

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
AMERICAN HUMANE ASSOCIATION

Doing business as
AMERICAN HUMANE - FIRST TO SERVE

Number and street (or P O box if mail is not delivered to street address) Room/suite
1400 16TH STREET NW NO 360

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
84-0432950

E Telephone number
(202) 677-4227

F Name and address of principal officer
ROBIN R GANZERT PHD
1400 16TH STREET NW NO 360
WASHINGTON, DC 20036

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 ▶

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

J Website: ▶ WWW.AMERICANHUMANE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1877

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDED IN 1877, AMERICAN HUMANE ASSOCIATION, DBA AMERICAN HUMANE - FIRST TO SERVE (AMERICAN HUMANE) IS COMMITTED TO ENSURING THE SAFETY, WELFARE AND WELL-BEING OF ANIMALS. OUR LEADERSHIP PROGRAMS ARE FIRST TO SERVE IN PROMOTING AND NURTURING THE BONDS BETWEEN ANIMALS AND HUMANS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	92
6 Total number of volunteers (estimate if necessary)	6	500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,531,804	12,824,091
9 Program service revenue (Part VIII, line 2g)	3,840,107	3,888,865
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	308,291	430,231
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,934,838	2,101,536
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,615,040	19,244,723

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	355,124	229,977
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,845,347	6,997,020
16a Professional fundraising fees (Part IX, column (A), line 11e)	70,000	84,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶1,760,076		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,266,448	9,259,284
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,536,919	16,570,281
19 Revenue less expenses Subtract line 18 from line 12	1,078,121	2,674,442

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,344,181	20,380,212
21 Total liabilities (Part X, line 26)	2,838,434	3,011,432
22 Net assets or fund balances Subtract line 21 from line 20	14,505,747	17,368,780

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: _____ Date: 2018-11-12
ROBIN R GANZERT PHD PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: STEVEN C DARR CPA Preparer's signature: STEVEN C DARR CPA Date: _____
Check if self-employed PTIN: P01324904
Firm's name: CALIBRE CPA GROUP PLLC Firm's EIN: 47-0900880
Firm's address: 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814 Phone no: (202) 331-9880

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 6,526,416 including grants of \$ 22,500) (Revenue \$ 2,569,587)
See Additional Data

4b (Code) (Expenses \$ 1,979,943 including grants of \$ 0) (Revenue \$ 837,341)
See Additional Data

4c (Code) (Expenses \$ 1,683,118 including grants of \$ 91,091) (Revenue \$ 0)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 3,550,908 including grants of \$ 116,386) (Revenue \$ 481,937)

4e Total program service expenses ▶ 13,740,385

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List of states), 18 (Public inspection), 19 (Schedule O), 20 (Person with books and records).

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM ABBOTT DIRECTOR	1 00	X						0	0	0
(2) DEBRA S FAIR DIRECTOR	1 00	X						0	0	0
(3) DAWN ASSENZIO DIRECTOR (SECRETARY)	2 00	X		X				0	0	0
(4) NAOMI JUDD DIRECTOR	1 00	X						0	0	0
(5) BRIAN BEALE DIRECTOR	1 00	X						0	0	0
(6) TIMOTHY LANE DIRECTOR	1 00	X						0	0	0
(7) MARTY BECKER DIRECTOR	1 00	X						0	0	0
(8) J MICHAEL MCFARLAND DIRECTOR	1 00	X						0	0	0
(9) AMANDA BOWMAN DIRECTOR (CHAIR OF CAPITAL CAMPAIGN)	2 00	X		X				0	0	0
(10) JOHN PAYNE DIRECTOR (CHAIR)	2 00	X		X				0	0	0
(11) COL SCOTT CAMPBELL DIRECTOR	1 00	X						0	0	0
(12) LOIS POPE DIRECTOR	1 00	X						0	0	0
(13) WILLIAM P DAVIS DIRECTOR	1 00	X						0	0	0
(14) CANDY SPELLING DIRECTOR (VICE CHAIR)	2 00	X		X				0	0	0
(15) ROBIN GANZERT PRESIDENT & CEO	40 00			X				510,496	0	27,416
(16) CLIFFORD J ROSE CHIEF FINANCIAL OFFICER	40 00			X				182,924	0	21,066
(17) STEPHANIE CARMODY GENERAL COUNSEL	40 00				X			170,461	0	20,852

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY MCCULLOUGH NATIONAL DIRECTOR, RESCUE & MILITARY PROGRAMS	40 00					X		147,414	0	17,344
(19) JOHN HUBBARD SVP & CHIEF MARKETING OFFICER	40 00					X		236,974	0	14,354
(20) SHANNON STEWART CHIEF VETERINARY OFFICER, HUMANE HOLLYWOOD	40 00					X		196,563	0	18,074
(21) MARK STUBIS CHIEF COMMUNICATIONS OFFICER	40 00					X		161,656	0	24,514
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,606,488	0	143,620

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		1,606,488	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **13**

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

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
THE LIVINGSTONE GROUP 499 SOUTH CAPITOL STREET SW WASHINGTON, DC 20003	GOVERNMENT RELATIONS	120,000
DONALD E HOENIG, 1067 EAST WALDO RD BELFAST, ME 04915	PROGRAM CONSULTING	106,936

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

Part VIII Statement of 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	96,336				
	b Membership dues	1b					
	c Fundraising events	1c	76,785				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,650,970				
	g Noncash contributions included in lines 1a-1f \$ _____ 250,446						
	h Total. Add lines 1a-1f			12,824,091			
Program Service Revenue			Business Code				
	2a SERVICE FEES		900099	3,142,815	3,142,815		
	b BROADCAST RIGHTS		900099	661,500	661,500		
	c CONFERENCES AND SEMINARS		900099	84,550	84,550		
	d _____						
	e _____						
	f All other program service revenue			3,888,865			
g Total. Add lines 2a-2f			3,888,865				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			347,583		347,583	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			2,211,972		2,211,972	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		1,757,807	2,200		
		c Gain or (loss)		1,676,234	1,125		
		d Net gain or (loss)		81,573	1,075	82,648	82,648
	8a Gross income from fundraising events (not including \$ 76,785 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	29,000			
		c Net income or (loss) from fundraising events				-115,383	-115,383
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue			4,947			4,947	
e Total. Add lines 11a-11d			4,947				
12 Total revenue. See Instructions			19,244,723	3,888,865	0	2,531,767	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	172,878	172,878		
2 Grants and other assistance to domestic individuals See Part IV, line 22	57,099	57,099		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	810,542	445,001	276,541	89,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,153,858	4,356,937	292,132	504,789
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	135,123	113,957	7,019	14,147
9 Other employee benefits	479,456	395,857	32,898	50,701
10 Payroll taxes	418,041	334,373	40,168	43,500
11 Fees for services (non-employees)				
a Management				
b Legal	30,453	25,461	2,044	2,948
c Accounting	44,075	36,849	2,959	4,267
d Lobbying	120,000	120,000		
e Professional fundraising services See Part IV, line 17	84,000			84,000
f Investment management fees	41,369	17,287	11,512	12,570
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,900,271	2,475,336	208,398	216,537
12 Advertising and promotion	566,195	556,485	1,838	7,872
13 Office expenses	913,402	538,553	28,716	346,133
14 Information technology	190,184	159,004	12,768	18,412
15 Royalties				
16 Occupancy	818,683	684,279	81,256	53,148
17 Travel	1,143,793	1,066,087	33,193	44,513
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	196,234	189,727	858	5,649
23 Insurance	132,967	111,138	13,197	8,632
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUBCONTRACTORS	1,012,767	1,004,003		8,764
b TRADESHOWS AND EVENTS	557,965	475,217	4,161	78,587
c DONATED GOODS	250,446	242,510	6,948	988
d TAXES, LICENSES AND FEE	135,462	82,917	4,958	47,587
e All other expenses	205,018	79,430	8,256	117,332
25 Total functional expenses. Add lines 1 through 24e	16,570,281	13,740,385	1,069,820	1,760,076
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	675,148	1	1,266,810
	2 Savings and temporary cash investments	1,458,317	2	1,360,522
	3 Pledges and grants receivable, net	4,211,536	3	4,764,885
	4 Accounts receivable, net	537,115	4	1,235,737
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	693,305	9	507,614
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,003,152		
	b Less accumulated depreciation	1,431,167		
	11 Investments—publicly traded securities	3,712,721	11	5,013,018
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,475,056	15	5,659,641
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,344,181	16	20,380,212	
Liabilities	17 Accounts payable and accrued expenses	1,097,674	17	1,162,947
	18 Grants payable		18	
	19 Deferred revenue	218,958	19	306,210
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,521,802	25	1,542,275
	26 Total liabilities. Add lines 17 through 25	2,838,434	26	3,011,432
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,252,600	27	5,594,258
	28 Temporarily restricted net assets	4,762,900	28	5,038,377
	29 Permanently restricted net assets	6,490,247	29	6,736,145
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	14,505,747	33	17,368,780	
34 Total liabilities and net assets/fund balances	17,344,181	34	20,380,212	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,244,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,570,281
3	Revenue less expenses Subtract line 2 from line 1	3	2,674,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,505,747
5	Net unrealized gains (losses) on investments	5	-6,831
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	195,422
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,368,780

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>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 in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 84-0432950

Name: AMERICAN HUMANE ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a:

HUMANE HOLLYWOODAMERICAN HUMANE'S "NO ANIMALS WERE HARMED" CERTIFICATION PROGRAM WAS - AND IS - THE FIRST TO SERVE IN THE PROTECTION OF ANIMALS IN FILM AND TELEVISION, SAFEGUARDING MILLIONS OF ANIMALS ON TENS OF THOUSANDS OF PRODUCTIONS WORLDWIDE FOR MORE THAN 77 YEARS SINCE 1940, OUR PROGRAM HAS BEEN AT THE FOREFRONT OF ANIMAL WELFARE IN FILMED ENTERTAINMENT WE ARE THE ONLY INDUSTRY -SANCTIONED ORGANIZATION WITH OVERSIGHT OF ANIMALS IN FILMED PRODUCTION AND THE SOLE ENTITY TO AWARD THE INTERNATIONALLY RECOGNIZED NO ANIMALS WERE HARMED END-CREDIT CERTIFICATION TO PRODUCTIONS THAT MEET OUR RIGOROUS STANDARD OF CARE THE PURPOSE OF THE NO ANIMALS WERE HARMED CERTIFICATION PROGRAM IS TO ENSURE AND CERTIFY THE SAFETY OF ANIMAL ACTORS, WHICH ALSO RESULTS IN GREATER SAFETY FOR HUMAN ACTORS, IN THE PRODUCTION OF FILMED MEDIA THE PROGRAM FUNDAMENTALLY " PROTECTS ANIMALS USED IN FILM, TELEVISION AND COMMERCIAL PRODUCTION, NO MATTER WHERE FILMING OCCURS, DURING THE PRODUCTION AND ON SET " EDUCATES AND INFORMS FILM INDUSTRY PROFESSIONALS AND THE PUBLIC REGARDING THE HUMANE TREATMENT OF ANIMAL ACTORS IN THE GLOBAL MEDIA COMMUNITY " ENFORCES AMERICAN HUMANE'S GUIDELINES FOR THE SAFE USE OF ANIMALS IN FILMED MEDIA (GUIDELINES) WITH SPECIALLY TRAINED CERTIFIED ANIMAL SAFETY REPRESENTATIVES OUR CERTIFIED ANIMAL SAFETY REPRESENTATIVES HELPED KEEP MORE THAN 80,000 ANIMALS SAFE ON NEARLY 1,000 FILM AND TELEVISION PRODUCTIONS DURING THE PAST YEAR RESPONDING TO GROWING DEMAND, WE BROUGHT ON FIVE NEW CERTIFIED ANIMAL SAFETY REPRESENTATIVES FOR A TOTAL OF 43 IN 22 COUNTRIES AND MONITORED 23 PERCENT MORE INTERNATIONAL PRODUCTION DAYS THAN THE PREVIOUS YEAR AMERICAN HUMANE HOLLYWOOD EDUCATED MILLIONS WITH AMERICAN HUMANE HERO DOG AWARDS, A PROGRAM INITIATIVE DESIGNED TO INSPIRE MILLIONS WHILE EDUCATING THEM ON THE POWER OF THE HUMAN-ANIMAL BOND AND THE ROLE OF WORKING DOGS IN SOCIETY THE NATIONAL TELEVISION BROADCAST OF THE SEVENTH ANNUAL AMERICAN HUMANE HERO DOG AWARDS FEATURING JAMES DENTON, BETH STERN, RICHARD MARX AND MANY MORE WAS PRESENTED ON THE HALLMARK CHANNEL

Form 990, Part III, Line 4b:

AMERICAN HUMANE FARM ANIMAL PROGRAM THE AMERICAN HUMANE FARM ANIMAL PROGRAM WAS - AND IS - THE FIRST TO SERVE IN THE PROTECTION OF FARM ANIMALS. OUR AMERICAN HUMANE CERTIFIED FARM ANIMAL WELFARE CERTIFICATION PROGRAM IS THE OLDEST, LARGEST, AND FASTEST-GROWING AUDITING AND CERTIFICATION EFFORT IN THE COUNTRY. THE PURPOSE OF THIS VITAL PROGRAM IS TO IMPROVE AND VERIFY THE TREATMENT OF ANIMALS ON OUR NATION'S FARMS AND RANCHES UTILIZING EVIDENCE AND SCIENCE-BASED WELFARE STANDARDS, AND TO EDUCATE CONSUMERS AND PEOPLE INVOLVED IN THE FOOD SUPPLY CHAIN ABOUT THE SIGNIFICANCE AND BENEFITS OF THE HUMANE TREATMENT OF FARM ANIMALS. THIS PROGRAM CERTIFIES THE HUMANE TREATMENT OF MORE ANIMALS IN FOOD PRODUCTION THAN ANY OTHER. FARM ANIMAL WELFARE STANDARDS ARE REGULARLY REVIEWED BY THE PROGRAM'S SCIENTIFIC ADVISORY COMMITTEE, AN INTERNATIONAL GROUP OF ANIMAL SCIENCE EXPERTS, VETERINARIANS, AND ETHICISTS. THIRD-PARTY AUDITS ARE CONDUCTED ANNUALLY BY INDEPENDENT AUDITORS, AND ARE BASED ON OBJECTIVE, MEASURABLE, SCIENCE-BASED CRITERIA. THE PROGRAM COVERS MORE THAN 8,000 FARMS AND RANCHES THROUGHOUT THE UNITED STATES AND CANADA. THE AMERICAN HUMANE CERTIFIED SEAL IS NOW FOUND ON MANY PRODUCTS IN GROCERY STORES, INCLUDING DAIRY, CHICKEN, TURKEY, BEEF, PORK, AND EGGS.

Form 990, Part III, Line 4c:

AMERICAN HUMANE'S LOIS POPE LIFE CENTER FOR MILITARY AFFAIRS SINCE 1916, AMERICAN HUMANE HAS BEEN FIRST TO SERVE THOSE WHO SERVE OUR COUNTRY BY HELPING OUR NATION'S MILITARY HEROES ON THE BATTLEFIELD AND ON THE HOME FRONT - BRINGING BATTLE BUDDIES BACK TOGETHER AFTER A LIFETIME OF SERVING OUR COUNTRY AND PROTECTING OUR TROOPS, FAR TOO MANY RETIRED MILITARY DOGS ARE SEPARATED FROM THEIR HANDLERS AND LEFT OVERSEAS AMERICAN HUMANE HAS ALREADY BROUGHT 31 OF THESE HEROES HOME AND REUNITED THEM WITH THEIR BATTLE BUDDIES - SAVING LIVES ON EACH END OF A HEALING LEASH EVERY DAY 184 VETERANS ARE DIAGNOSED WITH POST-TRAUMATIC STRESS AND, TRAGICALLY, 20 OF THEM TAKE THEIR OWN LIVES AT THE SAME TIME, SOME 670,000 BEAUTIFUL DOGS ARE EUTHANIZED IN THE NATION'S SHELTERS EACH YEAR TO HELP STEM THE TIDE OF VETERAN SUICIDE AND SAVE UNADOPTED ANIMALS, AMERICAN HUMANE LAUNCHED THE "SHELTER TO SERVICE" PROGRAM, WHICH RESCUES ABANDONED SHELTER DOGS AND TRAINS THEM TO BECOME LIFESAVING SERVICE DOGS FOR VETERANS COPING WITH PTS AND TRAUMATIC BRAIN INJURY - HELPING MORE VETS GET HELP AMERICAN HUMANE PROVIDED 31 GRANTS IN JUST THE LAST YEAR TO HELP VETERANS SECURE AND MAINTAIN THE HEALTH OF TRAINED SERVICE DOGS - REACHING OUT TO THOSE IN NEED OUR NEW NATIONAL PSA CAMPAIGN, STARRING NHL STAR MATT MARTIN, OFFERS VETERANS A FREE EXPERT GUIDE TO HELP THEM OBTAIN LIFE-SAVING SERVICE DOGS THESE TV AND RADIO SPOTS AIRED 60,000 TIMES, REACHING MILLIONS OF PEOPLE AND WINNING A SILVER MEDAL IN THE "MERCURY EXCELLENCE AWARDS" - CREATING NATIONAL SERVICE DOG STANDARDS TO PROVIDE VETERANS WITH EXPERTLY TRAINED SERVICE ANIMALS WHO CAN HELP THEM COPE WITH THE INVISIBLE WOUNDS OF WAR, AMERICAN HUMANE WORKED WITH THE NATION'S LEADING EXPERTS IN SERVICE DOG TRAINING, GOVERNMENT AFFAIRS, VETERAN ADVOCACY, MENTAL HEALTH SERVICES, AND THE TRANSPORTATION AND RESTAURANT INDUSTRIES TO DEVELOP THE FIRST NATIONAL STANDARDS FOR TRAINING PTS AND TBI SERVICE DOGS THESE STANDARDS WILL HELP SAVE LIVES, AND IN CONJUNCTION WITH A NATIONAL REGISTRY, WILL HELP IMPROVE ACCESS FOR VETERANS TO RESTAURANTS, HOTELS, TAXIS, AIRPLANES, AND OTHER PUBLIC SERVICES - URGING CONGRESS TO DO MORE FOR VETERANS SERVICE DOGS ARE NOT ONLY COSTLY BUT CAN TAKE AN UNACCEPTABLE 18-24 MONTHS TO OBTAIN OUR NEW "PUPS4PATRIOTS" LEGISLATION DIRECTS THE V A TO PROVIDE MORE, HIGHLY TRAINED, LIFESAVING SERVICE DOGS TO VETERANS STRUGGLING TO COPE WITH POST-TRAUMATIC STRESS AND TRAUMATIC BRAIN INJURY, USING THE FIRST SET OF NATIONAL STANDARDS DEVELOPED BY AMERICAN HUMANE WHEN PASSED, THE PUPS4PATRIOTS ACT WILL GET MORE HEALING LEASHES INTO THE HANDS OF AMERICA'S VETERANS - HONORING AMERICA'S FOUR-LEGGED MILITARY HEROES FIVE COURAGEOUS CANINES WERE AWARDED AMERICAN HUMANE'S LOIS POPE LIFE K-9 MEDAL OF COURAGE, THE NATION'S HIGHEST AWARD FOR MILITARY DOGS THE INTERNATIONALLY COVERED CEREMONY ON CAPITOL HILL INCLUDED 300 CONGRESSIONAL STAFF AND TOP U S MILITARY LEADERS, INCLUDING MARINE LIEUTENANT GENERAL BEAUDREULT, TSA ADMINISTRATOR DAVID PEKOSKE AND RETIRED MARINE COLONEL SCOTT CAMPBELL

Program 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$	1,435,147	including grants of \$	66,386)	(Revenue \$	53,000)
<p>AMERICAN HUMANE RESCUE FOR MORE THAN 100 YEARS, AMERICAN HUMANE RESCUE TEAMS HAVE BEEN FIRST TO SERVE IN THE PROTECTION OF ANIMALS SUFFERING IN DISASTERS AND CRUELTY CASES AMERICAN HUMANE RESCUE TEAMS SAVE, FEED AND SHELTER ANIMALS IN CRISIS, AND PROVIDE LIFESAVING TIPS AND DISASTER PREPARATION TRAINING BEFORE, DURING AND AFTER DISASTERS THE PURPOSE OF THESE PROGRAMS IS TO PROVIDE INTERVENTION FOR COMMUNITIES IN CRISIS AND TO HELP BUILD MORE HUMANE COMMUNITIES NATIONWIDE THROUGH INITIATIVES LIKE GRANTS, SHELTER SUPPORT AND HUMANE EDUCATION - HELPED HUNDREDS OF THOUSANDS OF ANIMALS IN THE PAST YEAR, OUR ANIMAL RESCUE TEAMS WITH THEIR NEARLY 250 HIGHLY TRAINED VOLUNTEER FIRST RESPONDERS HELPED SAVE, FEED AND SHELTER 612,100 ANIMALS, INCLUDING 6,703 ANIMALS CAUGHT IN THE WAKE OF DEADLY HURRICANES, FLOODS, AND WILDFIRES - SAVING LIVES IN THE AFTERMATH OF HURRICANES HARVEY AND IRMA WHEN THESE MONSTER STORMS STRUCK, WE HELPED CARE FOR THOUSANDS OF LOST AND DISPLACED ANIMALS, HELPED ORGANIZE AND OPERATE MEGA SHELTERS IN TEXAS AND LOUISIANA, AND CONDUCTED CRITICAL ANIMAL TRANSPORTS AND LIFESAVING SEARCH AND RESCUE MISSIONS IN FLORIDA THAT SAVED THE LIVES OF CATS, DOGS, HORSES, DEER, AND DUCKS - RESTORING HOPE FOLLOWING WHAT WAS CALLED A "THOUSAND-YEAR FLOOD" IN LOUISIANA, AMERICAN HUMANE PROVIDED MAJOR GRANTS TO SEVEN SHELTERS THAT HAD BEEN PARTIALLY OR COMPLETELY DESTROYED, ALLOWING THEM TO REBUILD OPERATIONS AND RESTORE CRITICALLY NEEDED SERVICES TO MORE THAN 10,000 ANIMALS IN THEIR COMMUNITIES - PROTECTING THE FUTURE WITH THE HELP OF TV STAR ELLEN DEGENERES AND THE WALMART FOUNDATION, AMERICAN HUMANE INTRODUCED A BRAND-NEW, GIANT MOBILE RESCUE VEHICLE TO SAFEGUARD THE ANIMALS OF LOUISIANA AND SURROUNDING STATES, SIGNIFICANTLY BOLSTERING OUR NATIONWIDE CAPABILITIES TO RESPOND TO DISASTERS AND ANIMAL CRISES - HELPING HOMELESS PETS AMERICAN HUMANE BEGAN A NATIONWIDE SERIES OF FREE VETERINARY CLINICS TO PROVIDE LIFE-SAVING SERVICES TO PETS OF THE COUNTRY'S HALF MILLION HOMELESS PEOPLE VITAL SUPPORT AND MEDICAL SUPPLIES WERE PROVIDED BY VIP PETCARE - DELIVERING 600,000 MEALS TO SHELTER ANIMALS AMERICAN HUMANE AND CHICKEN SOUP FOR THE SOUL PET FOOD DELIVERED TONS OF HOPE AND NUTRITIOUS FREE MEALS TO HUNGRY, FRIGHTENED AND ABANDONED ANIMALS IN SHELTERS IN JUST THE LAST YEAR - PREPARING COMMUNITIES OUR RESCUE TEAM HELD 12 TRAININGS NATIONALLY TO HELP PROTECT AND SAVE ANIMALS WHEN CRISES STRIKE - REUNITING ANIMAL VICTIMS OF HURRICANE MARIA AMERICAN HUMANE WORKED WITH INTERNATIONAL GROUPS TO AIRLIFT ANIMALS FROM DEVASTATED PUERTO RICO TO THE UNITED STATES AND RECONNECT THEM WITH THEIR FAMILIES - A GIANT GIFT TO CALIFORNIA'S ANIMALS THANKS TO THE GENEROSITY OF PHILANTHROPIST LOIS POPE, A NEW 50-FOOT-LONG RESCUE VEHICLE WAS UNVEILED TO GUARD THE WEST COAST'S ANIMALS BANFIELD FOUNDATION MADE A GENEROUS CONTRIBUTION TO COVER THE OPERATIONAL AND DEPLOYMENT COSTS, AND LEADING ANIMAL HEALTH COMPANY ZOETIS AGREED TO STOCK THE TRUCK WITH MEDICAL AND VETERINARY SUPPLIES, AS IT DOES FOR ALL AMERICAN HUMANE RESCUE VEHICLES - HELPING ANIMALS IN THE CALIFORNIA WILDFIRES OUR RESCUE TEAM ASSISTED ANIMALS IN CALIFORNIA'S THOMAS WILDFIRES, DELIVERING 2,000 POUNDS OF FREE EMERGENCY FOOD TO PETS BEING HOUSED IN A LOCAL SHELTER - PROVIDING HOPE, HELP AND COMFORT TO COMMUNITIES IN CRISIS AMERICAN HUMANE CONTINUED IN ITS FIFTH YEAR OF PARTNERING WITH THE WEATHER CHANNEL TO PROVIDE THE SERVICES OF "BUTLER" THE WEATHER CHANNEL THERAPY DOG WHO, WITH HIS AMERICAN HUMANE HANDLER, VISITS COMMUNITIES NATIONWIDE THAT HAVE BEEN IMPACTED BY SEVERE WEATHER THEY PROVIDED DISASTER PREPAREDNESS TIPS FOR PETS REACHING 100 MILLION HOMES - GIVING ANIMALS SECOND CHANCES IN THE PAST YEAR, AMERICAN HUMANE'S SECOND CHANCE FUND PROVIDED MEDICAL AND EMERGENCY FUND GRANTS TO LOCAL SHELTERS AND RESCUE GROUPS THE MEACHAM FUND PROVIDED CAPITAL SUPPORT GRANTS TO VARIOUS ORGANIZATIONS TO PROVIDE RESOURCES TO HELP ANIMALS IN NEED</p>						

(Code)	(Expenses \$	473,887	including grants of \$	50,000)	(Revenue \$	2,266)
<p>OTHER PROGRAMS SERVICES (AMERICAN HUMANE RESEARCH) SCIENCE IS THE FOUNDATION FOR ALL OF AMERICAN HUMANE'S PROGRAMS, AND WE ARE COMMITTED TO CONTINUING OUR LEGACY OF PROVIDING EVIDENCE-BASED SOLUTIONS FOR THE HUMANE MOVEMENT FOR THE BENEFIT OF CHILDREN AND ANIMALS, WHILE PROMOTING THE POWER OF THE HUMAN-ANIMAL BOND OUR HUMANE RESEARCH WORK ADDRESSES CHALLENGES IMPACTING THE MOST VULNERABLE IN SOCIETY AMERICAN HUMANE HAS BEEN DRIVEN BY SCIENCE-BASED RESEARCH AND OUTCOMES FOR OVER A CENTURY, AND CONTINUES THIS EFFORT IN MODERN TIMES THROUGH INNOVATIVE RESEARCH STUDIES AMERICAN HUMANE RELEASED THE RESULTS OF ITS GROUNDBREAKING CANINES AND CHILDHOOD CANCER STUDY, LAUNCHED WITH THE GENEROUS SUPPORT OF ZOETIS THIS FIRST-OF-ITS-KIND STUDY, CONDUCTED IN COLLABORATION WITH CHILDREN'S HOSPITALS ACROSS THE COUNTRY, DEMONSTRATED WITH SCIENTIFIC RIGOR THE BENEFITS THAT ANIMAL-ASSISTED THERAPY HAS FOR THE FAMILIES OF CHILDREN WITH CANCER THE RESULTS WERE PUBLISHED IN THE JOURNAL OF PEDIATRIC ONCOLOGY NURSING AND WERE REPORTED BY CNN AND HUNDREDS OF OTHER MEDIA (AMERICAN HUMANE PET TRANSPORTATION) IN A MAJOR EFFORT TO HELP IMPROVE THE SAFETY AND COMFORT OF ANIMALS BEING TRANSPORTED BY AIR, AMERICAN HUMANE WAS APPROACHED BY UNITED AIRLINES TO CONDUCT A COMPREHENSIVE INVESTIGATION AND ANALYSIS OF THE KEY FACTORS AFFECTING THE WELL-BEING OF PETS FLYING VIA COMMERCIAL AIRLINER AMERICAN HUMANE WILL PRODUCE EXPERT RECOMMENDATIONS WITH THE INPUT OF AN INDEPENDENT SCIENTIFIC ADVISORY COMMITTEE COMPRISED OF RENOWNED LEADERS IN ANIMAL SCIENCE, VETERINARY CARE, ANIMAL BEHAVIOR, AND ANIMAL ETHICS</p>						

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,641,874 including grants of \$) (Revenue \$ 426,671)

AMERICAN HUMANE CONSERVATION IN THE FACE OF WHAT SCIENTISTS ARE CALLING A "SIXTH MASS EXTINCTION" WITH SPECIES DISAPPEARING AT AN UNPRECEDENTED RATE, ZOOS AND AQUARIUMS ARE PLAYING AN OUTSIZED ROLE IN PRESERVING THE VITAL WEB OF LIFE ON EARTH TO ELEVATE STANDARDS AND SHINE A SPOTLIGHT ON THOSE WHO TAKE GOOD CARE OF THEIR ANIMALS, AMERICAN HUMANE DEVELOPED THE FIRST-EVER INDEPENDENT, SCIENCE-BASED HUMANE CERTIFICATION DEDICATED SOLELY TO HELPING ENSURE THE WELFARE AND HUMANE TREATMENT OF THE ANIMALS IN THE WORLD'S ZOOS, AQUARIUMS, AND CONSERVATION CENTERS IN JUST OVER A YEAR, WE ARE PROUD TO ANNOUNCE THE FOLLOWING VICTORIES ON BEHALF OF THE REMARKABLE AND ENDANGERED ANIMALS WITH WHOM WE SHARE THE EARTH HELPING PROTECT A QUARTER OF A MILLION ANIMALS AFTER PASSING A RIGOROUS INDEPENDENT AUDIT OF COMPREHENSIVE SCIENCE-BASED STANDARDS CREATED BY THE WORLD'S LEADING ANIMAL SCIENTISTS AND ETHICISTS, WE AWARDED THE HUMANE CERTIFIED SEAL OF APPROVAL TO 33 ZOOLOGICAL FACILITIES AROUND THE WORLD, PROMOTING THE SAFETY AND HUMANE TREATMENT OF MORE THAN 250,000 ANIMALS LIVING IN THESE FACILITIES GLOBAL EXPANSION AMERICAN HUMANE CONSERVATION IS ALREADY A WORLDWIDE PROGRAM, CERTIFYING MAJOR ZOOLOGICAL FACILITIES IN 11 U S STATES AND 11 COUNTRIES IN NORTH AMERICA, THE BAHAMAS, EUROPE, AND ASIA TEACHING TOMORROW'S HUMANE HEROES TO CULTIVATE THE NEXT GENERATION OF ANIMAL ADVOCATES, AMERICAN HUMANE AND THE PUBLISHER OF THE CHICKEN SOUP FOR THE SOUL LIBRARY HAVE DEVELOPED A SERIES OF FREE CHILDREN'S E-BOOKS, AS WELL AS A NEW NATIONAL CURRICULUM, FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS, FOCUSING ON THE VITAL WORK BEING DONE BY HUMANE CERTIFIED ZOOS AND AQUARIUMS TO PROTECT AND PRESERVE SPECIES AROUND THE WORLD TOOK OUR MESSAGE DIRECTLY TO THE PUBLIC AMERICAN HUMANE CREATED A SERIES OF FOUR NATIONAL TELEVISION AND RADIO PUBLIC SERVICE ANNOUNCEMENT WITH FAMED WILDLIFE CONSERVATIONIST JEFF CORWIN TO PROMOTE SUPPORT OF HUMANE CONSERVATION IN JUST THE FIRST FEW MONTHS, THE SPOTS WERE BROADCAST MORE THAN 18,000 TIMES ACROSS THE COUNTRY, REACHING 200 MILLION PEOPLE

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	7,957,572	9,049,189	11,781,059	10,531,804	12,824,091	52,143,715
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,957,572	9,049,189	11,781,059	10,531,804	12,824,091	52,143,715
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,100,614
6	Public support. Subtract line 5 from line 4						36,043,101

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	7,957,572	9,049,189	11,781,059	10,531,804	12,824,091	52,143,715
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,690,225	2,053,505	2,140,947	2,306,862	2,564,502	10,756,041
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						62,899,756
12	Gross receipts from related activities, etc (see instructions)					12	15,163,138

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	57.300 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	58.100 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 84-0432950

Name: AMERICAN HUMANE ASSOCIATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 • Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 • Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	126,184													
c	Total lobbying expenditures (add lines 1a and 1b)	126,184													
d	Other exempt purpose expenditures	14,828,404													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,954,588													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	897,729													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	224,432													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	805,408	840,011	856,354	897,729	3,399,502
b Lobbying ceiling amount (150% of line 2a, column(e))					5,099,253
c Total lobbying expenditures	68,550			126,184	194,734
d Grassroots nontaxable amount	201,352	210,003	214,089	224,432	849,876
e Grassroots ceiling amount (150% of line 2d, column (e))					1,274,814
f Grassroots lobbying expenditures				0	

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

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

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	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number
84-0432950

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,173,136	1,103,095	1,113,898	1,050,603	822,709
b Contributions	62,000	6,000	1,000	70,000	175,380
c Net investment earnings, gains, and losses	40,651	64,041	18,320	2,183	52,514
d Grants or scholarships					
e Other expenditures for facilities and programs			30,123	8,888	
f Administrative expenses					
g End of year balance	1,275,787	1,173,136	1,103,095	1,113,898	1,050,603

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 85 160 %
 - c** Temporarily restricted endowment ▶ 14 840 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		49,947	28,625	21,322
d Equipment		328,826	261,888	66,938
e Other		1,624,379	1,140,654	483,725
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				571,985

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) BENEFICIAL INTERESTS IN CHARITABLE TRUSTS	5,659,641
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	5,659,641

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	
OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	1,208,110
DEFERRED LEASE INCENTIVES	334,165
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,542,275

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	35,346,518
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-6,831
b	Donated services and use of facilities	2b	15,810,190
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	339,805
e	Add lines 2a through 2d	2e	16,143,164
3	Subtract line 2e from line 1	3	19,203,354
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,369
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	41,369
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,244,723

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

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

1	Total expenses and losses per audited financial statements	1	32,483,485
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	15,810,190
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	144,383
e	Add lines 2a through 2d	2e	15,954,573
3	Subtract line 2e from line 1	3	16,528,912
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,369
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	41,369
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	16,570,281

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	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0432950

Name: AMERICAN HUMANE ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	EARNINGS ON THE ASSOCIATION'S ENDOWMENT FUND NET ASSETS ARE GENERALLY RESTRICTED BY DONORS FOR SUPPORT OF SPECIFIC ASSOCIATION PROGRAMS THE ASSOCIATION'S GOVERNING BOARD DETERMINES ANNUAL APPROPRIATIONS FOR EXPENDITURE IN SUPPORT OF ITS PROGRAMS IN ACCORDANCE WITH DONOR RESTRICTIONS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	AMERICAN HUMANE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER 170(B)(1)(A) (VI), AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE IRC. HOWEVER, INCOME NOT DIRECTLY RELATED TO AMERICAN HUMANE'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AMERICAN HUMANE HAD NO SIGNIFICANT TAXABLE INCOME OR INCOME TAX EXPENSE DURING THE CURRENT FISCAL YEAR. AMERICAN HUMANE BELIEVES IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX EXEMPT STATUS. AMERICAN HUMANE'S TAX RETURNS FOR FISCAL YEARS 2014 THROUGH 2017 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 183,898 CHANGE IN VALUE OF SPL IT INTEREST AGREEMENTS 11,524 DIRECT COSTS OF SPECIAL EVENTS 144,383

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT COSTS OF SPECIAL EVENTS 144,383

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number
84-0432950

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	13			255,703
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	13			255,703

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash 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, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

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).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0432950

Name: AMERICAN HUMANE ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	7	PROGRAM SERVICES	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS	141,980
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	3	PROGRAM SERVICES	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS	98,742

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS	6,552
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	MONITOR THE USE OF ANIMALS ON INTERNATIONAL MOVIE SETS AND IN THE PRODUCTION OF COMMERCIALS	8,429

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number
84-0432950

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 ten 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 THE LUKENS COMPANY 2800 SHIRLINGTON RD 9TH FLOOR ARLINGTON, VA 22206	FUNDRAISING COUNSEL		No	432,735	84,000	348,735
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				432,735	84,000	348,735

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DE, DC, IN, IA, MO, MT, NE, NV, SD, TX, VT, WY, ID

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		THE BREAKERS LUNCH (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	105,785			105,785
2	Less Contributions	76,785			76,785
3	Gross income (line 1 minus line 2)	29,000			29,000
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	0			
	7 Food and beverages	51,233			51,233
	8 Entertainment	62,950			62,950
	9 Other direct expenses	30,200			30,200
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-115,383

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.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN HUMANE ASSOCIATION

Employer identification number 84-0432950

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 8
3 Enter total number of other organizations listed in the line 1 table. 0

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
(1) HURRICANE RELIEF	13	57,099			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE ASSOCIATION'S GRANT APPLICATION PROCESS INCLUDES ELIGIBILITY REQUIREMENTS, EVALUATION AS TO NEED, RELEVANCY AND/OR OTHER FACTORS, AND COMPLIANCE WITH THE ASSOCIATION'S REPORTING REQUIREMENTS, WHICH MAY REQUIRE GRANT RECIPIENTS TO DOCUMENT TO THE ASSOCIATION HOW AND WHEN THE FUNDS WERE USED, ALONG WITH OTHER SUPPORTING INFORMATION

Additional Data

Software ID:
Software Version:
EIN: 84-0432950
Name: AMERICAN HUMANE ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CANINES FOR SERVICE PO BOX 12643 WILMINGTON, NC 28405	56-2118747	501(C)(3)	10,000				THERAPY DOGS
DOGS ON DEPLOYMENT PO BOX 667 ESCONDIDO, CA 92025	45-3109600	501(C)(3)	7,500				THERAPY DOGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MAIN LINE DEPUTY DOG 295 THREE RUN RD MALVERN, PA 19255	27-3560764	501(C)(3)	10,000				THERAPY DOGS
NATIONAL ASSOCIATION OF VETERAN 1405 S FERN ST ARLINGTON, VA 22202	46-3624091	501(C)(3)	40,000				THERAPY DOG STANDARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PETS IN THE CLASSROOM 3465 BOXHILL CORP CTR ABINGDON, MD 21009	52-1684353	501(C)(3)	50,000				EDUCATIONAL PROGRAMS
RETRIEVING FREEDOM 1148 20TH ST WAVERLY, IA 50677	45-3282513	501(C)(3)	7,500				THERAPY DOGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMPER K9 ASSISTANCE DOGS 14867 PRESTIGE DR WOODBIDGE, VA 22193	47-2671624	501(C)(3)	7,500				THERAPY DOGS
SERVICE DOGS FOR AMERICA 920 SHORT ST JUD, ND 58454	45-0427665	501(C)(3)	5,000				THERAPY DOGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
							THERAPY DOGS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number
84-0432950

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBIN GANZERT PRESIDENT & CEO	(i)	360,496	150,000	0	12,000	15,416	537,912	0
	(ii)	0	0	0	0	0	0	0
2 CLIFFORD J ROSE CHIEF FINANCIAL OFFICER	(i)	182,924	0	0	6,457	14,609	203,990	0
	(ii)	0	0	0	0	0	0	0
3 STEPHANIE CARMODY GENERAL COUNSEL	(i)	170,461	0	0	9,000	11,852	191,313	0
	(ii)	0	0	0	0	0	0	0
4 AMY MCCULLOUGH NATIONAL DIRECTOR, RESCUE & MILITARY	(i)	137,414	10,000	0	8,518	8,826	164,758	0
	(ii)	0	0	0	0	0	0	0
5 JOHN HUBBARD SVP & CHIEF MARKETING OFFICER	(i)	206,974	30,000	0	0	14,354	251,328	0
	(ii)	0	0	0	0	0	0	0
6 SHANNON STEWART CHIEF VETERINARY OFFICER, HUMANE HOL	(i)	196,563	0	0	6,000	12,074	214,637	0
	(ii)	0	0	0	0	0	0	0
7 MARK STUBIS CHIEF COMMUNICATIONS OFFICER	(i)	156,656	5,000	0	10,243	14,271	186,170	0
	(ii)	0	0	0	0	0	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	Explanation
PART I, LINE 1A	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND BOARD MEMBERS ARE PERMITTED TO TRAVEL FIRST CLASS ON DOMESTIC FLIGHTS
PART I, LINE 7	AMERICAN HUMANE'S COMPENSATION POLICIES INCLUDE A PERFORMANCE-BASED COMPONENT. THE ORGANIZATION'S COMPENSATION COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHO MUST APPROVE THE COMPENSATION OF THE PRESIDENT/CEO. THE PRESIDENT/CEO REVIEWS AND APPROVES THE COMPENSATION FOR ALL OTHER EMPLOYEES SUBJECT TO THE POLICY.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number
84-0432950

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WILLIAM ABBOTT	BOARD MEMBER	661,500	WILLIAM ABBOTT IS A BOARD MEMBER OF THE ORGANIZATION, AND HE IS ALSO THE PRESIDENT & CEO OF CROWN MEDIA HOLDINGS, INC THE COMPANY PAYS THE ORGANIZATION HERO DOG AWARDS BROADCAST RIGHTS FEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number
84-0432950

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PROGRAMMATIC SUPPLIES)	X	47	239,690	ESTIMATED FAIR VALUE
26 Other ▶ (SOFTWARE)	X	1	10,756	ESTIMATED FAIR VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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 did not 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	Explanation
PART I, COLUMN (B)	THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS DISTRIBUTED TO THE BOARD BUDGET AND FINANCE COMMITTEE FOR REVIEW AND APPROVAL AND TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF THE ASSOCIATION WHEN IT IS CONTEMPLATING TAKING AN ACTION OR MAKING A DECISION THAT MAY BENEFIT THE PRIVATE INTERESTS OF A "RESPONSIBLE PERSON OR RELATED PARTY" A "RESPONSIBLE PERSON" IS ANY DIRECTOR, CORPORATE OFFICER OF VICE PRESIDENT OR HIGHER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS OF THE ASSOCIATION EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT THAT AFFIRMS SUCH PERSON 1) HAS RECEIVED A COPY OF THE POLICY 2) HAS READ AND UNDERSTANDS THE POLICY AND 3) HAS AGREED TO COMPLY WITH THE POLICY IN ADDITION, EACH "RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, COMPLETE A DISCLOSURE FORM IDENTIFYING ANY INTERESTS, POSITIONS OR RELATIONSHIPS THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST DISCLOSURE FORMS SHALL BE SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND EVALUATION IF A CONFLICT OF INTEREST ARISES WITH RESPECT TO A PARTICULAR MATTER TO BE ACTED UPON BY THE ASSOCIATION, 1) THE "RESPONSIBLE PERSON" MUST DISCLOSE TO THOSE CHARGED WITH MAKING THE DECISION ON BEHALF OF THE ASSOCIATION ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND ANY MATERIAL FACTS THAT BEAR ON THE DECISION FROM THE STANDPOINT OF THE ASSOCIATION, PRIOR TO THE ASSOCIATION TAKING ACTION AND 2) ALTHOUGH THE "RESPONSIBLE PERSON" MAY MAKE A PRESENTATION AT THE MEETING, AND RESPOND TO QUESTIONS, HE OR SHE MUST EXCUSE HIMSELF OR HERSELF FROM DELIBERATION AND DEBATE ON THE MATTER, AND MUST NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING THE ASSOCIATION MAY APPROVE THE MATTER IF 1) THE MATERIAL FACTS AS TO THE "RESPONSIBLE PERSON'S OR RELATED PARTY'S INTEREST, POSITION OR RELATIONSHIP GIVING RISE TO THE CONFLICT OF INTEREST, AND AS TO THE MATTER, ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF DIRECTORS OR ANY BOARD COMMITTEE DELEGATED AUTHORITY OVER THE MATTER AND 2) THE BOARD OR BOARD COMMITTEE IN GOOD FAITH AUTHORIZES, APPROVES OR RATIFIES THE MATTER BY THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT, EVEN THOUGH THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS ARE LESS THAN A QUORUM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DELEGATES COMPENSATION DETERMINATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD COMPENSATION COMMITTEE THE BOARD COMPENSATION COMMITTEE USES SALARY SURVEYS GATHERED FROM AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, CHRONICLE OF PHILANTHROPY, ASSOCIATION OF FUNDRAISING PROFESSIONALS, AND ECONOMIC RESEARCH INSTITUTE AS WELL AS COMPENSATION INFORMATION FOR SIMILAR POSITIONS OF SIMILAR ORGANIZATIONS FOR THE DETERMINATION OF COMPENSATION THE COMMITTEE ALSO FACTORS IN GEOGRAPHIC PAY DIFFERENTIAL, EXPERIENCE, EDUCATION, PERFORMANCE, SCOPE OF DUTIES, INTERNAL EQUITY, AND SALARY HISTORY OF INDIVIDUALS IN THE COMPENSATION PROCESS THIS PROCESS IS DONE ON AN ANNUAL BASIS THE PRESIDENT AND CHIEF EXECUTIVE OFFICER USE A SIMILAR COMPARABILITY STUDY AS WELL AS FACTORS IN GEOGRAPHIC PAY DIFFERENTIAL, EXPERIENCE, EDUCATION, PERFORMANCE, SCOPE OF DUTIES, INTERNAL EQUITY, AND SALARY HISTORY FOR INDIVIDUALS TO EVALUATE AND SET COMPENSATION FOR ALL OTHER EMPLOYEES THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ANNUALLY REPORT TO THE BOARD REGARDING COMPLETION OF THIS RESPONSIBILITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS PROGRAM SERVICE EXPENSES 704,815 MANAGEMENT AND GENERAL EXPENSES 56,595 FUN DRAISING EXPENSES 81,617 TOTAL EXPENSES 843,027 CONSULTANTS TRAVEL PROGRAM SERVICE EXPE NSES 53,353 MANAGEMENT AND GENERAL EXPENSES 4,284 FUNDRAISING EXPENSES 6,178 TOTAL EXPE NSES 63,815 OTHER SERVICES PROGRAM SERVICE EXPENSES 1,717,168 MANAGEMENT AND GENERAL EX PENSES 147,519 FUNDRAISING EXPENSES 128,742 TOTAL EXPENSES 1,993,429

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 183,898 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 11,524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HUMANE ASSOCIATION

Employer identification number

84-0432950

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN HUMANE ASSOCIATION OF CALIFORNIA 11530 VENTURA BOULEVARD STUDIO CITY, CA 91604 95-4705956	PREVENTION OF CRUELTY TO ANIMALS	CA	501(C)(3)	LINE 7	AMERICAN HUMANE ASSOCIATION	Yes	

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

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

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

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

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

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

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

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

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	

Part VII **Supplemental Information**

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