GAON	5,000	WIRE			



**Part V**

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>THE HUMANE SOCIETY OF THE UNITED STATES ISSUES GRANTS TO ORGANIZATIONS THAT MEET ITS MISSION CRITERIA.</p> <p>GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS.</p>
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL            EAST ASIA AND THE PACIFIC -ACCRUAL            EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL            MIDDLE EAST AND NORTH AFRICA -ACCRUAL            NORTH AMERICA (CANADA &amp; MEXICO ONLY) -ACCRUAL            SOUTH AMERICA -ACCRUAL            SOUTH ASIA -ACCRUAL            SUB-SAHARAN AFRICA -ACCRUAL</p>
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL            EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL            NORTH AMERICA (CANADA &amp; MEXICO ONLY) -ACCRUAL            SOUTH AMERICA -ACCRUAL            SOUTH ASIA -ACCRUAL            SUB-SAHARAN AFRICA -ACCRUAL</p>

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number

53-0225390

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	CHAPMAN CUBINE AND HUSSEY, INC., 2000 15TH STREET NORTH, SUITE 550, ARLINGTON, VA 22201	FUNDRAISING CONSULTANTS		<input checked="" type="checkbox"/>	22,620,191	1,667,166	20,953,025
2	GIVEBRIDGE, 525 WEST MONROE STREET, CHICAGO, IL 60661	FACE TO FACE APPEALS		<input checked="" type="checkbox"/>	7,222,728	3,558,657	3,664,071
3	GREEN PLANET SALES COMPANY, INC., 301 COMMERCE DRIVE, MOORESTOWN, NJ 08057	FACE TO FACE APPEALS		<input checked="" type="checkbox"/>	4,751,289	4,962,226	(210,937)
4	DIALOGUEDIRECT, INC., 351 WEST 39TH STREET, NEW YORK, NY 10018	FACE TO FACE APPEALS		<input checked="" type="checkbox"/>	1,544,545	1,979,160	(434,615)
5	TELEFUND INC., 186 LINCOLN STREET, SUITE 100, BOSTON, MA 02111	(SEE STATEMENT)		<input checked="" type="checkbox"/>	350,037	363,302	(13,265)
6	CHARITABLE ADULT RIDES & SERVICES, 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123	AUTO RECOVERY SERVICES	<input checked="" type="checkbox"/>		315,680	86,153	229,527
7	GRASSROOTS TEAM, LLC, 318 WEST ADAMS STREET, SUITE 1909, CHICAGO, IL 60606	FACE TO FACE APPEALS		<input checked="" type="checkbox"/>	109,758	130,938	(21,180)
8							
9							
10							
<b>Total</b>					36,914,228	12,747,602	24,166,626

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

**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
		<u>NY GALA</u> (event type)	<u>HUMANE JOURNEY BBR</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,346,903	78,067	105,710	1,530,680
	<b>2</b> Less: Contributions . . . . .	892,093	55,317	81,710	1,029,120
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	454,810	22,750	24,000	501,560
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	262,416	3,317	2,710	268,443
	<b>6</b> Rent/facility costs . . . . .	24,062	4,308	17,860	46,230
	<b>7</b> Food and beverages . . . . .	59,470	23,848	36,877	120,195
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	573,028	4,147	1,130	578,305
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				1,013,173
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(511,613)	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
<b>8</b> 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: \_\_\_\_\_

\_\_\_\_\_



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).

Return Reference - Identifier	Explanation
<p>SCHEDULE G, PART I - GENERAL EXPLANATION:</p>	<p>THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) AND ITS AFFILIATED ENTITIES RELY ON A SUBSTANTIAL AND LONGSTANDING PROGRAM OF DIRECT MAIL FUNDRAISING TO SUPPORT THE FULL RANGE OF ACTIVITIES THEY UNDERTAKE ON BEHALF OF ANIMALS, WHETHER IT INVOLVES HANDS-ON CARE, POLICY WORK, SCIENTIFIC OR TECHNICAL ANALYSIS, HUMANE EDUCATION, LITIGATION, PUBLICATION, OR COMMUNICATION. DIRECT MAIL HAS PLAYED A FUNDAMENTAL ROLE IN THE DEVELOPMENT OF THE HSUS AND ITS AFFILIATES, AND IT REMAINS CRUCIAL TO THE ORGANIZATIONS' SUCCESS IN HELPING ANIMALS. AS AN EDUCATIONAL TOOL THAT DESCRIBES THE ORGANIZATIONS' NUMEROUS PROGRAMS AND CAMPAIGNS TO HELP ANIMALS, DIRECT MAIL FUNDRAISING HELPS TO CREATE GREATER AWARENESS OF THE ORGANIZATIONS' CAMPAIGNS AND CONCERNS, AND HAS ALLOWED US TO BUILD A CONSTITUENCY OF SUPPORTERS UNMATCHED IN THE HUMANE FIELD, WITH TREMENDOUS SOCIAL, POLITICAL, AND PRACTICAL BENEFITS TO THE ORGANIZATIONS' WORK.</p> <p>TO COMPLEMENT DIRECT MAIL, THE HSUS RELIES ON LARGER INDIVIDUAL GIFTS SOLICITED BY REGIONAL FUNDRAISERS, PLANNED GIVING, FACE TO FACE GIVING, AUTO DONATIONS, FOUNDATION GRANTS, TELEPHONE SOLICITATION, WORKPLACE GIVING, ONLINE SOLICITATION AND BEQUESTS. TOGETHER, THESE METHODS FORM THE BASIS OF A COMPREHENSIVE APPROACH TO SECURING THE FUNDS AND THE CONSTITUENCY NECESSARY TO MEET OUR URGENT AND LONG TERM ANIMAL WELFARE GOALS.</p>
<p>SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 5</p>	<p>TELEPHONE FR TO OBTAIN MULTI YR REVENUE</p>
<p>SCHEDULE G, PART I, LINE 2B(V) - PAYMENT OF FUNDRAISING EXPENSES</p>	<p>THE AGREEMENT THE HSUS ENTERED INTO WITH CHAPMAN CUBINE AND HUSSEY, INC. ALLOWED FOR THE PAYMENT OF FUNDRAISING EXPENSES (SUCH AS PRINTING, PAPER, POSTAGE, ENVELOPES AND MAILING LIST RENTALS) IN ADDITION TO THE PAYMENT OF FEES FOR PROFESSIONAL FUNDRAISING SERVICES. THIS VENDOR PROVIDES DETAILS WHICH ALLOW THE HSUS TO IDENTIFY WHICH COSTS ARE FOR PROFESSIONAL FUNDRAISING AND WHICH COSTS ARE RELATED TO GENERAL FUNDRAISING EXPENSES. THE HSUS PAID OUT \$114,422 TO CHAPMAN CUBINE AND HUSSEY, INC. FOR FUNDRAISING EXPENSES.</p> <p>IN ADDITION TO THE ORGANIZATIONS WHICH APPEAR ON SCHEDULE G, PART I, THE HSUS DID ENTER INTO ARRANGEMENTS WITH 21 FUNDRAISING VENDORS WHERE THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR FUNDRAISING EXPENSES BUT NOT FOR PROFESSIONAL FUNDRAISING SERVICES. THESE VENDORS HANDLE TASKS SUCH AS THE COMPILATION OF MAILING LISTS, PRINTING, DATA PROCESSING SERVICES, AND MAILING OF DIRECT MAIL PIECES, BUT THEY DO NOT ASSIST WITH THE CREATION OR PREPARATION OF THE DIRECT MAIL LETTERS, NOR ARE THEY INVOLVED IN ANY OTHER PROFESSIONAL FUNDRAISING ACTIVITY.</p>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

**Part I General Information on Grants and Assistance**

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

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

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	35-6042135	501 (C)(3)		132,987	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(2) (SEE STATEMENT)	41-2185841	501 (C)(3)	25,000				(SEE STATEMENT)
(3) ALTUS ANIMAL WELFARE ASSOCIATION 2204 ENTERPRISE DRIVE, ALTUS, OK 73521	81-1137820	501 (C)(3)		367,069	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(4) (SEE STATEMENT)	81-5468682	501 (C)(3)	5,000				(SEE STATEMENT)
(5) (SEE STATEMENT)		GOVERNMENT		70,193	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(6) ANDERSON COUNTY PAWS 1320 HIGHWAY 29 SOUTH, ANDERSON, SC 29626	57-6000303	GOVERNMENT		212,603	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(7) ANGEL DOG RESCUE 21 HIGH STREET, GEORGETOWN, GA 39854	57-1236932	501 (C)(3)		95,313	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(8) ANGELS OF ASSISI 415 CAMPBELL AVENUE SW, ROANOKE, VA 24016	54-2021941	501 (C)(3)		74,891	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(9) ANIMAL PROTECTION OF NEW MEXICO, INC. P.O. BOX 11395, ALBUQUERQUE, NM 87192	85-0283292	501 (C)(3)	10,000				(SEE STATEMENT)
(10) (SEE STATEMENT)	61-1199194	501 (C)(3)	11,500				(SEE STATEMENT)
(11) (SEE STATEMENT)	82-0351171	501 (C)(3)	80,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							(SEE STATEMENT)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 179
- 3** Enter total number of other organizations listed in the line 1 table 2

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

Cat. No. 50055P

Schedule I (Form 990) 2022

Employer identification number  
53-0225390

Yes  No

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

(SEE STATEMENT)

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**Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AUBURN VALLEY HUMANE SOCIETY 4910 A STREET SE, AUBURN, WA 98092	45-0638467	501 (C)(3)	110,000				FUND PETS FOR LIFE ACTIVITIES SUCH AS SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
(13) AUSTIN PETS ALIVE 1156 W.CESAR CHAVEZ STREET, AUSTIN, TX 78703	74-2893360	501 (C)(3)	500	162,856 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(14) AZ PET PROJECT 3905 N 7TH AVENUE UNIT 7611, PHOENIX, AZ 85011	86-1008549	501 (C)(3)		62,840 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(15) BAILING OUT BENJI P.O. BOX 203, AMES, IA 50010	47-1652323	501 (C)(3)	7,110				FUNDING TO SUPPORT WORK TO STOP PUPPY MILLS
(16) BETHEL FRIENDS OF CANINES P.O. BOX 2287, BETHEL, AK 99559	46-2344486	501 (C)(3)	125,000				FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
(17) BETTER TOGETHER ANIMAL ALLIANCE 870 KOOTENAI CUT-OFF ROAD, PONDERAY, ID 83852	94-3071245	501 (C)(3)		64,564 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(18) BLACKFEET NATION - MEDICINE BEAR SHELTER P.O. BOX 850, BROWNING, MT 59417		TRIBAL GOVERNMENT		130,005 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(19) BLOUNT COUNTY ANIMAL WELFARE SOCIETY 3570 PINEVIEW ROAD, MARYVILLE, TN 37803	84-2672533	501 (C)(3)		60,672 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(20) BLUERIDGE HUMANE SOCIETY 1214 GREENVILLE HIGHWAY, HENDERSON, NC 28792	56-6048726	501 (C)(3)		64,665 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(21) BROWN PAWS RESCUE 6196 BRIGGS ROAD, WESTPORT, WI 53597	81-3444108	501 (C)(3)		57,065 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(22) CABOT ANIMAL SUPPORT SERVICES 2951 S 1ST STREET, CABOT, AR 72023		GOVERNMENT		101,473 FMV		PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(23) CARTERET COUNTY HUMANE SOCIETY INC. 853 HIBBS ROAD, NEWPORT, NC 28570	56-1198808	501 (C)(3)	5,000				SHELTER AND MEDICAL CARE FOR A LARGE NUMBER OF RESCUED DOGS AND PUPPIES



(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(24) CATSKILL ANIMAL SANCTUARY 316 OLD STAGE ROAD, SAUGERTIES, NY 12477	14-1827972	501 (C)(3)	6,000			SHELTER AND MEDICAL CARE FOR SEVERAL DOZEN RESCUED SHEEP, FEED AND CARE FOR ONGOING CRUELTY CASES	SHELTER AND MEDICAL CARE FOR SEVERAL DOZEN RESCUED SHEEP, FEED AND CARE FOR ONGOING CRUELTY CASES
(25) CHARM CITY COMPANIONS 2601 GREENMOUNT AVENUE, BALTIMORE, MD 21218	46-5600469	501 (C)(3)		111,371	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(26) CHATHAM COUNTY ANIMAL SERVICES 7211 SALLIE MOOD DRIVE, SAVANNAH, GA 31406		GOVERNMENT		109,035	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(27) CHEROKEE NATION WAREHOUSE 17675 S MUSKOGEE AVENUE, TAHLEQUAH, OK 74464	73-0757033	TRIBAL GOVERNMENT		547,277	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(28) CHERRYLAND HUMANE SOCIETY 1750 AHLBERG ROAD, TRAVERSE CITY, MI 49696	38-1603061	501 (C)(3)	5,000			SHELTER AND MEDICAL CARE FOR RESCUED DOGS	SHELTER AND MEDICAL CARE FOR RESCUED DOGS
(29) CHIPPEWA CREE - STONE CHILD COLLEGE RR1, BOX 1802, BOX ELDER, MT 59521		TRIBAL GOVERNMENT		368,277	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(30) CHRISTIAN COMMUNITY IN ACTION INC. 187 HIGH HOUSE ROAD, CARY, NC 27511	56-0953873	501 (C)(3)		298,621	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(31) CINCINNATI ANIMAL CARE 3949 COLERAIN AVENUE, CINCINNATI, OH 45223	85-2177478	501 (C)(3)	1,500	113,890	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
(32) CITY OF BOWLING GREEN ANIMAL PROTECTION 1017 COLLEGE STREET, BOWLING GREEN, KY 42101	61-6001789	GOVERNMENT	2,000	81,526	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, VACCINE/OUTREACH CLINIC TARGETED AT LOW-INCOME PET OWNERS.
(33) CITY OF BRADY SERVICE CENTER 1405 N BRIDGE STREET, BRADY, TX 76825		GOVERNMENT		47,765	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(34) CLARKSDALE ANIMAL RESCUE EFFORT & SHELTER P.O. BOX 142, CLARKSDALE, MS 38614	45-3765360	501 (C)(3)		109,907	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(35) CLEVELAND COUNTY ANIMAL SERVICES 1601 AIRPORT ROAD, SHELBY, NC 28150		GOVERNMENT		135,876	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(36) COLORADO PET PANTRY P.O. BOX 323, BOULDER, CO 80306	45-4210185	501 (C)(3)		116,645	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(37) COLUMBUS HUMANE 3015 SCIOTO DARBY EXECUTIVE COURT, HILLARD, OH 43026	31-4379492	501 (C)(3)		48,010	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(38) COMPANION ANIMAL ALLIANCE 2250 GOURIER AVENUE; BATON ROUGE, LA 70820	27-1204719	501 (C)(3)		265,156	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(39) COUNTY OF GREENVILLE 301 UNIVERSITY RIDGE, GREENVILLE, SC 29601	57-6000356	GOVERNMENT	15,000				FUNDING TO COLLECT AND ANALYZE DATA REGARDING AFFORDABLE, PET-INCLUSIVE HOUSING IN ORDER TO ADVANCE POLICIES TO SUPPORT PETS AND THEIR FAMILIES
(40) COUNTY OF VENTURA DBA VENTURA COUNTY ANIMAL SERVICES 600 AVIATION DRIVE, CAMARILLO, CA 93033	95-6000944	GOVERNMENT	255,675				FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
(41) CUMBERLAND COUNTY ANIMAL SERVICES 4704 CORPORATION DRIVE, FAYETTEVILLE, NC 28306		GOVERNMENT		62,054	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(42) DANE COUNTY HUMANE SOCIETY 5132 VOGES ROAD, MADISON, WI 53718	39-0806335	501 (C)(3)	20,000	60,153	FMV	PET FOOD AND ANIMAL FEED	FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
(43) DANVILLE BOYLE COUNTY HUMANE SOCIETY P.O. BOX 487, DANVILLE, KY 40423	61-0732934	501 (C)(3)		119,193	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(44) DEFENDERS OF WILDLIFE 1130 17TH STREET NW, WASHINGTON, DC 20036	53-0183181	501 (C)(3)	12,000				REDUCE ABILITY OF CRIMINAL GROUPS TO PROFIT FROM POACHING AND TRAFFICKING OF PROTECTED ANIMALS ORIGINATING FROM OR TRANSITING THROUGH COSTA RICA.
(45) DORCHESTER PAWS 136 FOUR PAWS LANE, SUMMERSVILLE, SC 29483	57-0620182	501 (C)(3)		60,742	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(46) DORSET EQUINE RESCUE INC. P.O. BOX 92, E. DORSET, VT 05253	46-3192988	501 (C)(3)	12,500				CARE, SUPPLIES, AND MEDICAL COSTS FOR RESCUED HORSES

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(47) EQUINE RESCUE OF AIKEN 532 GLENWOOD DRIVE, AIKEN, SC 29803	20-51162723	501 (C)(3)	15,000	58,214	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, FUNDING TO CARE FOR RESCUED HORSES
(48) FERAL CARE INC. (DBA - NUTMEG SPAY/NEUTER CLINIC) 25 CHARLES STREET, STRATFORD, CT 06615	38-3746984	501 (C)(3)		80,348	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(49) FIX WEST TEXAS 4921 N CR 1147, MIDLAND, TX 79705	84-4108520	501 (C)(3)		151,963	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(50) FLOYD COUNTY ANIMAL CONTROL 99 NORTH AVENUE NE, ROME, GA 30161		GOVERNMENT		141,264	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(51) FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA 1924 CAPITAL BOULEVARD, RALEIGH, NC 27604	56-1283426	501 (C)(3)		180,714	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(52) FOOD BANK OF DELAWARE 222 LAKE DRIVE, NEWARK, DE 19702	51-0258984	501 (C)(3)		145,593	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(53) FOR THE LOVE OF PAWS PET FOOD PANTRY 12198 COUNTRY ROAD 512, FELLSMERE, FL 32948	47-3051354	501 (C)(3)		48,993	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(54) FRIENDS OF COLLETON COUNTY ANIMAL SHELTER 33 POOR FARM ROAD, WALTERBORO, SC 29488	26-4474266	501 (C)(3)		251,219	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(55) FRIENDS OF MIAMI ANIMALS FOUNDATION INC. 2665 SOUTH BAYSHORE DRIVE, MIAMI, FL 33133	81-4578892	501 (C)(3)		92,780	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(56) THE FERAL DOGS OF AVONDALE MILL (FRIENDS OF SYLACAUGA ANIMAL SHELTER) 41 SHELTER LANE, SYLACAUGA, AL 35151	82-1955490	501 (C)(3)		102,371	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(57) FRIENDS OF THE BELL COUNTY ANIMAL SHELTER P.O. BOX 2534, MIDDLESBORO, KY 40965	61-1395205	501 (C)(3)		164,710	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(58) FRIENDS OF THE SHELTER DBA BETTER TOGETHER ANIMAL ALLIANCE 870 KOOTENAI CUTOFF ROAD, PONDERAY, ID 83852	94-3071245	501 (C)(3)	60,000				FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(59) FUJEVER HOME RESCUE 9111 KENNEDY AVENUE NW, ZIMMERMAN, MN 55302	46-3649625	501 (C)(3)		53,184	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(60) GATEWAY PET GUARDIANS P.O. BOX 13243, SAINT LOUIS, MO 63157	26-0096240	501 (C)(3)		58,514	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(61) GOLDEN BELT HUMANE SOCIETY P.O. BOX 1653, GREAT BEND, KS 67530	48-0681041	501 (C)(3)		235,251	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(62) GOOD SHEPHERD HUMANE SOCIETY P.O. BOX 285, EUREKA SPRINGS, AR 72632	71-0458910	501 (C)(3)		154,894	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(63) GUARDIAN ANGEL MINISTRIES 46 BIRCH LANE, ENOSBURG FALLS, VT 05450	20-8322307	501 (C)(3)		60,574	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(64) GUILDFORD COUNTY ANIMAL SERVICES 711 HUFFINE MILL ROAD, GREENSBORO, NC 27405	56-6000305	501 (C)(3)		243,308	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(65) HARBOR HUMANE SOCIETY 14345 BAGLEY STREET, WEST OLIVE, MI 49460	38-1623660	501 (C)(3)		149,929	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(66) HARLAN COUNTY FRIENDS OF THE SHELTER 394 STATE HIGHWAY 840, BAXTER, KY 40806	47-1434456	501 (C)(3)		135,743	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(67) HARTSVILLE TROUSDALE ANIMAL SHELTER 565 INDUSTRIAL PARK, HARTSVILLE, TN 37074		GOVERNMENT		71,190	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(68) HAVASUPAI TRIBE C/O JIM USEVITCH, GILBERT, AZ 85233	86-0118596	TRIBAL GOVERNMENT	5,000				FUNDING FOR FOOD FOR HORSES
(69) HORRY COUNTY GOVERNMENT 1923 INDUSTRIAL PARK DRIVE, CONWAY, SC 29526	57-6000365	GOVERNMENT		117,081	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(70) HOUSING EQUITY & ADVOCACY RESOURCE TEAM 3612 11TH AVENUE, LOS ANGELES, CA 90018		NON-PROFIT		86,336	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(71) HUMANE INDIANA INC. 421 45TH STREET, MUNSTER, IN 46321	35-0895837	501 (C)(3)	15,000	78,537	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM. ASSIST RURAL COUNTIES IN INDIANA TO INCREASE ADOPTIONS AND OWNER-SUPPORT PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(72) HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037	52-1769464	501 (C)(3)	6,334,639			GENERAL SUPPORT	GENERAL SUPPORT
(73) HUMANE SOCIETY LEGISLATIVE FUND 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	59-3786428	501 (C)(4)	1,780,000			GENERAL SUPPORT	GENERAL SUPPORT
(74) HUMANE SOCIETY OF ELBERT COUNTY P.O. BOX 267, ELBERTON, GA 30635	58-2465607	501 (C)(3)		93,661	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(75) HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS ROAD, DAYTON, OH 45417	31-0537073	501 (C)(3)	5,000			SHELTER AND CARE FOR SEVERAL DOZEN RESCUED CATS	SHELTER AND CARE FOR SEVERAL DOZEN RESCUED CATS
(76) HUMANE SOCIETY OF GREATER KANSAS CITY 5445 PARALLEL PARKWAY, KANSAS CITY, KS 66104	48-0581965	501 (C)(3)	1,315	128,631	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
(77) HUMANE SOCIETY OF INDEPENDENCE COUNTY 5 ENVIRONMENTAL DRIVE, BATESVILLE, AR 72501	71-0612948	501 (C)(3)		205,926	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(78) HUMANE SOCIETY OF MARLBORO COUNTY P.O. BOX 135, BENNETTSVILLE, SC 29512	58-2360360	501 (C)(3)	2,030	81,474	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
(79) HUMANE SOCIETY OF NORTH CENTRAL FLORIDA 4205 NW 6TH STREET, GAINESVILLE, FL 32609	59-1908492	501 (C)(3)	2,760	60,870	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
(80) HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER ROAD, TUCSON, AZ 85705	86-0112798	501 (C)(3)	500	171,299	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
(81) HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED 13011 MAUGANSVILLE ROAD, HAGERSTOWN, MD 21740	52-0542025	501 (C)(3)		65,930	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(82) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC. 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	22-2768664	501 (C)(3)	588,600			GENERAL SUPPORT	GENERAL SUPPORT
(83) HUNTINGTON COUNTY HUMANE SOCIETY 390 THURMAN ROE WAY, HUNTINGTON, IN 46750	23-7248941	501 (C)(3)		67,417	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(84) IDAHO HUMANE SOCIETY INC. 1300 S BIRD STREET, BOISE, ID 83709	82-0212536	501 (C)(3)	110,500	256,031	FMV	PET FOOD AND ANIMAL FEED	FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(85) INTERNATIONAL BIRD RESCUE 4369 CORDELIA ROAD, FAIRFIELD, CA 94534	94-1739027	501 (C)(3)	5,000				SHELTER AND CARE FOR HUNDREDS OF PELICANS
(86) INTERNATIONAL FUND FOR ANIMAL WELFARE INC. 290 SUMMER STREET, YARMOUTH PORT, MA 02675	31-1594197	501 (C)(3)	133,638				REDUCE ABILITY OF CRIMINAL GROUPS TO PROFIT FROM POACHING AND TRAFFICKING OF PROTECTED ANIMALS ORIGINATING FROM OR TRANSITING THROUGH COSTA RICA.
(87) KALAMAZOO COUNTY HUMANE SOCIETY 2272 RIVER STREET, KALAMAZOO, MI 49048	38-1474932	501(C)(3)		343,196	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(88) KANSAS CITY PET PROJECT 7077 ELMWOOD AVENUE, KANSAS CITY, MO 64132	45-3067615	501 (C)(3)	500	139,003	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO 2022 SPEAKER STIPEND GRANT
(89) KENTUCKY HUMANE SOCIETY ANIMAL RESCUE LEAGUE INC. 1000 LYNDON LANE, SUITE B, LOUISVILLE, KY 40222	61-0463938	501 (C)(3)	5,000	56,707	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, MEDICAL CARE FOR DOGS IMPACTED BY FLOODING IN EASTERN KENTUCKY
(90) LAKE HUMANE SOCIETY 7564 TYLER BOULEVARD, MENTOR, OH 44060	34-1246277	501 (C)(3)	5,000				SHELTER AND VETERINARY CARE FOR A LARGE NUMBER OF RESCUED CATS
(91) LANCASTER FARM SANCTUARY 558 MILTON GROVE ROAD SOUTH, ELIZABETH TOWN, PA 17022	82-2415267	501 (C)(3)	5,000				ASSIST WITH LARGE SCALE ANIMAL RESCUE FROM HOARDING SITUATION, ONGOING SHELTER AND CARE FOR A NUMBER OF THE RESCUED ANIMALS
(92) LANCASTER SPCA P.O. BOX 3042, LANCASTER, SC 29720	46-3374265	501 (C)(3)		245,847	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(93) LAURENS COUNTY DBA ANIMAL SHELTER 79 MOUNT VERNON ROAD, LAURENS, SC 29360	57-6000372	GOVERNMENT	1,315	72,730	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
(94) LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DRIVE NW, CASS LAKE, MN 56633	41-1242052	TRIBAL GOVERNMENT	115,000	288,970	FMV	PET FOOD AND ANIMAL CARE	FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(95) LEON COUNTY ANIMAL SERVICES 413 TIMBERLANE ROAD, TALLAHASSEE, FL 32312	59-6138275	501 (C)(3)		91,525	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(96) LEXINGTON COUNTY ANIMAL SERVICES 321 BALL PARK ROAD, LEXINGTON, SC 29072	31-6062704	GOVERNMENT		106,830	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(97) LICKING COUNTY HUMANE SOCIETY 825 THORN WOOD DRIVE, HEATH, OH 43056	01-0599278	501 (C)(3)	5,000			PET FOOD AND ANIMAL FEED	CARE FOR DOZENS OF RESCUED DOGS AND PUPPIES
(98) LIFELINE ANIMAL PROJECT 3180 PRESIDENTIAL DRIVE, ATLANTA, GA 30340	61-1139980	501 (C)(3)	8,000	54,563	FMV		PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(99) LOGAN COUNTY HUMANE SOCIETY 1230 MORGANTOWN ROAD, RUSSELLVILLE, KY 42276	51-0534813	501 (C)(3)	15,000				SHELTER AND MEDICAL CARE FOR OVER ONE HUNDRED RESCUED DOGS
(100) MADISON CAT PROJECT 627 POST ROAD, MADISON, WI 53713	52-6001558	GOVERNMENT		71,432	FMV	PET FOOD AND ANIMAL FEED	EVALUATE AND EXPAND COMMUNITY CAT PROGRAMMING AND HELP REMOVE LOCAL POLICY BARRIERS
(101) MARLBORO SHERIFF'S OFFICE 239 THROOP STREET, BENNETTSTVILLE, SC 29512	63-1120822	501 (C)(3)		154,329	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(102) MARYLAND SPCA 3300 FALL ROAD, BALTIMORE, MD 21211	38-1358206	TRIBAL GOVERNMENT		83,179	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(103) MESKWAKI NATION PUBLIC WORKS 349 MESKWAKI ROAD, TAMA, IA 52339	41-2120170	501 (C)(3)		83,702	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(104) METRO ANIMAL SHELTER 3140 35TH STREET, TUSCALOOSA, AL 35401	30-0245020	501 (C)(3)	75,000	231,214	FMV	PET FOOD AND ANIMAL FEED	FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
(105) MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD, SUITE 220, BINGHAM FARMS, MI 48025	41-2120170	501 (C)(3)		46,112	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(106) MIDWEST FOOD BANK 2031 WAREHOUSE ROAD, NORMAL, IL 61761	30-0245020	501 (C)(3)		423,302	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(107) MINN-KOTA PAAWS 2125 1ST AVENUE S, FARGO, ND 58103		501 (C)(3)				PET FOOD AND ANIMAL FEED	

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(108) MISSISSIPPI SPAY AND NEUTER 657 HIGHWAY 49 SOUTH, RICHLAND, MS 39218	20-2938077	501 (C)(3)		98,799	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(109) MONTGOMERY COUNTY COMMUNITY CAT COALITION P.O. BOX 262, SPENCERVILLE, MD 20868	82-2611098	501 (C)(3)		103,741	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(110) MOORE COUNTY ANIMAL SERVICES 5235 US-15 501 HIGHWAY, CARTHAGE, NC 28327		GOVERNMENT		44,705	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(111) MR. BONES & COMPANY, INC. P.O. BOX 66, RED HOOK, NY 12571	36-4756634	501 (C)(3)	5,000				SHELTER AND CARE FOR RESCUED DOGS
(112) MSPCA DBA ANIMAL CARE AND ADOPTION CENTER 350 SOUTH HUNTINGTON AVENUE, BOSTON, MA 02130	04-2103597	501 (C)(3)	5,500				SHELTER AND VETERINARY CARE FOR SEVERAL DOZEN RESCUED CATS; ANIMAL CARE EXPO STIPEND
(113) MSPCA NEVINS FARM 350 SOUTH HUNTINGTON AVENUE, BOSTON, MA 21211	52-6001558	501 (C)(3)		544,936	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(114) NEBRASKA HUMANE SOCIETY 8929 FORT STREET, OMAHA, NE 68134-2842	47-0378997	501 (C)(3)	5,000				FUNDING TOWARDS SHELTER AND MEDICAL CARE FOR HUNDREDS OF RESCUED ANIMALS FROM HOARDING SITUATION
(115) NEW JERSEY'S FREEDOM FARM ANIMAL RESCUE INC. 229 NEWPORT ROAD, CEDARVILLE, NJ 08311	81-3395723	501 (C)(3)	5,000				SHELTER AND CARE FOR RESCUED HORSES AND PIGS
(116) NEWBORN KITTEN RESCUE 9393 N 90TH STREET, SCOTTSDALE, AZ 85258	83-2802407	501 (C)(3)	10,400				DEVELOP A TOOLKIT AND TRAINING MATERIALS FOR NEONATAL KITTENS (THE MOST VULNERABLE SHELTER POPULATION) TO BE SHARED WITH OTHER ANIMAL WELFARE ORGANIZATIONS
(117) NO KILL LOUISVILLE P.O. BOX 6655, LOUISVILLE, KY 40206	27-2368180	501 (C)(3)		81,929	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(118) NORTH GEORGIA ANIMAL ALLIANCE P.O. BOX 5484, FORT OGLETHORPE, GA 30742	58-2120060	501 (C)(3)		73,591	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(119) NORTHEAST MISSOURI HUMANE SOCIETY P.O. BOX 205, HANNIBAL, MO 63401	43-6063703	501 (C)(3)		137,767	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(120) OLD DRUM ANIMAL SHELTER 35 SW 101ST ROAD, WARRENSBURG, MO 64093	85-2612929	501 (C)(3)		61,039	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM



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(121) ORANGEBURG COUNTY ANIMAL SERVICES 1596 ELLIS AVENUE, ORANGEBURG, SC 29118		GOVERNMENT		62,616	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(122) OUTSIDERS FARM AND SANCTUARY INC. 131 BUCK HOLLOW, BOWERSVILLE, GA 30516	84-1908046	501 (C)(3)	5,000				SHELTER AND CARE FOR A LARGE NUMBER OF PIGS RESCUED FROM HOARDING SITUATION
(123) PARIS ANIMAL WELFARE SOCIETY 1945 PAVILION WAY, LEXINGTON, KY 40509	61-1224933	501 (C)(3)		150,311	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(124) PAULDING HUMANE SOCIETY P.O. BOX 674, DALLAS, GA 30132	58-2149553	501 (C)(3)		154,857	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(125) PAWS FUREVER HOME INC. 5009 ANTIOCH ROAD, ADEL, GA 31620	81-2267285	501 (C)(3)		261,151	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(126) PAWS HUMANE SOCIETY 4900 MILGEN ROAD, COLUMBUS, GA 31907	58-2513501	501 (C)(3)		224,514	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(127) PAWS SHELTER FOUNDATION - HELPING HANDS OF HOPE P.O. BOX 1116, ELIZABETHTOWN, KY 42702	45-2431905	501 (C)(3)		118,213	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(128) PEOPLE ASSISTING ANIMAL CONTROL PAAC 5804 AYERS STREET, CORPUS CHRISTI, TX 78415	38-3817365	501 (C)(3)		537,848	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(129) PERRY'S PROMISE INC. 126 HILLTOP DRIVE, ROSSVILLE, GA 30741	84-2343208	501 (C)(3)	500	101,377	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(130) PERSON COUNTY ANIMAL SERVICES 2103 CHUB LAKE ROAD, ROXBORO, NC 27574		GOVERNMENT		167,493	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(131) PET COMMUNITY CENTER, INC. 5233 HARDING PLACE #5247, NASHVILLE, TN 37217	45-1524886	501 (C)(3)	500	53,008	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(132) PET HELPERS INC. 1447 FOLLY ROAD, CHARLESTON, SC 29412	57-0802283	501 (C)(3)		132,965	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(133) PET RESOURCE CENTER OF KANSAS CITY 1116 E 59TH STREET, KANSAS CITY, MO 64110	82-0563117	501 (C)(3)		82,784	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM

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(134) PINE FOREST PET CARE INC. 5348 PINE FOREST ROAD, GAINESVILLE, GA 30504	88-3730524	501 (C)(3)		60,062	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(135) POINTE COUPEE PARISH P.O. BOX 290, NEW ROADS, LA 70760	72-6001105	GOVERNMENT		120,874	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(136) PROJECT CHIMPS P.O. BOX 2140, BLUE RIDGE, GA 30513	47-1439557	501 (C)(3)	6,500,000				FUND THE PLANNED EXPANSION OF CHIMPANZEE SANCTUARY, GENERAL SUPPORT
(137) PUEBLO OF ISLETA 3950 HIGHWAY 47, BUILDING E, ALBUQUERQUE, NM 87105		TRIBAL GOVERNMENT		134,833	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(138) RANGELAND WILD DBA WORKING CIRCLE 4294 GAME TRAIL, INDIAN HILLS, CO 80454	85-4017787	501 (C)(3)	10,000				FUND PROGRAM TO BUILD TOLERANCE AND COEXISTENCE WITH WOLVES, ASSIST LIVESTOCK PRODUCERS WITH NON-LETHAL CONFLICT DETERRENCE MEASURES
(139) RED LAKE NATION COLLEGE P.O. BOX 576, RED LAKE, MN 56671	26-3031521	TRIBAL GOVERNMENT		53,968	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(140) ROSEBUD SIOUX TRIBE (ROSEBUD ANIMAL CLINIC) 11TH LEGION AVENUE, ROSEBUD, SD 57750	46-0248724	TRIBAL GOVERNMENT		228,091	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(141) SAFE PET PROJECT INC 1176 DOCK JONES ROAD, BLAIRSVILLE, GA 30512	87-2802042	501 (C)(3)		194,890	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(142) SALT LAKE COUNTY ANIMAL SERVICES 511 W 3900 S, SALT LAKE CITY, UT 84123	12-1526705	GOVERNMENT		217,256	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(143) SAN DIEGO HUMANE SOCIETY AND SPCA 5500 GAINES STREET, SAN DIEGO, CA 92110	95-1661688	501 (C)(3)	61,659				SUPPORT RAMONA, CA WILDLIFE CENTER
(144) SANTUARIO DE ANIMALES SAN FRANCISCO DE ASIS INC. STATE ROAD 114KM 4.7 BAJURA WARD, CABO ROJO, PR 00622	66-0717096	501 (C)(3)	16,635				ASSIST WITH DAMAGE AND ANIMAL CARE COSTS ASSOCIATED WITH SEPTEMBER 2022 HURRICANE FIONA
(145) SAVING DEATH ROW DOGS 5516 SW 24TH STREET, TOPEKA, KS 66614	27-2809492	501 (C)(3)		196,000	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM

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(146) SEATTLE HUMANE 13212 SE EASTGATE WAY, BELLEVUE, WA 98005	91-0282060	501 (C)(3)	125,000	174,284	FMV	PET FOOD AND ANIMAL FEED	FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
(147) SEDGWICK COUNTY ANIMAL CONTROL 1015 STILLWELL STREET, WICHITA, KS 67213		GOVERNMENT		53,389	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(148) SEK HUMANE SOCIETY 485 E 560TH AVENUE, PITTSBURG, KS 66762	23-7431389	501 (C)(3)		63,712	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(149) SEVIER ANIMAL CARE SERVICES 1040 DOLLY PARTON PARKWAY, SEVIERVILLE, TN 37862		GOVERNMENT		86,220	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(150) HUMANE SOCIETY OF SHELBY COUNTY 381 MCDOW ROAD, COLUMBIANA, AL 35051	63-0817987	501 (C)(3)		64,184	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(151) SHELTER ANIMALS COUNT 931 MONROE DRIVE NE, ATLANTA, GA 30308	46-2215168	501 (C)(3)	30,500				SUPPORT ONGOING WORK TO DEVELOP A RELIABLE SYSTEM USED TO GATHER ANIMAL SHELTER AND RESCUE DATA; FUNDS FOR LOCAL SHELTERS TO SUPPORT GATHERING OF INTAKE AND OUTCOMES DATA
(152) SHOSHONE-PAIUTE TRIBE HUMAN DEVELOPMENT CENTER 1036 IDAHO STATE HIGHWAY 51, OWYHEE COUNTY, ID 83604		TRIBAL GOVERNMENT		140,343	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(153) SHOW YOUR SOFT SIDE 5712 VISITATION WAY, BALTIMORE, MD 21210	30-0774382	501 (C)(3)		55,706	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(154) SMITH COUNTY HUMANE SOCIETY P.O. BOX 74, CARTHAGE, TN 37030	81-0559707	501 (C)(3)		40,341	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(155) SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS SOUTH CAROLINA 405 GREENLAWN DRIVE, COLUMBIA, SC 29209	57-0407367	501 (C)(3)		129,137	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(156) SOS SAVE OUR SOULS ANIMAL RESCUE INC. 1231 WE CALLAWAY ROAD, CLAXTON, GA 30417	45-4321996	501 (C)(3)		169,452	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM

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<sup>(157)</sup> SOURIS VALLEY ANIMAL SHELTER 1935 20TH AVENUE SE, MINOT, ND 58702	45-0345317	501 (C)(3)	3,370	57,382	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM, ANIMAL CARE EXPO STIPEND
<sup>(158)</sup> SOUTHERN SOULS RESCUE 3902 ADAMS CHAPEL ROAD, HARLEM, GA 30814	45-5465934	501 (C)(3)		80,018	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
<sup>(159)</sup> SPAY ARKANSAS 1909 W HUNTSVILLE AVENUE, SPRINGDALE, AR 72762	06-1833843	501 (C)(3)		133,821	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
<sup>(160)</sup> ST. MARY'S COUNTY EMERGENCY SERVICES ANIMAL CONTROL DIVISION 41770 BALDRIDGE STREET, LEONARDTOWN, MD 20650		GOVERNMENT		80,731	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
<sup>(161)</sup> TAYLOR COUNTY SPCA P.O. BOX 1301, CAMPBELLSVILLE, KY 42719		501 (C)(3)		71,543	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
<sup>(162)</sup> THE ARIZONA PET PROJECT 3905 N 7TH AVENUE, PHOENIX, AZ 85011	86-1008549	501 (C)(3)	25,000				FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
<sup>(163)</sup> THE BLACKFEET TRIBE OF THE BLACKFEET NATION P.O. BOX 850, BROWNING, MT 59417	81-0212955	TRIBAL GOVERNMENT	115,000				FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES
<sup>(164)</sup> THE FUND FOR ANIMALS, INC. 1255 23RD STREET, NW, SUITE 460, WASHINGTON, DC 20037	13-6218740	501 (C)(3)	4,517,677				GENERAL SUPPORT
<sup>(165)</sup> THE HUMANE ASSOCIATION OF WILSON COUNTY INC. P.O. BOX 247, LEBANON, TN 37088	62-1048196	501 (C)(3)		95,820	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
<sup>(166)</sup> THE NATIONAL KITTEN COALITION, INC. 7371 ATLAS WALK WAY, GAINESVILLE, VA 20155	26-2188884	501 (C)(3)	8,770				TRAINING AND MENTORSHIP FOR ANIMAL WELFARE ORGANIZATIONS RELATED TO CARING FOR NEONATAL KITTENS
<sup>(167)</sup> THE TRUSTEES OF PURDUE UNIVERSITY DBA PURDUJE UNIVERSITY 1281 WIN HENTSCHEL BOULEVARD, WEST LAFAYETTE, IN 47906-4182	35-6002041	501 (C)(3)	60,000				FUNDING FOR THE NEXT GENERATION OF IMMUNOCONTRACEPTIVE VACCINES FOR WILD HORSES AND DEER
<sup>(168)</sup> THE WHITE PIG ANIMAL SANCTUARY 5120 IRISH ROAD, SCHUYLER, VA 22969	81-5086682	501 (C)(3)	5,000				CARE FOR RESCUED PIGS

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(169) TULSA SPCA P.O. BOX 581898, TULSA , OK 74158	73-0608144	501 (C)(3)		52,439	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(170) TURTLE MOUNTAIN RESCUE 113 2ND AVENUE SE, ROLLA, ND 58367	81-2435858	501 (C)(3)		158,157	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(171) TWIGGS COUNTY HUMANE SOCIETY 1855 GEORGIA HIGHWAY, JEFFERSONVILLE, GA 31044	54-2031424	501(C)(3)		222,720	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(172) TWIN COUNTY HUMANE SOCIETY 352 DOGWOOD ROAD, FANCY GAP, VA 24328	41-6042488	501 (C)(3)	5,000	62,257	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(173) UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500, MINNEAPOLIS, MN 55455	22-3021942	GOVERNMENT		40,207	FMV	PET FOOD AND ANIMAL FEED	FUNDING FOR CARNIVORE-PROOF FENCING FOR THEIR CATTLE RANCH TO PREVENT LIVESTOCK-WOLF CONFLICT
(174) VANCE COUNTY ANIMAL SHELTER 122 YOUNG STREET, SUITE B, HENDERSON, NC 27536	58-1661479	501 (C)(3)		57,542	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(175) VERMONT FOOD BANK 33 PARKER ROAD, BARRE, VT 05641	41-1737979	501 (C)(3)	1,500	52,874	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(176) WASHINGTON COUNTY-JOHNSON CITY ANIMAL CONTROL CENTER 3411 N ROAN STREET, JOHNSON CITY, TN 37601	46-5635359	501 (C)(3)		53,489	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(177) WHITE EARTH BAND OF CHIPPEWA DBA WHITE EARTH TRIBAL COUNCIL 35500 EAGLE VIEW ROAD, WHITE EARTH, MN 56591	39-0810533	501 (C)(3)	70,500	79,721	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(178) WICHITA ANIMAL ACTION LEAGUE P.O. BOX 21401, WICHITA, KS 67208	91-0580938	501 (C)(3)		318,761	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
(179) WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVENUE, MILWAUKEE, WI 53208-3156							FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES, ANIMAL CARE EXPO STIPEND
(180) YAKIMA HUMANE 2405 WEST BIRCHFIELD ROAD, YAKIMA, WA 98901							PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(181) YOUNG-WILLIAMS ANIMAL CENTER OF EAST TENNESSEE 3201 DIVISION STREET, KNOXVILLE, TN 37919	45-5326778	501 (C)(3)		148,043	FMV	PET FOOD AND ANIMAL FEED	PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE HUMANE SOCIETY OF THE UNITED STATES ISSUES GRANTS TO ORGANIZATIONS THAT MEET THE MISSION CRITERIA. GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEEES, AND SITE VISITS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALLEN COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HUMANE FORT WAYNE/PET FOOD PANTRY) 4914 HANNA STREET, FORT WAYNE, IN 46806
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALLIANCE FOR CONTRACEPTION IN CATS & DOGS 2815 NE 66TH AVENUE, PORTLAND, OR 97213
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALWAYS AND FUREVER MIDWEST ANIMAL SANCTUARY INC. 23595 W 223RD STREET, SPRING HILL, KS 66083
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMARILLO ANIMAL MANAGEMENT AND WELFARE 3501 S OSAGE, AMARILLO, TX 79118
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ANIMAL SHELTER ACTION SOCIETY DBA MAYFIELD GRAVES COUNTY ANIMAL SHELTER 500 N 12TH STREET, MAYFIELD, KY 42066
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ANIMAL SHELTER OF WOOD RIVER VALLEY INC. DBA MOUNTAIN HUMANE 101 CROY CREEK ROAD, HAILEY, ID 83333
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	ALLEN COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HUMANE FORT WAYNE/PET FOOD PANTRY): PET FOOD AND ANIMAL FEED
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	ALTUS ANIMAL WELFARE ASSOCIATION: PET FOOD AND ANIMAL FEED
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	AMARILLO ANIMAL MANAGEMENT AND WELFARE: PET FOOD AND ANIMAL FEED
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	ANDERSON COUNTY PAWS: PET FOOD AND ANIMAL FEED
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	ANGEL DOG RESCUE: PET FOOD AND ANIMAL FEED
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	ANGELS OF ASSISI: PET FOOD AND ANIMAL FEED
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLEN COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HUMANE FORT WAYNE/PET FOOD PANTRY): PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLIANCE FOR CONTRACEPTION IN CATS & DOGS: RESEARCH, IMPLEMENTATION AND EDUCATION RELATED TO NONSURGICAL CONTRACEPTION METHODS FOR CATS AND DOGS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALTUS ANIMAL WELFARE ASSOCIATION: PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALWAYS AND FUREVER MIDWEST ANIMAL SANCTUARY INC.: SHELTER AND VETERINARY CARE FOR A LARGE NUMBER OF DOGS AND CATS RECEIVED FROM AN ANIMAL SHELTER WHICH RECENTLY CLOSED

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMARILLO ANIMAL MANAGEMENT AND WELFARE: PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANDERSON COUNTY PAWS: PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANGEL DOG RESCUE: PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANGELS OF ASSISI: PROVIDE PET FOOD TO PET OWNERS IN NEED THROUGH PETS FOR LIFE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANIMAL PROTECTION OF NEW MEXICO, INC.: ANIMAL CARE, FEED AND SUPPLIES RELATING TO THE 2022 NEW MEXICO WILDFIRES
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANIMAL SHELTER ACTION SOCIETY DBA MAYFIELD GRAVES COUNTY ANIMAL SHELTER: FUNDING FOR RESCUE AND RECOVERY EFFORTS ASSOCIATED WITH THE DECEMBER 2021 TORNADO IN MAYFIELD, KY, FUNDING TO ATTEND ANIMAL CARE EXPO
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANIMAL SHELTER OF WOOD RIVER VALLEY INC. DBA MOUNTAIN HUMANE: FUND PETS FOR LIFE ACTIVITIES SUCH AS PROVIDING PET SUPPLIES, SPAY AND NEUTER SERVICES AND GENERAL VETERINARY SERVICES



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number

53-0225390

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input 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)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**Part I 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				
<b>1</b> CRISTOBEL BLOCK PRESIDENT & CHIEF EXECUTIVE OFFICER	(i) 562,693 (ii) 0	0	0	28,450	16,986	608,129	0
ALISON GREGG CORCORAN CHIEF DEVELOPMENT & MARKETING OFFICER	(i) 345,620 (ii) 0	0	0	14,725	18,357	378,702	0
<b>2</b> ERIN FRACKLETON CHIEF OPERATING OFFICER	(i) 341,186 (ii) 0	0	0	14,769	8,499	364,454	0
SARA AMUNDSON CHIEF GOVERNMENT RELATIONS OFFICER	(i) 275,088 (ii) 241,399	29,499	0	26,720	15,321	317,129	0
REBECCA BRANZELL DEPUTY GENERAL COUNSEL	(i) 274,738 (ii) 272,551	0	0	14,279	19,819	308,837	0
WILLIAM H. HALL CHIEF FINANCIAL OFFICER & TREASURER	(i) 272,551 (ii) 0	0	0	22,188	13,976	308,715	0
NICOLE PAQUETTE CHIEF PROGRAMS & POLICY OFFICER	(i) 275,428 (ii) 0	0	0	14,026	14,103	303,558	0
JEFFREY FLOCKEN CHIEF INTERNATIONAL OFFICER	(i) 272,209 (ii) 0	0	0	13,230	8,810	294,250	0
MIGUEL ABI-HASSAN CHIEF ANIMAL RESCUE, CARE AND SANCTUARY OFFICER	(i) 219,556 (ii) 0	0	0	14,806	16,738	251,100	0
KIMBERLEE DINN SVP., PHILANTHROPY	(i) 222,215 (ii) 0	1,499	0	21,130	1,071	245,915	0
JONATHAN LOVORN SVP. & CHIEF COUNSEL, APL	(i) 225,445 (ii) 0	0	0	11,390	8,011	244,845	0
JAMIE NATELSON SVP. MARKETING OPERATIONS	(i) 216,062 (ii) 0	0	0	10,788	712	227,563	0
STACY STONICH SVP. TECHNOLOGY & INFORMATION SOLUTIONS	(i) 195,883 (ii) 0	0	0	14,727	9,457	220,067	0
STEVEN MAUGHAN VP. PLANNED GIVING	(i) 196,115 (ii) 0	0	0	7,886	8,260	212,260	0
ESTELLE MUNN SENIOR ASSOCIATE GENERAL COUNSEL	(i) 0 (ii) 0	0	0	0	0	0	0
(SEE STATEMENT)							
<b>16</b>							

**Part II** Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) THERESA REESE FORMER SECOND DEPUTY TREASURER	(i) 83,186 (ii) 0	0	48,505	2,926	867	135,483	0
(17) MICHAELLEN BARSNESS FORMER SVP., FINANCE & ACCOUNTING	(i) 102,719 (ii) 0	0	0	3,648	4,353	110,720	0
							0

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THERESA REESE: \$48,505 RECEIVED AS SEVERANCE UNDER THE SEVERANCE PAY PLAN. ONLY EMPLOYEES HIRED IN FULL-TIME OR PART-TIME POSITIONS BEFORE JANUARY 1, 1998 WHO COMPLETE A MINIMUM OF 15 YEARS OF CONTINUOUS FULL-TIME EMPLOYMENT ARE ELIGIBLE TO PARTICIPATE IN THE PLAN. UPON TERMINATION OF EMPLOYMENT, PARTICIPANTS RECEIVE A LUMP SUM THAT'S CALCULATED ACCORDING TO TERMS OF THE PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**THE HUMANE SOCIETY OF THE UNITED STATES**

Employer identification number  
**53-0225390**

**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				
2				
3				
4				
5				
6	✓	209	315,680	MARKET VALUE
7				
8				
9	✓	91	1,008,782	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	253	17,941,193	MARKET VALUE
20				
21				
22				
23				
24				
25	✓	67	267,812	MARKET VALUE
26	✓	7	299,468	MARKET VALUE
27				
28				

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** **6**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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? . . . . .		✓
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? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
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.		

**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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS FOOD INVENTORY - NUMBER OF CONTRIBUTIONS OTHER - GIFTS FOR FR EVENTS NUMBER OF CONTRIBUTIONS OTHER - ANIMAL CARE SUPPLIES NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	CHARITABLE ADULT RIDES AND SERVICES IS HSUS'S AGENT FOR THE VEHICLE DONATION PROGRAM FOR THE PROCESSING OF DONATED VEHICLES. THIS AGENT MAKES PAYMENTS TO HSUS FOR UNITS SOLD UNDER THEIR AGREEMENT NET OF FEES AND EXPENSES.

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the Organization  
**THE HUMANE SOCIETY OF THE UNITED STATES**

Employer Identification Number  
**53-0225390**

Return Reference - Identifier	Explanation
- AFFILIATE DESCRIPTIONS	<p>AFFILIATE DESCRIPTIONS FOR HSUS 990, SCHEDULE O</p> <p>THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATES (COLLECTIVELY, THE SOCIETY) ARE NONPROFIT ORGANIZATIONS WHOSE PRIMARY PURPOSE IS THE WORLDWIDE ADVANCEMENT OF HUMANE TREATMENT OF ANIMALS THROUGH PROGRAMS TO END THE CRUELEST PRACTICES, CARE FOR ANIMALS IN CRISIS AND BUILD A STRONGER ANIMAL PROTECTION MOVEMENT. THE CONSOLIDATED FINANCIAL DATA, PRESENTED IN THE ANNUAL REPORT OF THE HUMANE SOCIETY OF THE UNITED STATES (THE HSUS), INCLUDES THE OPERATIONS OF THE HSUS AND THE FOLLOWING ENTITIES WHOSE MISSIONS ARE DESCRIBED BELOW:</p> <p>THE HUMANE SOCIETY WILDLIFE LAND TRUST EIN # 52-1808517 (HSWLT), FOUNDED IN 1993, PROTECTS WILDLIFE BY PERMANENTLY PRESERVING HABITAT AND PROVIDING HUMANE STEWARDSHIP. WITH HUMANE STEWARDSHIP, CAREFUL MONITORING AND MANAGEMENT OF THOUSANDS OF ACRES, HSWLT PROTECTS SPACES WHERE WILD ANIMALS THRIVE IN THEIR NATURAL HABITATS AND LOOKS TO CONNECT THESE LANDS WITH OTHER LAND TRUSTS THAT SHARE HSWLT'S MISSION OF PROTECTING ANIMALS.</p> <p>THE FUND FOR ANIMALS EIN #13-6218740 (THE FUND) CARES FOR THOUSANDS OF ANIMALS AT ITS RESCUE AND REHABILITATION CENTERS, SANCTUARIES AND THROUGH MOBILE VETERINARY CLINICS. THE FUND OPERATES BLACK BEAUTY RANCH (TX), DUCHESS SANCTUARY (OR), AND RURAL AREA VETERINARY SERVICES, AND HAS BEEN AN AFFILIATE OF THE HSUS SINCE 2005.</p> <p>HUMANE SOCIETY INTERNATIONAL EIN #52-1769464 (HSI), FOUNDED IN 1991, FUNCTIONS AS THE INTERNATIONAL ARM OF THE HUMANE SOCIETY OF THE UNITED STATES. HSI WORKS AROUND THE GLOBE TO PROMOTE THE HUMAN-ANIMAL BOND, RESCUE AND PROTECT DOGS AND CATS, IMPROVE FARM ANIMAL WELFARE, PROTECT WILDLIFE, PROMOTE ANIMAL-FREE TESTING AND RESEARCH, RESPOND TO NATURAL DISASTERS AND CONFRONT CRUELTY TO ANIMALS IN ALL OF ITS FORMS. FOR MORE INFORMATION, PLEASE REFER TO THE 2022 HSUS/HSI ANNUAL REPORT.</p> <p>THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC. EIN #22-2768664 (HSVMA) WAS FORMED AS A HOME FOR VETERINARY PROFESSIONALS WHO WANT TO ENGAGE IN DIRECT CARE PROGRAMS FOR ANIMALS IN NEED AND EDUCATE THE PUBLIC AND OTHERS IN THE PROFESSION ABOUT ANIMAL WELFARE ISSUES. HSVMA USES ITS EXPERTISE AND RESOURCES TO ADVANCE ANIMAL WELFARE VIA LEADERSHIP, ADVOCACY, EDUCATION AND SERVICE.</p> <p>PROJECT CHIMPS EIN #47-1439557 (PC) IS A SEPARATE 501(C)(3) ORGANIZATION FINANCIALLY SUPPORTED BY THE HSUS. THE HSUS DOES NOT EXERCISE DIRECT OPERATIONAL CONTROL OF PC. THE ORGANIZATION WAS FOUNDED IN 2014 TO ESTABLISH A SANCTUARY TO PROVIDE LIFETIME CARE FOR FORMER RESEARCH CHIMPANZEES. PROJECT CHIMPS HAS ENTERED INTO AN AGREEMENT WITH THE UNIVERSITY OF LOUISIANA'S NEW IBERIA RESEARCH CENTER TO, OVER TIME, RELOCATE THE CENTER'S PRIVATELY-OWNED CHIMPANZEE POPULATION, PREVIOUSLY USED FOR RESEARCH, TO PERMANENT HOUSING IN A SANCTUARY SETTING. PC WAS AN AFFILIATE OF THE HSUS UNTIL JUNE 30, 2022, WHEN PC SEPARATED FROM THE HSUS AND BECAME AN INDEPENDENT ENTITY.</p>
FORM 990, PART I, LINE 1 - BRIEF MISSION	<p>BEHIND ITS NAME: A HUMANE SOCIETY. THE HSUS WORKS TO END THE CRUELEST PRACTICES, RESCUE AND CARE FOR ANIMALS IN CRISIS, AND BUILD A STRONGER ANIMAL PROTECTION MOVEMENT.</p>
FORM 990, PART III, LINE 1 - MISSION	<p>END THE CRUELEST PRACTICES THE HSUS FIGHTS THE WORST, MOST INSTITUTIONALIZED FORMS OF ANIMAL ABUSE AND CRUELTY AROUND THE WORLD. THE CURRENT PRIORITIES INCLUDE ENDING COSMETICS TESTING ON ANIMALS, REDUCING THE TROPHY HUNTING OF WILDLIFE, ENDING THE USE OF FUR IN FASHION, EASING THE SUFFERING OF BILLIONS OF FARM ANIMALS BY ELIMINATING CRUEL SYSTEMS OF CONFINEMENT AND ENSURING THAT PUPPY MILLS CAN NO LONGER SELL PUPPIES VIA PET STORES IN THE UNITED STATES.</p> <p>CARE FOR ANIMALS IN CRISIS AS THE HSUS WORKS FOR A HUMANE FUTURE, THE SUFFERING HAPPENING TODAY IS ALLEVIATED. THE HSUS RESPONDS TO CRUELTY AND DISASTERS WHERE THE NEED IS GREATEST, ADVANCES TACTICS THAT REDUCE THE USE OF LETHAL AND CRUEL ANIMAL MANAGEMENT APPROACHES AND PROVIDES TRANSPORT AND SANCTUARY TO ANIMALS IN CRISIS. THE HSUS IS THERE FOR THE MOST VULNERABLE POPULATIONS AROUND THE WORLD AS THE FOCUS IS ON LASTING SOLUTIONS. THE HSUS IS CURRENTLY INCREASING CAPACITY TO RESPOND TO ANIMAL CRUELTY AND NATURAL DISASTERS AROUND THE WORLD.</p> <p>BUILD A STRONGER ANIMAL PROTECTION MOVEMENT THE HSUS EMPOWERS ALLIES TO FIGHT FOR ALL ANIMALS - LOCALLY, NATIONALLY AND GLOBALLY. MANY HANDS, HEARTS AND MINDS MAKE LIGHTER WORK. ENERGIZING THE MOVEMENT TO DRIVE CHANGE-THROUGH ADVOCACY, DIRECT CARE, EDUCATION, ENFORCEMENT OF LAWS, EVEN CONSUMER CHOICE - IS FUNDAMENTAL TO ACHIEVING THE END OF ANIMAL CRUELTY. THE HSUS'S MISSION INCLUDES HELPING THOSE WHO STAND WITH THE HSUS BECOME STRONGER. IN ADDITION TO THE FOUNDATIONAL EDUCATION, OUTREACH AND TRAINING WORK, THE HSUS IS FOCUSING EFFORTS TO BUILD CAPACITY FOR AGENCIES TO USE HUMANE AND EFFECTIVE METHODS FOR RESOLVING HUMAN-WILDLIFE CONFLICTS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - CARE FOR ANIMALS IN CRISIS (CONTINUED)</p>	<p>CONTINUED FROM PART III, LINE 4A</p> <p>*THE HSUS COMPLETED THE HISTORIC OPERATION TO TRANSPORT 3,776 BEAGLES FROM A MASS BREEDING FACILITY FOR RESEARCH DOGS IN VIRGINIA OWNED BY ENVIGO. THE U.S. DEPARTMENT OF JUSTICE ASKED THE HSUS TO LEAD THE REMOVAL AND PLACEMENT OF THE DOGS AFTER FINDING EVIDENCE OF MULTIPLE ANIMAL WELFARE ACT VIOLATIONS AT THE FACILITY. MORE THAN 120 OF THE HSUS'S SHELTER AND RESCUE PARTNER GROUPS STEPPED UP TO HELP, ENSURING THE BEAGLES HAVE A CHANCE TO FIND THE LOVING HOMES THEY DESERVE.</p> <p>*THE HSUS ANIMAL RESCUE TEAM HELPED RESCUE MORE THAN 70 DOGS FROM A DOGFIGHTING OPERATION IN SOUTH CAROLINA, WORKING WITH THE U.S. DEPARTMENT OF AGRICULTURE AND SOUTH CAROLINA LAW ENFORCEMENT ON THE CASE. SOME 300 DOGS WERE RESCUED FROM MULTIPLE PROPERTIES IN WHAT IS THOUGHT TO BE THE LARGEST DOGFIGHTING BUST IN THE STATE'S HISTORY.</p> <p>*THE HSUS ANIMAL RESCUE TEAM DEPLOYED TO KENTUCKY TO HELP THE KENTUCKY RIVER REGIONAL ANIMAL SHELTER AFTER SEVERAL COUNTIES EXPERIENCED SERIOUS FLOODING.</p> <p>*IN ADVANCE OF HURRICANE IAN, THE HSUS FUNDED AND FACILITATED THE SAFE TRANSPORT OF MORE THAN 150 ADOPTABLE DOGS, CATS AND GUINEA PIGS FROM FLORIDA SHELTERS TO HSUS SHELTER PARTNERS, WHICH FREED CAPACITY FOR LOST ANIMALS AFTER THE STORM. IN THE WEEKS FOLLOWING THE STORM, THE HSUS RAN A DISTRIBUTION CENTER FOR PET FOOD/SUPPLIES AND A POP-UP VETERINARY CLINIC OFFERING FREE VET SERVICES IN PORT CHARLOTTE, FLORIDA.</p> <p>*THE HSUS ANIMAL RESCUE TEAM DEPLOYED TO ROWE, NEW MEXICO, TO ASSIST THE DISTRICT ATTORNEY AND SAN MIGUEL COUNTY SHERIFF'S OFFICE WITH THE RESCUE OF 62 DOGS- INCLUDING MANY PUPPIES AND PREGNANT MOTHERS- IN A SUSPECTED NEGLECT CASE.</p> <p>*IN OHIO, THE HSUS HELPED THE ASHLAND COUNTY SHERIFF'S OFFICE WITH THE RESCUE OF 16 HORSES, SIX GOATS AND SEVERAL CATS AND DOGS IN DESPERATE CONDITION. THE ANIMALS WERE FOUND LIVING IN FILTH-SOME STALLS WERE PACKED WITH SEVERAL FEET OF MANURE-AND SUFFERING WITH SIGNS OF LONG-TERM NEGLECT.</p> <p>A LARGE PORTION OF THE HSUS'S WORK ON CARING FOR ANIMALS COMES VIA SUCH AFFILIATED ENTITIES AS THE FUND FOR ANIMALS AND HUMANE SOCIETY INTERNATIONAL, WHICH, TOGETHER, CARE FOR, RESCUE, REHABILITATE, AND PROTECT TENS OF THOUSANDS OF ANIMALS YEARLY. FOR FURTHER DETAILS, SEE ENTRIES CONCERNING THE FUND FOR ANIMALS AND HUMANE SOCIETY INTERNATIONAL ON SCHEDULE O; THE FUND FOR ANIMALS 2022 FORM 990; AND THE HUMANE SOCIETY INTERNATIONAL 2022 FORM 990. THE HSUS GRANTS FUNDS TO THESE AFFILIATES TO HELP SUPPORT THESE ANIMAL CARE ACTIVITIES AND THEIR OPERATIONS.</p>
<p>FORM 990, PART III, LINE 4B - BUILD A STRONGER ANIMAL PROTECTION MOVEMENT (CONTINUED)</p>	<p>CONTINUED FROM PART III, LINE 4B (1 OF 2)</p> <p>*IN THE HSUS'S TWO CORE PFL FLAGSHIP MARKETS, 6,437 ANIMALS WERE SERVED AND 23,974 SUPPLIES AND SERVICES WERE PROVIDED.</p> <p>*IN MORE THAN 50 MENTORSHIP/SUPPORTED COMMUNITIES, THE HSUS SERVED 20,294 ANIMALS, PROVIDED 77,731 SUPPLIES AND SERVICES AND GAVE OUT \$2.3 MILLION IN GRANTS.</p> <p>*THE HSUS DISTRIBUTED 7.9 MILLION POUNDS OF FOOD AND 1,698 PALLETS OF PET SUPPLIES, WITH A COMBINED VALUE OF \$23 MILLION.</p> <p>*IN NOVEMBER, PETS FOR LIFE PROVIDED ITS MILLIONTH SERVICE, WITH THE MILESTONE MOMENT GOING TO A CLIENT NAMED JANIS AND HER DOG, FREEDA. JANIS AND FREEDA RECEIVED HELP THROUGH PFL'S MENTORSHIP PARTNER IN PONDERAY, IDAHO, THE BETTER TOGETHER ALLIANCE.</p> <p>STRENGTHENING THE CAPACITY OF ANIMAL SHELTERS:  THE ANNUAL ANIMAL CARE EXPO-THE LARGEST INTERNATIONAL EDUCATIONAL CONFERENCE AND TRADE SHOW FOR ANIMAL WELFARE PROFESSIONALS AND VOLUNTEERS IN THE WORLD-IS A CRITICAL PART OF THE STRATEGIC GOAL TO BUILD A STRONGER ANIMAL PROTECTION MOVEMENT. EXPERTS FROM ALL SECTORS OF ANIMAL WELFARE COME TOGETHER TO LEARN ABOUT THE LATEST PROGRAMS, SHARE BEST PRACTICES IN PET CARE AND POPULATION MANAGEMENT, GAIN INSPIRATION AND FORGE LASTING CONNECTIONS. IN 2022, MORE THAN 2,500 PEOPLE ATTENDED THE CONFERENCE (OVER 1,600 IN PERSON AND NEARLY 900 MORE VIRTUALLY) IN ORLANDO. THE EVENT FEATURED 11 SESSION TRACKS, SEVEN LEARNING LABS, NETWORKING OPPORTUNITIES AND AN EXPANSIVE EXHIBIT HALL.</p> <p>ESTABLISHING AND STRENGTHENING LEGAL PROTECTIONS FOR ALL ANIMALS:  *THE HSUS WON ITS LONG FIGHT AGAINST THE EXPLOITATION OF CAPTIVE BIG CATS WITH PASSAGE OF THE FEDERAL BIG CAT PUBLIC SAFETY ACT, WHICH PROHIBITS KEEPING BIG CATS AS PETS AND BANS PUBLIC INTERACTIONS WITH BIG CATS, INCLUDING PAID EXPERIENCES SUCH AS CUB PETTING.</p>



Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - BUILD A STRONGER ANIMAL PROTECTION MOVEMENT (CONTINUED)</p>	<p>CONTINUED FROM PART III, LINE 4B (2 OF 2)</p> <p>*A FEDERAL DISTRICT COURT RESTORED COMPREHENSIVE ENDANGERED SPECIES ACT PROTECTIONS TO HUNDREDS OF SPECIES AND THE PLACES THEY CALL HOME IN RESPONSE TO THE HSUS'S LAWSUIT THAT CHALLENGED HARMFUL REVISIONS PUT IN PLACE IN 2019.</p> <p>*THE SHARK FIN SALES ELIMINATION ACT-A MEASURE THE HSUS FOUGHT FOR THAT PROHIBITS THE COMMERCIAL TRADE OF SHARK FINS AND PRODUCTS CONTAINING SHARK FINS IN THE UNITED STATES-PASSED CONGRESS AND WAS SIGNED BY PRESIDENT BIDEN.</p> <p>*THE HSUS CELEBRATED PASSAGE OF THE FEDERAL END WILDLIFE TRAFFICKING ACT, WHICH STRENGTHENS THE U.S. GOVERNMENT'S CAPACITY TO COMBAT ILLEGAL WILDLIFE TRAFFICKING AND RAMPS UP FEDERAL INITIATIVES TO ELIMINATE, NEUTRALIZE AND DISRUPT ILLEGAL TRADE NETWORKS.</p> <p>PROMOTING PEACEFUL CO-EXISTENCE:  *THE WILD NEIGHBORS PROGRAM WAS LAUNCHED IN 2016 TO GIVE COMMUNITIES ACROSS THE U.S. TOOLS AND TRAINING TO RESPOND EFFECTIVELY AND HUMANELY TO ISSUES INVOLVING HUMAN CONTACT WITH WILDLIFE. THE HSUS WORKS WITH COMMUNITY LEADERS AND ANIMAL CARE AND CONTROL AGENCIES TO CREATE COMMUNITIES WHERE HUMANE, NONLETHAL SOLUTIONS ARE GIVEN PRIORITY WHEN ADDRESSING CONFLICTS BETWEEN PEOPLE AND WILDLIFE.</p> <p>*THE HSUS TRAINED 1,886 ANIMAL CARE AND CONTROL PROFESSIONALS FROM 1,205 AGENCIES AND ORGANIZATIONS ACROSS THE U.S IN HOW TO RESPOND TO PUBLIC CONCERNS AND COMPLAINTS ABOUT WILDLIFE, AND HOW TO USE SPECIES-SPECIFIC APPROACHES TO CONFLICT RESOLUTION.</p> <p>*MORE THAN 130 ANIMAL CARE AND CONTROL AGENCIES AND ORGANIZATIONS COMMITTED TO THE WILD NEIGHBORS PLEDGE, BRINGING TO 567 THE TOTAL NUMBER OF AGENCIES THAT HAVE ADOPTED THE HSUS'S HUMANE AND EFFECTIVE APPROACH TO THEIR WILDLIFE RESPONSE WORK.</p>
<p>FORM 990, PART III, LINE 4C - END THE CRUELEST PRACTICES (CONTINUED)</p>	<p>CONTINUED FROM PART III, LINE 4C (1 OF 2)</p> <p>*IN A HUGE VICTORY FOR THE HSUS AND BIG DEFEAT FOR PETLAND-THE LARGEST PUPPY-SELLING PET STORE CHAIN IN THE U.S.-FLORIDA GOV. RON DESANTIS VETOED A BILL THAT WOULD HAVE PREVENTED LOCALITIES FROM CRACKING DOWN ON PUPPY-SELLING PET STORES. THE HSUS ALSO HELPED STOP BILLS THAT WOULD HAVE PROTECTED PUPPY MILLS AND/OR PUPPY-SELLING STORES IN INDIANA, WYOMING, UTAH AND PENNSYLVANIA, AND THE HSUS HELPED BLOCK AN EFFORT TO REPEAL ILLINOIS' HUMANE PET STORE LAW.</p> <p>*AS OF THE END OF 2022, THE HSUS HAD HELPED 441 LOCALITIES PASS RETAIL PUPPY SALES BANS, INCLUDING FAYETTEVILLE, ARKANSAS; HOUSTON; DALLAS; CEDAR LAKE, INDIANA; PEWAUKEE, WISCONSIN; AND RADCLIFF, KENTUCKY.</p> <p>*IN MORE FALLOUT FROM THE 2021 INVESTIGATION DOCUMENTING SICK PUPPIES BEING MISTREATED AND DENIED PROPER CARE, THE NOTORIOUS AMERICAN KENNELS PET STORE IN NEW YORK CITY CLOSED ITS DOORS.</p> <p>*TWENTY-FOUR PUPPY MILL DEALERS NAMED IN THE HSUS'S HORRIBLE HUNDRED REPORTS-THE ANNUAL COMPILATION OF U.S. PUPPY MILLS-SHUT DOWN THEIR OPERATIONS.</p> <p>END THE USE OF FUR IN FASHION:  *THE HSUS HELPED TWO MORE U.S. CITIES-PLYMOUTH AND CAMBRIDGE, MASSACHUSETTS-BAN NEW FUR SALES, BRINGING THE NUMBER OF EXISTING BANS TO 12 CITIES PLUS CALIFORNIA.</p> <p>*AFTER WORKING WITH THE HSUS, DOLCE&amp;GABBANA ANNOUNCED THAT IT IS GOING FUR-FREE. AS A RESULT, THE ITALIAN LUXURY BRAND WORKED WITH ITS FURRIERS TO TRANSITION TO ALTERNATIVES MADE FROM RECYCLED MATERIALS, SO NO JOBS WOULD BE LOST.</p> <p>*AFTER ENCOURAGEMENT FROM THE HSUS AND THE FILING OF MULTIPLE SHAREHOLDER PROPOSALS ASKING KOHL'S TO DROP ANIMAL FUR, THE HSUS CELEBRATED THE COMPANY'S ANNOUNCEMENT OF A FUR-FREE POLICY.</p> <p>END ANIMAL TESTING:  *WITH THE HELP OF THE HSUS, NEW YORK AND LOUISIANA WENT "CRUELTY FREE" BY PASSING LAWS THAT PREVENT THE SALE OF COSMETICS NEWLY TESTED ON ANIMALS. THIS BRINGS THE TOTAL TO 10 STATES-INCLUDING CALIFORNIA, HAWAII, ILLINOIS, MAINE, MARYLAND, NEVADA, NEW JERSEY AND VIRGINIA-THAT THE HSUS HAS HELPED TAKE A STAND AGAINST THE USE OF ANIMALS TO TEST COSMETIC PRODUCTS.</p> <p>*THE HSUS EXPOSED THE GRUESOME REALITIES OF ANIMAL TESTING BY RELEASING THE RESULTS OF THE SEVEN-MONTH UNDERCOVER INVESTIGATION AT AN INDIANA LABORATORY OWNED BY INOTIV, WHERE PAINFUL AND OFTEN DEADLY TESTS ARE PERFORMED ON DOGS, PRIMATES, PIGS, MICE AND RATS. THE HSUS INVESTIGATOR DOCUMENTED THE EXTREME SUFFERING OF ANIMALS IN THE INDIANA FACILITY, WHICH GENERATED NATIONAL PRESS COVERAGE AND LED THE HSUS TO FILE A FORMAL COMPLAINT TO THE U.S. DEPARTMENT OF AGRICULTURE. THE USDA CONFIRMED SOME OF THE HSUS'S CONCERNS ABOUT SUSPECTED ANIMAL WELFARE ACT VIOLATIONS AND ALSO IDENTIFIED ADDITIONAL VIOLATIONS IN AN INSPECTION REPORT.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - END THE CRUELEST PRACTICES (CONTINUED)	<p>CONTINUED FROM PART III, LINE 4C (2 OF 2)</p> <p>*WITH THE SUPPORT OF THE HSUS, CALIFORNIA BECAME THE FIRST STATE IN THE NATION TO BAN PAINFUL AND UNNECESSARY TOXICITY TESTS ON DOGS AND CATS FOR PESTICIDES AND FOOD ADDITIVES.</p> <p>*THE HSUS HELPED SECURE A REQUIREMENT TO CONDUCT INSPECTIONS OF AGRICULTURAL LABORATORIES OPERATED BY THE USDA TO ENSURE COMPLIANCE WITH ANIMAL WELFARE ACT STANDARDS. THE HSUS ALSO HELPED SECURE \$5 MILLION IN THE FOOD AND DRUG ADMINISTRATION'S BUDGET FOR NON-ANIMAL RESEARCH METHODS.</p> <p>*A U.S. DISTRICT COURT AGREED WITH THE HSUS THAT THE NATIONAL INSTITUTES OF HEALTH CANNOT REFUSE TO TRANSFER TO SANCTUARY RETIRED CHIMPS WHO WERE USED IN INVASIVE BIOMEDICAL EXPERIMENTS.</p> <p>END THE USE OF GESTATION CRATES AND CAGES FOR EGG-LAYING HENS:  *THE HSUS HELPED ARIZONA BECOME THE 10TH STATE TO BAN CAGES IN THE EGG INDUSTRY AND MANDATE THAT ALL EGGS PRODUCED AND/OR SOLD IN THE STATE ARE CAGE-FREE.</p> <p>*THE HSUS MOUNTED A ROBUST DEFENSE AT THE U.S. SUPREME COURT OF PROPOSITION 12, THE LANDMARK CALIFORNIA INITIATIVE OVERWHELMINGLY PASSED BY VOTERS THAT REFORMED HOW MOTHER PIGS, EGG-LAYING CHICKENS AND VEAL CALVES ARE TREATED. THE CASE WAS BROUGHT BY THE NATIONAL PORK PRODUCERS COUNCIL AND AMERICAN FARM BUREAU FEDERATION, BUT THE HSUS RECRUITED HUNDREDS OF ORGANIZATIONS AND SCIENTISTS TO SUBMIT BRIEFS IN SUPPORT OF OUR DEFENSE OF THE WORLD'S STRONGEST LAW FOR FARM ANIMALS.</p> <p>*FOLLOWING AN HSUS CAMPAIGN, SODEXO, THE SECOND-LARGEST FOOD SERVICE COMPANY IN THE U.S., AGREED TO SOURCE 100% OF ITS PORK PRODUCTS FROM PIGS RAISED IN GROUP HOUSING BY 2024, WHICH REDUCES THE TIME SOWS ARE CONFINED TO GESTATION CRATES.</p> <p>*THE HSUS'S WORK WITH THE CHEESECAKE FACTORY, CVS AND WALGREENS LED TO ALL THREE COMPANIES REACHING THEIR GOAL OF BEING 100% CAGE-FREE TWO YEARS AHEAD OF SCHEDULE. THE CHEESECAKE FACTORY ALSO CHANGED ITS PORK COMMITMENT TO REQUIRE ITS SUPPLIERS TO FOLLOW PROPOSITION 12 STANDARDS, AND IT REACHED 75% GESTATION CRATE-FREE AT THE END OF 2022.</p> <p>*THE HSUS'S ENGAGEMENT WITH GENERAL MILLS AND MCDONALD'S ALSO LED TO IMPROVEMENTS IN THEIR SUPPLY CHAINS. GENERAL MILLS MADE MAJOR PROGRESS TOWARD IMPROVING THE TREATMENT OF MOTHER PIGS: BY THE END OF 2023, NEARLY 100% OF ITS PORK WILL COME FROM SUPPLY CHAINS USING GROUP HOUSING FOR SOWS, WHICH REDUCES THE TIME SOWS ARE CONFINED TO GESTATION CRATES. MCDONALD'S REACHED 75% CAGE-FREE EGGS AND IS ON TRACK TO GET TO 100% CAGE-FREE BY 2025. IT ALSO REACHED NEARLY 90% GROUP HOUSING IN ITS PORK SUPPLY, REDUCING THE TIME SOWS ARE CONFINED TO GESTATION CRATES.</p> <p>*THE 2023 FEDERAL BUDGET INCLUDES LANGUAGE THE HSUS SUPPORTED URGING THE U.S. DEPARTMENT OF AGRICULTURE TO FUND CAGE- AND CRATE-FREE CONVERSIONS.</p> <p>*THE HSUS LAUNCHED ITS PROTEIN SUSTAINABILITY SCORECARD, WHICH RATES U.S. FOOD SERVICE COMPANIES ON THEIR PROGRESS TOWARD OFFERING CLIMATE-FRIENDLY, PLANT-BASED FOODS. AFTER WORKING WITH THE HSUS'S FARM ANIMAL PROTECTION TEAM, FOOD SERVICE COMPANY ISS GUCKENHEIMER ANNOUNCED THAT 55% OF ITS MEALS WILL BE PLANT-BASED BY 2025. AND ARAMARK AND SODEXO-TWO OF THE TOP THREE LARGEST FOOD SERVICE COMPANIES IN THE UNITED STATES-ALSO COMMITTED TO INCREASING THEIR PLANT-BASED OFFERINGS BY 2025.</p> <p>END TROPHY HUNTING:  *IN RESPONSE TO AN HSUS LAWSUIT, A FEDERAL JUDGE REINSTATED ENDANGERED SPECIES ACT PROTECTIONS FOR WOLVES THROUGHOUT MOST OF THE LOWER 48 STATES, SPARING HUNDREDS OF ANIMALS FROM BEING SLAUGHTERED BY TROPHY HUNTERS.</p> <p>*WITH THE HELP OF HSUS ALLIES AND SUPPORTERS, THE HSUS FOUGHT OFF THREE ATTEMPTS TO HOLD A SPRING BEAR HUNT IN WASHINGTON AND WON A FINAL VICTORY WHEN THE WASHINGTON FISH AND WILDLIFE COMMISSION APPROVED A PROHIBITION ON SPRING BEAR HUNTING. THE HSUS ALSO STOPPED A BILL IN CONNECTICUT THAT WOULD HAVE ALLOWED BEAR AND BOBCAT HUNTING.</p> <p>*THE HSUS STOPPED A PROPOSAL THAT WOULD HAVE DOUBLED THE HUNTING SEASON IN MARYLAND FOR BLACK BEARS TO NEARLY TWO WEEKS AND INSTEAD LIMITED THE EXPANSION TO ONLY ONE DAY. THE HSUS ALSO HELPED PASS A STATE LAW BANNING THE SALE, PURCHASE AND POSSESSION OF PRODUCTS FROM 17 ENDANGERED SPECIES.</p> <p>*THE HSUS WON TWO IMPORTANT LEGAL VICTORIES FOR ALASKA'S WILDLIFE: A FEDERAL APPEALS COURT UPHELD A REGULATION PROHIBITING THE CRUEL PRACTICE OF BEAR BAITING IN THE KENAI NATIONAL WILDLIFE REFUGE, AND A FEDERAL DISTRICT COURT RULED THAT THE NATIONAL PARK SERVICE VIOLATED THE LAW WHEN IT ADOPTED A REGULATION PERMITTING CRUEL AND UNSPORTING HUNTING PRACTICES SUCH AS KILLING BEAR CUBS AND WOLF PUPS IN THEIR DENS ON NATIONAL PRESERVES IN ALASKA.</p>
FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T	THE ORGANIZATION IS AWAITING RECEIPT OF CERTAIN K-1'S RELATED TO INVESTMENT INCOME THAT ARE NEEDED TO COMPLETE THE ORGANIZATION'S FORM 990-T.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE HSUS'S BYLAWS PERMIT THE BOARD OF DIRECTORS TO ESTABLISH AN EXECUTIVE COMMITTEE. PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION EXCEPT (1) THE POWER TO APPROVE OR ADOPT, OR RECOMMEND TO THE MANAGING MEMBERS, ANY ACTION OR MATTER (OTHER THAN THE ELECTION OR REMOVAL OF DIRECTORS) EXPRESSLY REQUIRED BY DELAWARE LAW TO BE SUBMITTED TO THE MANAGING MEMBERS FOR APPROVAL; (2) THE POWER TO AMEND, ADOPT, OR REPEAL THE BYLAWS; (3) THE POWER TO ELECT AND REMOVE OFFICERS; AND (4) SUCH POWERS AS THE BOARD MAY SPECIFICALLY RESERVE TO ITSELF OR MAY BE SPECIFICALLY ASSIGNED TO ANY OTHER BOARD COMMITTEE OR OFFICER. THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, THE CHAIRS OF THE BOARD'S SIX OTHER STANDING COMMITTEES, AND ONE AT-LARGE MEMBER (WHO IS A DIRECTOR), IF APPOINTED BY THE BOARD IN ITS DISCRETION.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	OFFICERS ABI-HASSAN, BLOCK, CICCOLO, CORCORAN, FRACKLETON, HALL, KARL, PAQUETTE, PARRA, AND TAYLOR WERE EMPLOYED BY HSUS AND ALSO SERVED AS OFFICERS OF OTHER AFFILIATED TAX-EXEMPT ORGANIZATIONS ON WHOSE BOARD HSUS DIRECTORS ATHERTON, LAUE, LINEHAN, MCMILLEN, SABATINO, AND WHITE SERVED. THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER. - BUSINESS RELATIONSHIP CHARLES LAUE IS THE CHAIR, CEO, AND A GREATER-THAN-10% OWNER OF AN UNAFFILIATED BUSINESS ENTITY ON WHOSE BOARD CAREN FLEIT SERVES. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AFTER THE HSUS'S INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS SUBMITTED TO THE HSUS'S CORPORATE OFFICERS AND OUTSIDE INDEPENDENT TAX PREPARERS FOR THEIR REVIEW, REACTION, AND REVISION. ADDITIONALLY, THE HSUS'S TREASURER/CFO, WHO IS AN OFFICER, AND THE BOARD'S AUDIT COMMITTEE CONDUCT A FURTHER REVIEW OF AN ADVANCED OR FINAL DRAFT. PRIOR TO FILING WITH THE IRS, THE FINALIZED FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW AND COMMENTS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE HSUS'S CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, OFFICERS, AND EMPLOYEES OF THE HSUS. THE POLICY IS INCORPORATED IN THE HSUS'S EMPLOYEE HANDBOOK, WHICH ALL EMPLOYEES (INCLUDING OFFICERS) RECEIVE UPON JOINING THE ORGANIZATION, AND THE BOARD MANUAL, WHICH ALL DIRECTORS RECEIVE UPON JOINING THE BOARD. THE POLICY IS ALSO COVERED IN ORIENTATION SESSIONS FOR NEW BOARD DIRECTORS. ADDITIONALLY, A QUESTIONNAIRE IS DISTRIBUTED TO DIRECTORS, OFFICERS, AND KEY EMPLOYEES ON AN ANNUAL BASIS IN ORDER TO ASCERTAIN THE PRESENCE OF ANY CONFLICTS AND ENABLE THE ORGANIZATION TO ANSWER PART VI, LINES 1B AND 2. THE QUESTIONNAIRES ARE COMPLETED, SIGNED, AND RETURNED TO THE CORPORATE SECRETARY, WHO NOTIFIES THE GENERAL COUNSEL OF ANY CONCERNS. A COMMITTEE OF THE BOARD OF DIRECTORS--THE GOVERNANCE COMMITTEE--IS CHARGED WITH CONSIDERING CONFLICTS OF INTEREST INVOLVING DIRECTORS AND OFFICERS. INDIVIDUALS HAVING POSSIBLE CONFLICTS OF INTEREST CANNOT VOTE, PARTICIPATE IN COMMITTEE DELIBERATIONS ON THE SUBJECT, OR BE COUNTED TOWARD MEETING A QUORUM (THEY MAY ANSWER QUESTIONS). CONFLICTS OF INTEREST INVOLVING NON-OFFICER EMPLOYEES ARE REVIEWED BY THE GENERAL COUNSEL.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	A COMMITTEE OF THE BOARD OF DIRECTORS, THE HUMAN RESOURCES COMMITTEE ("HR COMMITTEE"), IS CHARGED WITH ANNUALLY LEADING THE COMPENSATION DETERMINATION PROCESS FOR THE PRESIDENT/CEO. THE HR COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS ABOUT THE PRESIDENT/CEO'S JOB PERFORMANCE AND COMPENSATION, EACH OF WHICH MUST BE APPROVED BY THE FULL BOARD. IN ACCORDANCE WITH THE "SAFE HARBOR" PROVISIONS OF TREAS. REG. 53.4958-6, THE PROCESS OF DETERMINING THE PRESIDENT/CEO'S COMPENSATION INVOLVES ATTENTION TO AND AVOIDANCE OF CONFLICTS OF INTEREST, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS, AND DECISIONS. THIS PROCESS, WHICH IS COMPLETED ANNUALLY, WAS UNDERTAKEN FOR THE TAX YEAR IN MARCH 2022.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE HSUS'S "EXECUTIVE MANAGEMENT" (I.E., THE TREASURER/CFO, COO, GENERAL COUNSEL/CLO, CHIEF DEVELOPMENT & MARKETING OFFICER, CHIEF PROGRAMS & POLICY OFFICER, CHIEF PEOPLE OFFICER, CHIEF ANIMAL RESCUE CARE & SANCTUARY OFFICER, CHIEF INTERNATIONAL OFFICER, AND CHIEF GOVERNMENT RELATIONS OFFICER) AS WELL AS ANY OTHER INDIVIDUALS DEEMED TO BE "DISQUALIFIED PERSONS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE. THE BOARD'S HR COMMITTEE REVIEWS THE PERFORMANCE REVIEWS OF EXECUTIVE MANAGEMENT AND OTHER DISQUALIFIED PERSONS, AS WELL AS THE PRESIDENT/CEO'S RECOMMENDED COMPENSATION FOR SUCH INDIVIDUALS. THE HR COMMITTEE THEN RECOMMENDS THE APPROPRIATE COMPENSATION TO THE FULL BOARD FOR APPROVAL. IN ACCORDANCE WITH THE "SAFE HARBOR" PROVISIONS OF TREAS. REG. 53.4958-6, THE BOARD PROCESS FOR DETERMINING COMPENSATION FOR THE HSUS'S EXECUTIVE MANAGEMENT AND DISQUALIFIED PERSONS INVOLVES ATTENTION TO AND AVOIDANCE OF CONFLICTS OF INTEREST, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS, AND DECISIONS. THIS PROCESS, WHICH IS COMPLETED ANNUALLY, WAS UNDERTAKEN FOR THE TAX YEAR IN MARCH 2022 FOR ALL ABOVE-LISTED INDIVIDUALS EXCEPT THE GENERAL COUNSEL/CLO, A POSITION LEFT VACANT IN MARCH 2022 AND FILLED LATER IN 2022, AND THE CHIEF INTERNATIONAL OFFICER AND CHIEF GOVERNMENT RELATIONS OFFICER, NEW POSITIONS ADDED IN MAY 2022.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE HSUS'S CERTIFICATE OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE HSUS'S WEBSITE AND ARE ALSO AVAILABLE BY MAIL UPON REQUEST. THE FORMAL AUDITED FINANCIAL STATEMENTS ARE POSTED ON HSUS'S WEBSITE, ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS, AND PROVIDED TO CALIFORNIA RESIDENTS, AND TO MAJOR DONORS AND THEIR REPRESENTATIVES, BY MAIL, UPON REQUEST (FINANCIAL INFORMATION IN OTHER FORMATS - E.G., THE FORM 990 AND THE ANNUAL REPORT - IS AVAILABLE ON THE HSUS'S WEBSITE AND WILL ALSO BE MAILED, ON REQUEST, AS SET FORTH IN IRS CODE SECTION 6104(D)).
GENERAL NOTE - JOINT COST ALLOCATIONS	<p>FOR MANY YEARS, HSUS HAS RELIED ON DIRECT MAIL, EMAIL, TELEPHONE AND OTHER MEANS OF SOLICITATION TO RECRUIT, EXPAND AND MAINTAIN ITS MEMBERSHIP. DIRECT MARKETING AND OTHER DONOR CHANNELS ALLOW THE HSUS TO SHARE SPECIFIC DETAILS ABOUT RECENT ACCOMPLISHMENTS AND TO PROVIDE INFORMATION ABOUT CURRENT CAMPAIGNS AND PRIORITIES TO MILLIONS OF SUPPORTERS. THE HSUS ALSO USES POSTAL MAIL -- AND OTHER CHANNELS -- TO EDUCATE AND TO CALL THE PUBLIC TO ACTION TO ADVANCE ITS MISSION AND LIFESAVING WORK FOR ANIMALS.</p> <p>THIS IS WHY, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES, THE HSUS ALLOCATES A PORTION OF ITS DIRECT MAIL, EMAIL, PHONE AND OTHER COMMUNICATION COSTS TO PROGRAM SERVICES AND TO FUNDRAISING. SUCH COSTS ARE ALLOCATED TO EACH MAJOR PROGRAM, INCLUDING -</p> <p>1) END THE CRUELEST PRACTICES - THE HSUS IS FOCUSED ON ENDING THE WORST FORMS OF INSTITUTIONALIZED ANIMAL SUFFERING - PUPPY MILLS, FUR FARMS, TROPHY HUNTING, EXTREME CONFINEMENT OF FARM ANIMALS, THE USE OF ANIMALS IN COSMETICS TESTS AND THE DOG MEAT TRADE. THE PROGRESS IS THE RESULT OF THE WORK WITH GOVERNMENTS, THE PRIVATE SECTOR AND MULTINATIONAL BODIES; PUBLIC AWARENESS AND CONSUMER EDUCATION CAMPAIGNS; PUBLIC POLICY EFFORTS AND MORE.</p> <p>2) CARE FOR ANIMALS IN CRISIS - THE HSUS RESPONDS TO LARGE-SCALE CRUELTY CASES AND DISASTERS AROUND THE WORLD, PROVIDING RESCUE, HANDS-ON CARE, LOGISTICS AND EXPERTISE WHEN ANIMALS ARE CAUGHT IN CRISES. THE HSUS'S CARE CENTERS HEAL AND PROVIDE LIFELONG SANCTUARY TO ABUSED, ABANDONED, EXPLOITED VULNERABLE AND NEGLECTED ANIMALS.</p> <p>3) BUILD A STRONGER ANIMAL PROTECTION MOVEMENT - THROUGH PARTNERSHIPS, TRAININGS, SUPPORT, COLLABORATION AND MORE, THE HSUS IS BUILDING A MORE HUMANE WORLD BY EMPOWERING AND EXPANDING THE CAPACITY OF ANIMAL WELFARE ADVOCATES AND ORGANIZATIONS IN THE UNITED STATES AND ACROSS THE GLOBE. TOGETHER, FASTER CHANGE WILL BE BROUGHT ABOUT FOR ANIMALS.</p>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number  
53-0225390

**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
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**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
(1) (SEE STATEMENT) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

**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	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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)	HUMANE SOCIETY INTERNATIONAL	R	1,046,024	CASH TRANSFERS
(2)	HUMANE SOCIETY INTERNATIONAL	S	814,100	CASH TRANSFERS
(3)	HUMANE SOCIETY INTERNATIONAL	B	6,334,639	PROGRAM GRANT
(4)	HUMANE SOCIETY INTERNATIONAL	O	4,728,208	SALARIES
(5)	HUMANE SOCIETY INTERNATIONAL	Q	1,017,022	ACTUAL COSTS INCURRED
(6)	(SEE STATEMENT)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



**Part II Identification of Related Tax-Exempt Organizations** (continued)

(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
(1) FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS 4035 SAINT AMBROISE STREET, SUITE 320, MONTREAL, QUEBEC, H4C2E1, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE U.S.	✓	
(2) HUMANE SOCIETY INTERNATIONAL (52-1769464) 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(3)	7	THE HUMANE SOCIETY OF THE U.S.	✓	
(3) HUMANE SOCIETY INTERNATIONAL/CANADA 4035 SAINT AMBROISE STREET, SUITE 320, MONTREAL, QUEBEC, H4C2E1, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE U.S.	✓	
(4) HUMANE SOCIETY INTERNATIONAL:INDIA SHOP NO.39, SHREEJI SHOPPING ARCADE, SHETH GH COMP., M.G.RD, BORIVAL(E), MUMBAI, MAHARASHTRA, 400066, IN	ANIMAL WELFARE	INDIA			THE HUMANE SOCIETY OF THE U.S.	✓	
(5) ASSOCIATION HUMANE SOCIETY INTERNATIONAL -LATIN AMERICA BARRIO ESCALANTE, 100 MTS ESTE Y NORTE, CASA #951, SAN JOSE, 11501, CS	ANIMAL WELFARE	COSTA RICA			THE HUMANE SOCIETY OF THE U.S.	✓	
(6) THE HUMANE SOCIETY INTERNATIONAL (UK) 5 UNDERWOOD STREET, LONDON, N1 7LY, UK	ANIMAL WELFARE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			THE HUMANE SOCIETY OF THE U.S.	✓	
(7) HUMANE SOCIETY OF THE UNITED STATES CALIFORNIA BRANCH (94-6050420) 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	CA	501(C)(3)	7	THE HUMANE SOCIETY OF THE U.S.	✓	
(8) HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH, INC. (22-1671626) 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NJ	501(C)(3)	7	THE HUMANE SOCIETY OF THE U.S.	✓	
(9) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC. (22-2768664) 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	THE HUMANE SOCIETY OF THE U.S.	✓	
(10) THE FUND FOR ANIMALS, INC. (13-6218740) 1255 23RD STREET, NW SUITE 460, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	THE HUMANE SOCIETY OF THE U.S.	✓	
(11) THE HUMANE SOCIETY WILDLIFE LAND TRUST (52-1808517) 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(3)	7	THE HUMANE SOCIETY OF THE U.S.	✓	
(12) HUMANE SOCIETY INTERNATIONAL - EUROPE AVENUE DES ARTS 50, 1000 BRUSSELS, BE	ANIMAL WELFARE	BELGIUM			THE HUMANE SOCIETY OF THE U.S.	✓	
(13) HUMANE SOCIETY INTERNATIONAL MEXICO, A.C. VICENTE SUAREZ 73, COLONIA CONDESA, DELEGACION CUAUHTEMOC, MEXICO CITY, 06140, MX	ANIMAL WELFARE	MEXICO			THE HUMANE SOCIETY OF THE U.S.	✓	
(14) HUMANE SOCIETY INTERNATIONAL - AFRICA BLOCK B, N PARK, BLACK RIVER PARK, 2 FIR STREET, OBSERVATORY, CAPE TOWN, 7700, SF	ANIMAL WELFARE	SOUTH AFRICA			THE HUMANE SOCIETY OF THE U.S.	✓	
(15) HUMANE SOCIETY LEGISLATIVE FUND (59-3786428) 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(4)		THE HUMANE SOCIETY OF THE U.S.	✓	

(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
(16) HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE (27-0906603) 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	POLITICAL ACTION COMMITTEE	DC	527 POL. ORG.		HUMANE SOCIETY LEGISLATIVE FUND	✓	
(17) HUMANE SOCIETY INTERNATIONAL KOREA POSCO P&S TOWER 16F & 17F, TEHERANRO 134, GANGNAMGU, SEOUL, KS	ANIMAL WELFARE	KOREA, REPUBLIC OF (SOUTH)			THE HUMANE SOCIETY OF THE U.S.	✓	
(18) HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. HERITAGE HOUSE, 1 HERITAGE DRIVE, P. O. BOX 10-1760, CONGO TOWN, LJ	ANIMAL WELFARE	LIBERIA			THE HUMANE SOCIETY OF THE U.S.	✓	

**Part III Identification of Related Organizations Taxable as a Partnership (continued)**

(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 allocation S?		(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	
(1) UNITED STATES OF ANIMALS, LLC (47-4252115) 550 BOWIE STREET, AUSTIN, TX 78703	WELFARE OF FARM ANIMALS	TX	THE HUMANE SOCIETY OF THE UNITED STATES	UNRELATED	664	4,574	✓		N/A	✓		100%

**Part V** Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) THE HUMANE SOCIETY WILDLIFE LAND TRUST	R	968,039	CASH TRANSFERS
(7) THE HUMANE SOCIETY WILDLIFE LAND TRUST	S	1,767,906	CASH TRANSFERS
(8) THE HUMANE SOCIETY WILDLIFE LAND TRUST	O	330,154	SALARIES
(9) THE HUMANE SOCIETY WILDLIFE LAND TRUST	Q	388,798	ACTUAL COSTS INCURRED
(10) THE FUND FOR ANIMALS	R	441,643	CASH TRANSFERS
(11) THE FUND FOR ANIMALS	S	2,955,227	CASH TRANSFERS
(12) THE FUND FOR ANIMALS	B	4,517,677	PROGRAM GRANT
(13) THE FUND FOR ANIMALS	O	2,759,977	SALARIES
(14) THE FUND FOR ANIMALS	Q	4,271,284	ACTUAL COSTS INCURRED
(15) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC.	S	71,192	CASH TRANSFERS
(16) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC.	B	588,600	PROGRAM GRANT
(17) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC.	O	378,033	SALARIES
(18) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC.	Q	307,668	ACTUAL COSTS INCURRED
(19) HUMANE SOCIETY LEGISLATIVE FUND	R	1,710,553	CASH TRANSFERS
(20) HUMANE SOCIETY LEGISLATIVE FUND	S	2,658,929	CASH TRANSFERS
(21) HUMANE SOCIETY LEGISLATIVE FUND	A	98,200	RENT
(22) HUMANE SOCIETY LEGISLATIVE FUND	B	1,780,000	PROGRAM GRANT
(23) HUMANE SOCIETY LEGISLATIVE FUND	O	2,085,170	SALARIES
(24) HUMANE SOCIETY LEGISLATIVE FUND	Q	1,012,851	ACTUAL COSTS INCURRED
(25) HUMANE SOCIETY INTERNATIONAL LIBERIA, INC.	B	917,049	PROGRAM GRANT
(26) HUMANE SOCIETY INTERNATIONAL LIBERIA, INC.	Q	889,889	ACTUAL COSTS INCURRED