			** PUBLIC DISCLOSURE COP	PY **			2
	0	00	Return of Organization Exempt Fr	rom Ir	ncome Tax		OMB No. 1545-0047
Forn	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ode (exc	ept private foundat	tions)	2013
			Do not enter Social Security numbers on this form as it				Open to Public
Department of the Treasury Internal Revenue Service			Information about Form 990 and its instructions is a	at www.ir.	s.gov/form990.		Inspection
AF	or the	e 2013 calend	ar year, or tax year beginning ${ m JUL}1$, 2013 and en	nding J	UN 30, 201	4	
Bc	heck if	C Name of	forganization		D Employer ident	ificati	on number
a	pplicab	le:					
	Addre	ess AMER	ICAN HUMANE ASSOCIATION				
	Name	e Doing B	usiness As		84-	043	2950
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone numb	ber	
]Termi	n- 1400	16TH STREET, NW 36	60	(20		77-4227
	Amen		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		12,243,969.
	Applic		INGTON, DC 20036		H(a) Is this a group		
	pendi		nd address of principal officer:ROBIN R. GANZERT, PH	HD	for subordinat	es?	Yes X No
			AS C ABOVE		H(b) Are all subordinate	s includ	ed? Yes No
1 T	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list.	(see instructions)
			AMERICANHUMANE.ORG		H(c) Group exempt		
			X Corporation Trust Association Other ►	L Year o	of formation: 1877	M St	ate of legal domicile: DC
Pa	rt I	Summary				_	
e	1	Briefly describ	be the organization's mission or most significant activities: $\underline{ ext{SEE}}$	CHEDU	LE O		
Activities & Governance					A		
ern			x if the organization discontinued its operations or disposed			1	
30			ting members of the governing body (Part VI, line 1a)			3	15
8			dependent voting members of the governing body (Part VI, line 1b)			4	14
ties			of individuals employed in calendar year 2013 (Part V, line 2a)		H	5	83
tivi			of volunteers (estimate if necessary)			6	500
Ac			d business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		b	
		O			Prior Year 9,859,669		Current Year 7,935,416.
Ine	8		and grants (Part VIII, line 1h)	Carlotter -	1,602,764		1,920,114.
Revenue	9	-	ce revenue (Part VIII, line 2g)	and the second	206,836		119,711.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		1,087,103		1,397,892.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,756,372		11,373,133.
-			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		734,099		71,518.
	14		milar amounts paid (Part IX, column (A), lines 1-3)		0		0.
			to or for members (Part IX, column (A), line 4)		5,068,167		5,572,149.
Expenses	162	Drofessional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 1,923,320	2222	77,000		41,850.
per	h	Total fundrais	ing expenses (Part IX, column (A), line (76) $1.923.32$	0.			
Ĕ	17	Other expensi	es (Part IX, column (A), lines 11a-11d, 11f-24e)	-	6,747,856		5,755,415.
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		12,627,122		11,440,932.
			expenses. Subtract line 18 from line 12		129,250		-67,799.
OL		noronae looo			inning of Current Yea	_	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		12,876,261		13,536,364.
Ass d Ba			(Part X, line 26)		3,289,627		3,256,963.
Fun			fund balances. Subtract line 21 from line 20		9,586,634		10,279,401.
Pa		Signatur					
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of	my kn	owledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	11	1
- Cr			1001 a that		121	8/1	4
Sigr	1	Signatur	e bLofficer		Date	1	/
Her	е		N R. GANZERT, PHD, PRESIDENT & CEO			8	
		Type or p	print name and title				
		Print/Type pre	parer's name Preparer's signature /		ate / Check		PTIN
Paid		JOANN W		10	2/8/14 if self-emp		P01293745
Prep			▶ CALIBRE CPA GROUP PLLC		Firm's EIN 🕨	4	7-0900880
Use	Only	Firm's address	▶ 7501 WISCONSIN AVENUE, SUITE 1200	0 WE	Contraction of the second seco		
			BETHESDA, MD 20814		Phone no.2	02-	331-9880
May	the l	RS discuss thi	s return with the preparer shown above? (see instructions)				X Yes No
33200	01 10-2	29-13 LHA	or Paperwork Reduction Act Notice, see the separate instruction	IS.			Form 990 (2013)

aperwork Reduction Act Notice, see the separate instru

Form **990** (2013)

Form	990	(2013)	

AMERICAN HUMANE ASSOCIATION

If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses revenue, if any, for each program service reported. Cost) (Expenses 5, 753, 389. mounding units of 17,000.) (Heennues 1,3322 HUMANE HOLLYWOOD: THE "NO ANIMALS WERE HARMED" CERTIFICATION PROGRA HAS SAFEGUARDED OVER HALF A MILLION ANIMALS ON THOUSANDS OF PRODUC WORLDWIDE IN THE LAST FIVE YEARS ALONE. SINCE 1940, OUR PROGRAM HA BEEN AT THE FOREFRONT OF ANIMAL WELFARE IN FILMED ENTERTAINMENT. W THE ONLY INDUSTRY-SANCTIONED ORGANIZATION WITH OVERSIGHT OF ANIMAL FILMED PRODUCTION AND THE SOLE ENTITY TO AWARD THE INTERNATIONALLY RECOGNIZED NO ANIMALS WERE HARMED END-CREDIT CERTIFICATION TO PRODUCTIONS THAT MET OUR RIGOROUS STANDARD OF CARE. THE PURPOSE OF THE NO ANIMALS WERE HARMED CERTIFICATION PROGRAM IS ENSURE AND CERTIFY THE SAFETY OF ANIMAL ACTORS, WHICH ALSO RESULTS GREATER SAFETY FOR HUMAN ACTORS, IN THE PRODUCTION OF FILMEM MEDIA (code) (Expense) 1, 146, 702. "Moundargenta's] (Menues 483 HUMANE HEARTLAND: THE AMERICAN HUMANE CERTIFIED FARM ANIMAL WELFAR PROGRAM IS THE OLDEST, LARGEST, AND FASTEST-GROWING MONITORING, AUDITING, AND CERTIFICATION PROGRAM IN THE COUNTRY ENSURE TH HUMANE TREATMENT OF ANIMALS. N HE PURPOSE OF THE PROGRAM IS ENSURE TH HUMANE TREATMENT OF ANIMALS. THE PURPOSE OF THE PROGRAM IS ENSURE TH HUMANE TREATMENT OF ANIMALS. N OUR NATION'S FARMS AND RANCHES UTIL EVIDENCE-BASED SCIENTIFICS TANDARDS, AND TO ENSURE THAT THE PUBLIC EDUCATED ON THE ISSUE OF FARM ANIMALS. AND TO ENSURE THAT THE PUBLIC EDUCATED ON THE ISSUE OF FARM ANIMAL WELFARE. THIS PROGRAM CERTIFICES THE HUMANE TREATMENT OF ANIMALS	
SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 390 cr 390 cr 27 I'Yes,' describe these new services on Schedule O. Did the organization services conducting, or make significant changes in how it conducts, any program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service accompletements for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported. (Coate) (Expenses 5, 753, 389. neuleing grants of the TOLDSANDS OF PRODUC WORLDWIDE IN THE LAST FIVE YEARS ALONE. SINCE 1940, OUR PROGRAM HA PEEN AT THE FOREPRONT OF AINMAL WELFARE IN FILMED ENTERTATINGNET. W THE ONEPROFNONT OF AINMAL WELFARE IN FILMED ENTERTATINGNET. OF ANIMAL FILMED PRODUCTION AND THE SOLE ENTITY TO AWARD THE INTERNATIONALLY FILMED PRODUCTION AND THE SOLE ENTITY TO AWARD THE INTERNATIONALLY FRECOGNIZED NO ANIMALS WERE HARMED CERTIFICATION PROGRAM IS ENSURE AND CERTIFY THE SAFETY OF ANIMAL ACTORS, WHICH ALSO RESULTS (1000000000000000000000000000000000000	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900 E27	
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SUPPORT AND HUMANE EDUCATION.	
	чт.т. р
IN JUST THE PAST TEN YEARS, RED STAR ANIMAL EMERGENCY SERVICES TEA	MS
WITH THEIR NEARLY 200 HIGHLY TRAINED VOLUNTEER FIRST-RESPONDERS	
NATIONWIDE HAVE RESCUED, CARED FOR AND/OR ASSISTED SOME 80,000 ANI	MAI
AMONG OUR RED STAR RESPONSES IN 2013, OUR LEGENDARY TEAM DEPLOYED	
Other program services (Describe in Schedule O.) (Expenses \$ 928,498 • including grants of \$) (Revenue \$ 18,142 •)	
Total program service expenses 8,774,247.	
	1 990
SEE SCHEDULE O FOR CONTINUATION(S)	
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Form 990 (201	3) AMERICAN HUMANE	ASSOCIATION
Part IV C	necklist of Required Schedules	

Did the organization receive or hold a conservation easement, including easements to preserve open space,

AMERICAN HUMANE ASSOCIATION 84-0432	2950) p	age
IV Checklist of Required Schedules		<u> </u>	age
		Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
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>	5		x
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? If "Yes," complete Schedule D, Part I	6		x

	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		x
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>	10	х	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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>	11f	x	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

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		Form	990	(2013)
	Note. All Form 990 filers are required to complete Schedule O	38	х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
21	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
a b	A current or former officer, director, trustee, or key employee? If res, complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	290		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	complete Schedule L, Part II	26		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			_ _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		
Ь	any tax-exempt bonds?	24c 24d		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25a	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			

AMERICAN HUMANE ASSOCIATION

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Schedule J

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,

Form 990 (2013)

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Yes

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No

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Yes No. 1a 38 b Enter the number of porting VSG included in line 1a. Enter -0. If not applicable 10 0 2a Enter the number of promysers reported on Form V3. Transmits of Wage and Tax Statements. 2a 83 2a Enter the number of promysers reported on Form V3. Transmits of Wage and Tax Statements. 2a 83 2b If the calendar year ending with or within the year covered by this return 2a 83 2b If the calendar year ending with or within the year covered by this return 2a 83 2b If the calendar year did numbers of promysers reported on Form V3. Transmits of Wage and Tax Statements. 2a X 3b If Tas, These If the a Form V3. No to the Statements. 2a X X 3c Dut the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3c If Tas, These If the a Form V3. No to the Statement is account, o term financial account? 4a X 3c Was the organization have unrelated to the organization thave an interest in, or a signature or other authority over, a financial account is activated and the account activate account or other authority over, a financial account. 5a X 3c Was the organization activate acti		Check if Schedule O contains a response or note to any line in this Part V						
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с							
					14a		X	

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Form 990	(2013)		AMERICAN	HUMANE	ASSOCIATI	LON
Part V	St	atements R	egarding Othe	er IRS Filin	gs and Tax Co	mpliance

AMERICAN HUMANE ASSOCIATION

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X

VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re	esponse
	to line 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 Section A. Governing Body and Management

	and Management								
		1.1	1 5		Yes	No			
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	15						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		14						
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			0		х			
•	officer, director, trustee, or key employee?			2		л			
3	Did the organization delegate control over management duties customarily performed by or under t			3		х			
	of officers, directors, or trustees, or key employees to a management company or other person?			3 4		X			
4	Did the organization make any significant changes to its governing documents since the prior Form Did the organization become aware during the year of a significant diversion of the organization's a			4 5		X			
5 6				6		X			
0 7a									
74	more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a		X			
-	persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			7b		X			
	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		ſ						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х			
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates	6,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the	e form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>			12c	x				
13	Did the organization have a written whistleblower policy?		Г	13	Х				
14	Did the organization have a written document retention and destruction policy?		E E E	14	Х				
15	Did the process for determining compensation of the following persons include a review and appro								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participatio	on 🛛						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's							
	exempt status with respect to such arrangements?			16b					
Sec	ection C. Disclosure								
17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AZ , AR , (,IN			
	tion C. Disclosure					,IN			

X Own website	Another's website	X Upon request	Other (explain in Schedule O)	
Describe in Schedule	O whether (and if so, how), the	organization made its g	overning documents, conflict of interest policy, and finan	cial
statements available t	o the public during the tax yea	r		

	statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	CLIFFORD J. ROSE $-202-677-4211$

	CDTLT	OICD C	·		202	9 0	, , ,							
	1400	16TH	STREE	ΞT,	NW,	SU	JIT	E 36	50, W	ASHING	GTOI	Ν,	DC	
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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 Comple	ete 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 a	Il 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

		urga I				npei	1541			
(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		officer and a dire		person is both an a director/trustee)			compensation	compensation	amount of
	week (list any	ي.						from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	al tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co lo yee	Jer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JOHN PAYNE	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) MABEL MCKINNEY-BROWNING	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) MICHAEL A. STEINIG, ESP.	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) WILLIAM ABBOTT	1.00									
DIRECTOR		X						0.	0.	Ο.
(5) MARTY BECKER	1.00									
DIRECTOR		X						0.	0.	Ο.
(6) AMANDA BOWMAN	1.00									
DIRECTOR		X						0.	0.	0.
(7) WILLIAM P. DAVID	1.00									
DIRECTOR		X						0.	0.	0.
(8) DEBRA S. FAIR	1.00									
DIRECTOR		X						0.	0.	0.
(9) SUZI GOLDSMITH	1.00									
DIRECTOR		X						0.	0.	0.
(10) ANDREA LEDFORD	1.00									
DIRECTOR		x						0.	0.	Ο.
(11) ELIZABETH A. LYMAN	1.00									
DIRECTOR		x						0.	0.	Ο.
(12) J. MICHAEL MCFARLAND	1.00									
DIRECTOR		x						0.	0.	0.
(13) LOIS POPE	1.00									
DIRECTOR		x						0.	0.	0.
(14) CANDY SPELLING	1.00									
DIRECTOR		x						0.	0.	0.
(15) WILLIAM L. SUTTON, JR.	1.00									
JIRECTOR		x						0.	0.	0.
(16) ROBIN R. GANZERT, PHD	40.00									
PRESIDENT & CEO				x				284,912.	0.	14,181.
(17) CLIFFORD J. ROSE	40.00			<u> </u>						,
CHIEF FINANCIAL OFFICER				x				160,013.	0.	12,914.
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						-				

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Part VII Section A. Officers, Directors, Ti		ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)	<u> </u>			
(A) (B)					C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Esf	timate	ed
	hours per	box	, unle	ss pei	rson	is bot	th an	compensation	compensation		am	nount	of
	week	officer and a director/truste					stee)	from	from related			other	
	(list any	Individual trustee or director						the	organizations			pensa	
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC) (C		om th	
	related	Istee	truste			bens		(W-2/1099-MISC)			•	anizat	
	organizations below	al tru	onal t		lo ye	e co						d relat	
	line)	dividu	stituti	Officer	Key employee	Highest compensated employee	rmer				orga	inizati	ions
	,	Ĕ	ű	0ŧ	, Ā	Ξē	ß			\rightarrow			
(18) STEPHEN T. KAMINSKI	40.00	-										<u>а</u>	70
SVP & GENERAL COUNSEL	10.00	\vdash			X			185,475.		0.		3,7	79.
(19) AUDREY LANG	40.00												
CHIEF OF STAFF						Х		140,858.		0.	10	<u>),9</u>	94.
(20) PAUL RAYBOULD	40.00												
CHIEF INOVATION OFFICER						Х		172,730.		0.	14	4,4	18.
(21) KAREN ROSA	40.00												
SR. ADVISOR, FILM & TV UNIT		1				X		103,671.		0.	8	8,0	30.
(22) SHANNON (KWANE) STEWART	40.00												
CHIEF VETERINARY OFFICER, NAWH		1				X		126,026.		0.	(5,0	52.
(23) MARK STUBIS	40.00	-						.,		_			-
CHIEF COMMUNICATIONS OFFICER		1				x		128,624.		0.	11	5.0	50.
		-										- / 0	
		1											
		<u> </u>				-				\rightarrow			
		1											
		⊢				-				\rightarrow			
		-											
								1 200 200		_ 			10
1b Sub-total								1,302,309.		0.	8:	<u>,4</u>	18.
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,302,309.		0.	8!	с,4	18.
2 Total number of individuals (including bu	t not limited to th	lose	liste	ed at	bov	e) wl	ho r	eceived more than \$100	,000 of reportable				
compensation from the organization													9
										-		Yes	No
3 Did the organization list any former offic	er, director, or tri	uste	e, ke	y en	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	or such individual				·			•			3		X
4 For any individual listed on line 1a, is the										··· •			
and related organizations greater than \$									···· ·· J -·····	- 1	4	Х	
5 Did any person listed on line 1a receive									dual for services	h			
rendered to the organization? If "Yes," c							Ciat	ed organization of many			5		x
Section B. Independent Contractors			0/ 30	JON	pers	3011							
· · · ·		-							¢100.000 of comm		-		
1 Complete this table for your five highest										ensa	ation tr	TOM	
the organization. Report compensation f	or the calendar y	ear	enai	ng w	vitn	or w	/itnir		year.				
(A) Name and busine	es addross	NT /	~ ***	7				(B) Description of s	onvicos	0	(C omper	r) Depatie	n
		11(ONE	2				Description of s			Juber	154110	
							T						
2 Total number of independent contractor	s (includina but r	not li	mite	d to	tho	se li	ster	above) who received m	ore than				
\$100,000 of compensation from the orga						0		,					
										1	Form S	990 ((2013)
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Form 990 (2013) AMERICA Part VIII Statement of Revenue

AMERICAN HUMANE ASSOCIATION

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		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	197,612.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		,				
Ū,G		Fundraising events		33,570.				
ifts ar A		Related organizations						
nila G		Government grants (contributi						
Sir		All other contributions, gifts, grant	· ·					
Jer	Т			7 704 234				
dt		similar amounts not included abov		7,704,234. 53,796.				
no D		Noncash contributions included in lines			7 025 416			
a O	h	Total. Add lines 1a-1f			7,935,416.			
	_			Business Code	1 225 604	1 225 604		
ice	2 a	SERVICE FEES		900099	1,335,604.			
Program Service Revenue	b			900099	500,000.			
n S 'en	c	CONFERENCES AND SEMINAL	RS	900099	84,510.	84,510.		
graı Rev	c	i						
ŗ	e							
<u>а</u>	f	All other program service reve	nue	900099				
	ç	Total. Add lines 2a-2f		🕨	1,920,114.			
	3	Investment income (including						
		other similar amounts)		🕨	67,736.			67,736.
	4	Income from investment of tax	x-exempt bond	proceeds 🕨				
	5	Royalties		🕨	1,277,899.			1,277,899.
			(i) Real	(ii) Personal				
	6 a	Gross rents	155,720	•				
	b	Less: rental expenses	0	•				
	c	Rental income or (loss)	155,720					
	c	I Net rental income or (loss)		►	155,720.			155,720.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	842,167					
	b	Less: cost or other basis						
		and sales expenses	790,192					
	c	Gain or (loss)	51,975	•				
		I Net gain or (loss)			51,975.			51,975.
Ð		Gross income from fundraising						
enue		including \$ 33	,570. of					
Other Reve		contributions reported on line						
r B		Part IV, line 18	e e	27,938.				
the	b	Less: direct expenses		80,644.				
0		Net income or (loss) from fund			-52,706.			-52,706.
		Gross income from gaming ac	•					
		Part IV, line 19						
	b	Less: direct expenses		1				
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold		1				
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	LIST RENTAL		900099	16,979.			16,979.
	b				,			, <u>,</u>
	0							†
	c							+
		• Total. Add lines 11a-11d			16,979.			
	12	Total revenue. See instructions.			11,373,133.	1,920,114.	0	. 1,517,603.
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		MANE ASSOCIA	TION	84-04	32950 Page 10
	t IX Statement of Functional Expens			and the seture (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must con			implete column (A).	X
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21	30,585.	30,585.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	40.000	40.000		
	United States. See Part IV, lines 15 and 16 \dots	40,933.	40,933.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	722 610	10E E10	201 100	05 001
	trustees, and key employees	722,618.	425,518.	201,109.	95,991
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	3,996,850.	3,142,640.	159,826.	694,384
7 8	Other salaries and wages Pension plan accruals and contributions (include	3,550,050.	5,142,040.	155,020.	074,504
0	section 401(k) and 403(b) employer contributions)	68,045.	53,964.	2,144.	11,937
9	Other employee benefits	425,264.	327,176.	25,376.	72,712
10	Payroll taxes	359,372.	269,926.	29,077.	60,369
11	Fees for services (non-employees):				,
	Management				
	Legal	14,473.	10,835.	1,223.	2,415
	Accounting	48,865.	36,581.	4,130.	2,415 8,154
	Lobbying		-		-
	Professional fundraising services. See Part IV, line 17	41,850.			41,850
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,751,755.	1,342,719.	151,603.	257,433
12	Advertising and promotion	185,651.	139,857.	3,474.	42,320
13	Office expenses	590,658.	325,550.	19,880.	245,228
14	Information technology	143,065.	107,101.	12,092.	23,872
15	Royalties				100 100
16	Occupancy	733,095.	574,472. 809,928.	58,450. 37,374.	100,173
17	Travel	937,785.	809,928.	57,574.	90,483
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	91,288.	81,655.	5,407.	4,226
22 23		67,647.	53,010.	5,393.	9,244
23 24	Other expenses. Itemize expenses not covered			575551	57211
-7	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 0.)				
а	TRADESHOWS AND EVENTS	511,263.	437,880.	2,345.	71,038
b	SUBCONTRACTORS	314,719.	314,719.	.,	_,
c	TAXES, LICENSES AND FEE	125,977.	46,521.	13,276.	66,180
d	BAD DEBT EXPENSES	104,773.	102,585.	1,720.	468
е	All other expenses	134,401.	100,092.	9,466.	24,843
	Total functional expanses Add lines 1 through 24s	11 110 932	8 77/ 2/7	7/3 365	1 923 320

11,440,932.

Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2013)

1,923,320.

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8,774,247.

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743,365.

	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,376,734.	15	5,873,727.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,876,261.	16	13,536,364.
	17	Accounts payable and accrued expenses	992,892.	17	1,423,805.
	18	Grants payable		18	
	19	Deferred revenue	340,094.	19	294,237.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	725,000.	23	0.
	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	1,231,641.	25	1,538,921.
	26	Total liabilities. Add lines 17 through 25	3,289,627.	26	3,256,963.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 and			
es		complete lines 27 through 29, and lines 33 and 34.			
ů.	27	Unrestricted net assets	551,740.	27	510,396.
Sala	28	Temporarily restricted net assets	2,992,289.	28	3,065,556.
Net Assets or Fund Balances	29	Permanently restricted net assets	6,042,605.	29	6,703,449.
Ъ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📖			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	9,586,634.	33	10,279,401.
	34	Total liabilities and net assets/fund balances	12,876,261.	34	13,536,364.
					Form 990 (2013)
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1,473,944.

1,211,443.

AMERICAN HUMANE ASSOCIATION

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

employees' beneficiary organizations (see instr). Complete Part II of Sch L

Notes and loans receivable, net

Inventories for sale or use

Prepaid expenses and deferred charges

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L

employers and sponsoring organizations of section 501(c)(9) voluntary

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10c

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12

13

(B)

End of year

511,749.

497,466.

477,344.

262,501.

2,953,323.

1,296,593.

1,663,661.

(A)

Beginning of year

1,505,554.

2,174,387.

2,543,445.

492,958.

313,578.

206,303.

263,302.

Part X | Balance Sheet

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D _____ 10a

b Less: accumulated depreciation _____ 10b

Form	990	(2013))
Der	τV		

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Assets

12

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AMERICAN	HUMANE	ASSOCIATION

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	990 (2013) AMERICAN HUMANE ASSOCIATION	84-0	432950	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,37		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,44		
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,58		
5	Net unrealized gains (losses) on investments	5	6	5,6	46.
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	69	3,9	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10,27	9,4	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			_
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	aan /	(2012)

Form **990** (2013)

SCHEDULE A	
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(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.

Open to Public . Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ĩ

			Information abc	but Schedule A (Form 990	or 990-EZ)	and its insi	ructions is	at www.irs				-	
Nar	ame of the organization Employer identification number												
				N HUMANE ASS						8	4 - 04	3295	0
Pa	nrt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	te this part	.) See inst	ructions.				
The	orgar	nization is not a	a private foundation	because it is: (For lines 1	I through ⁻	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization of	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 organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental un	it describ	oed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	or from the	e general	public c	lescribec	l in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	r trust described in s	ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	butions, m	nembersh	ip fees, a	nd gros	s receipt	s from
		activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2) no more	than 33 1	/3% of its	s support	t from gr	oss inve	stment
		income and ι	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after Ju	ne 30, 19	975.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	I).				
11		An organizati	on organized and op	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to car	ry out the	e purpos	es of one	e or
		more publicly	v supported organiza	ations described in section	on 509(a)(⁻	I) or section	on 509(a)(2	2). See sec	tion 509	(a)(3). Ch	eck the	box that	
		describes the	e type of supporting	organization and comple	ete lines 1 [.]	1e through	n 11h.						
		а 🗌 Туре I	ы р Ту	/pe II c 🗌 Ty	/pe III - Fui	nctionally	integrated	d	і 🗔 Тур	be III - No	n-functio	onally inte	egrated
e		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified	persons	s other th	nan
		foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	ations desc	cribed in s	ection 50	9(a)(1) or	section	509(a)(2).
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									
ç	I			organization accepted ar									
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and	(iii) below	,	Yes	s No
		the gove	erning body of the su	upported organization?							11	g(i)	
		(ii) A family	member of a persor	n described in (i) above?							11	g(ii)	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11ç	g(iii)	
h	I	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o			u notify the	(vi) Is organizati	s the	(vii) Am	ount of m	onetary
organization (described on lines 1-9 in con. (i) issee in your organization in con. (i) or					l (i) organiz	zed in the		support					
				above or IRC section (see instructions))	° °				ີ U.S				
					Yes	No	Yes	No	Yes	No			

Form 990 or 990-EZ.

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

13

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 AMERICAN HUMANE ASSOCIATION

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9982169.	10701254.	13888302.	9859669.	7957572.	52388966.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9982169.	10701254.	13888302.	9859669.	7957572.	52388966.
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)						11663810.
	Public support. Subtract line 5 from line 4.						40725156.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	9982169.	10701254.	13888302.	9859669.	7957572.	52388966.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	1151774.	648,435.	853,469.	1386933.	1501355.	5541966.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	350.					350.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	3,525.					3,525.
11	Total support. Add lines 7 through 10					1 44	57934807.
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,001,225.
13	First five years. If the Form 990 is for	-			•		
Sor	organization, check this box and stor ction C. Computation of Publ	here	rcontago				
				(6)		44	70.29 %
	Public support percentage for 2013 (14 15	70 45
	Public support percentage from 2012 33 1/3% support test - 2013. If the o						,,
108							
h	stop here. The organization qualifies33 1/3% support test - 2012. If the organization						
U	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the "fact meets the "facts-and-circumstances"			-	-	-	
h		•	•	. ,	•		
U	10% -facts-and-circumstances tes more, and if the organization meets the organization meets the statement of the organization meets the statement of the stat						
	organization meets the "facts-and-cire						´ ⊾□
18	Private foundation. If the organization						
			200, 01, 110, 10, 10	<u>, 100, 170, 01 176</u>		dule A (Form 990	

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						ļ
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			1	-	-	
Calendar year (or fiscal year beginning in) 🕨	• (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
		l first second thi	I fourth or fifth t			
14 First five years. If the Form 990 is for check this box and stop here	-			•		
check this box and stop here Section C. Computation of Pub						P L
15 Public support percentage for 2013			column (f))		15	%
16 Public support percentage for 2013					16	<u>%</u>
Section D. Computation of Inve						70
17 Investment income percentage for 2					17	%
18 Investment income percentage from						% %
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						
332023 09-25-13	UN UN NOL UNEUN A					
002020 00-20-10			15	30		0 01 000-LZJ 20 10

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IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instructions).

32024 09-25-13	16	Schedule A (Form 990 or 990-EZ)

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

NI	£ 11	
Name c	T The	organization
i tunic c		of guinzulion

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

8	4	_	0	4	3	2	9	5	C
~	-		v	_	-	~	~	-	~

Organization	type	check	one).
Organization	type	CHECK	one).

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

AMERICAN HUMANE ASSOCIATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

AMERICAN HUMANE ASSOCIATION

84-0432950 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Т 1 (-) (1.) . .

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$451,031.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>583,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>315,577.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$175,380.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$651,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$2 , 316 , 089 . Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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Employer identification number

(d)

Type of contribution

84-0432950

AMERICAN HUMANE ASSOCIATION

7 		\$621,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24-13	1	\$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

Employer identification number

84-0432950

AMERICAN HUMANE ASSOCIATION

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
453 10-24-13	3	\$ Schedule B (Form :	990, 990-EZ, or 990-PF) (20

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20

art III	AN HUMANE ASSOCIATION Exclusively religious, charitable, etc., ind vear. Complete columns (a) through (e) and	ividual contributions to section 501(c)(7) the following line entry. For organizations	84 - 0432950), (8), or (10) organizations that total more than \$1,000 fc completing Part III, enter
	the total of <i>exclusively</i> religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for the	e year. (Enter this information once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No.			
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			

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SCHEDULE C	D	olitical Campaign a	and Lobbyi	na Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)			-	•	_	2013
Department of the Treasury Internal Revenue Service	Complete	anizations Exempt From Income e if the organization is described rate instructions. ► Informatio instruction	d below. 🕨 Attach	to Form 990 or Form 9 C (Form 990 or 990-EZ)	90-EZ.	Open to Public Inspection
If the organization ansv	vered "Yes," to	Form 990, Part IV, line 3, or For			ign Activ	rities), then
		nplete Parts I-A and B. Do not com		ι - I	0	
 Section 501(c) (other 	than section 50	01(c)(3)) organizations: Complete I	Parts I-A and C below	v. Do not complete Part	: I-B.	
 Section 527 organiza 	tions: Complete	e Part I-A only.				
If the organization answ	vered "Yes," to	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ine 47 (Lobbying Activ	ities), the	en
		have filed Form 5768 (election und		•		
		have NOT filed Form 5768 (electio				-
-		Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Pro	xy Tax), f	then
 Section 501(c)(4), (5) Name of organization 	, or (6) organiza	tions: Complete Part III.		F	mplover	identification number
Nume of organization	AMERICA	N HUMANE ASSOCIAT	NOT	-		4-0432950
Part I-A Comple		anization is exempt unde		or is a section 52		
				·	<u> </u>	
1 Provide a description	n of the organiz	ation's direct and indirect politica	l campaign activities	in Part IV.		
•	•	·			▶\$	
		anization is exempt unde				
1 Enter the amount of	any excise tax	incurred by the organization unde	er section 4955		▶\$	
2 Enter the amount of	any excise tax	incurred by organization manager	s under section 4958	5	▶\$	
		n 4955 tax, did it file Form 4720 fo				
						└── Yes └── No
b If "Yes," describe in Part I-C Comple		anization is exempt unde	r section 501(c)	excent section 5	501(c)(3	
-		d by the filing organization for sect	. ,		► \$	
	•	ization's funds contributed to othe			» —	
	0 0		0		▶\$	
		. Add lines 1 and 2. Enter here an			· •	
				,	▶\$	
		1120-POL for this year?				Yes No
		nployer identification number (EIN				e filing organization
		tion listed, enter the amount paid				
	-	omptly and directly delivered to a			parate se	gregated fund or a
political action com	nittee (PAC). If	additional space is needed, provid	te information in Part	l		
(a) Name		(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's con r-0 r de	e) Amount of political tributions received and promptly and directly elivered to a separate political organization. If none, enter -0
For Paperwork Reduction	on Act Notice.	see the Instructions for Form 99	0 or 990-EZ.	Schedu	le C (For	m 990 or 990-EZ) 2013
LHA			· · · · · ·	2011044		

332041 11-08-13

821,567.

253,233.

1,232,351.

Schedule C (Form 990 or 990-EZ) 2013	AMERICAN HU	JMANE ASSOCI	ATION		432950 Page 2
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fi	led Form 5768	
A Check if the filing organization expenses, and shares and share	ation belongs to an aff are of excess lobbying	filiated group (and list ir expenditures). and "limited control" pro		d group member's nam	e, address, EIN,
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to inf	luence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditur	res			11,440,932.	
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		11,440,932.	
f Lobbying nontaxable amount. Ent	er the amount from th	ne following table in bot	h columns.	722,047.	
If the amount on line 1e, column (a)	or (b) is: The lol	obying nontaxable am	ount is:		
Not over \$500,000	20% of	f the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (e	nter 25% of line 1f) _			180,512.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than ze	ero on either line 1h oi	r line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?			L	Yes No
	zations that made a	eraging Period Under section 501(h) election ne instructions for line	n do not have to com		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	. 868,200.	696,020.	722,047.	3,286,267.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,929,401.
c Total lobbying expenditures	291,786	156,591.			448,377.

217,050.

9,861

250,000.

243,372.

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174,005.

180,512.

Schedule C (Form 990 or 990-EZ) 2013

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2013 AMERICAN HUMANE ASSOCIATION

84-0432950 Page 3

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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k))
of the	e lobbying activity.	Yes	No	Amo	ount
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: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				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?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," Ol	R (b) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2 b		
с	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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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	I-A, line 2; a	nd Part II-E	3, line 1.
Also,	complete this part for any additional information.				

332043 11-08-13

(Form 990)

Supplemental Financial Statements

 Complete if the organization answered "Yes," to 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/form9900

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN HUMANE ASSOCIATION

Employer identification number 84 - 0432950

OMB No. 1545-0047

Open to Public

Inspection

3

Pa	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's exc	-	
6	Did the organization inform all grantees, donors, and donor advi		
•	for charitable purposes and not for the benefit of the donor or de		
		····· · ···· · ···· · ···· · ····	
Pa			
1	Purpose(s) of conservation easements held by the organization		.,
•	Preservation of land for public use (e.g., recreation or educ	·	ally important land area
	Protection of natural habitat	Preservation of a certified	
	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
2	day of the tax year.		conscivation casement on the last
	day of the tax year.		Held at the End of the Tax Year
2	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic struct	ure included in (a)	
d			
u			2d
3	listed in the National Register		
3	year	sed, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to conservation easen	pont is located	
4 5			
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it has		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above s		
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
5	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		Signification's accounting for
Pa	t III Organizations Maintaining Collections of A	rt. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
12	If the organization elected, as permitted under SFAS 116 (ASC 9		and balance sheet works of art
iu	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		
h	If the organization elected, as permitted under SFAS 116 (ASC 9		balance sheet works of art historical
D D	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	ation, or research in furtherance of public s	service, provide the following amounts
			► ¢
2		uroa, or other similar assots for financial asi	
2	If the organization received or held works of art, historical treasults following amounts required to be reported under SEAS 116	· · · · · · · · · · · · · · · · · · ·	
-	the following amounts required to be reported under SFAS 116 Revenues included in Form 990, Rart VIII, line 1		¢
a b	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 🏴
ΙНΔ	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990	Schedule D (Form 990) 2013
33205 09-25-			

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		N HUMANE A				84-04			age 2
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Ot	ther Simil	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a significant	use of its	collectio	n item	S
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit o						-		٦
Der	to be sold to raise funds rather than to be ma						Yes		∐ No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	to Form 990), Part IV, I	line 9, or		
<u> </u>	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custod						٦.,		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			1			
							Amoun	[
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
T 00	Ending balance Did the organization include an amount on F					I	Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· └──	1 162]
_	t V Endowment Funds. Complete i							L	
		(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	vears	back
1 a	Beginning of year balance	822,709.	822,634.	908,169		772,069.	(0) 1 0 01	648,	
	Contributions	175,380.	1 -	,		, -		,	
	Net investment earnings, gains, and losses	52,514.	75.	-20,747	7.	136,100.		123,	708.
	Grants or scholarships	, -		,		, -		,	
	Other expenditures for facilities								
•	and programs			64,788	3.				
f	Administrative expenses			,					
	End of year balance	1,050,603.	822,709.	822,634	1. 9	908,169.		772,	069.
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a. column (a						
а	Board designated or guasi-endowment	,	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Permanent endowment > 90.18	%							
с	Temporarily restricted endowment	9.82 %							
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	or the organi	zation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations								
_4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o	• • •	• •	Accumulate		(d) Boo	k value	э
		basis (investn	nent) basis	(other)	depreciation	1			
1a	Land								
b	Buildings								
	Leasehold improvements			1,578.	98,0			3,50	
d	Equipment			5,486.	368,5			6,9	
	Other			6,880.	744,8	70.		2,0: 2,0:	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)				2,5	
						Schedule	D (Forn	1 990)	2013

09-25-13

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes (a) Description of security or category (including name of security)				h of yoor market yolyo
	()	(c) Method of Val	uation: Cost or end	d-of-year market value
) Financial derivatives				
2) Closely-held equity interests 3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	•			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of valu	uation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	•			
Part IX Other Assets.	ł			
Complete if the organization answered "Yes	" to Form 990, Part IV,	line 11d. See Form 990, Pa	art X, line 15.	
(a) Description			(b) Book value
(1) BENEFICIAL INTERESTS IN (CHARITABLE T	RUSTS		5,873,727
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) E-t-1 (Column (b) must equal Form 000, Port X, col. (P) (i	no 15)		>	5,873,727
otal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		▶	5,015,121
Complete if the organization answered "Yes	" to Form 990 Part IV	line 11e or 11f See Form 0	100 Part X line 25	
(a) Description of liability		(b) Book value	30, 1 art X, iirie 23	•
(1) Federal income taxes				
(2) OBLIGATIONS UNDER SPLIT-	INTEREST			
(3) AGREEMENTS		1,266,612.		
(4) DEFERRED LEASE INCENTIVE;	S	272,309.		
(5)	-	,		
(6)				
(7)				
(8)				
(9)				
Fotal. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.) ►	1,538,921.		
2. Liability for uncertain tax positions. In Part XIII, provid			ancial statements	that reports the
organization's liability for uncertain tax positions under				
				edule D (Form 990) 201

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Sche	edule D (Form 990) 201	13 AMERICAN	HUMANE	ASSOCIATIO	ON		84-	0432950	Page 4
Pa	rt XI Reconcilia	tion of Revenue pe	r Audited Fi	inancial Statem	ents With				
	Complete if th	e organization answered	"Yes" to Form §	990, Part IV, line 12a	ι.				
1	Total revenue, gains,	and other support per au	dited financial	statements			1	12,678	,789.
2	Amounts included or	n line 1 but not on Form 99	90, Part VIII, line	e 12:					
а	Net unrealized gains	on investments			. 2a	66,646.			
b		d use of facilities				464,446.			
с		ear grants							
d						774,564.			
е	Add lines 2a through	2d					2e	1,305	
3	Subtract line 2e from	ı line 1					3	11,373	,133.
4		n Form 990, Part VIII, line [.]							
а	Investment expenses	s not included on Form 99	0, Part VIII, line	97b	. 4a				
b	Other (Describe in Pa	art XIII.)			. 4b				
с	Add lines 4a and 4b						4c		0.
5	Total revenue. Add lir	nes 3 and 4c. (This must e	qual Form 990	, Part I, line 12.)			5	11,373	,133.
_									
Ра		tion of Expenses pe	er Audited F		nents Wit	h Expenses per	Retu	ırn.	
Pa	rt XII Reconcilia			Financial Stater		h Expenses per	Retu		
Pa 1	rt XII Reconcilia Complete if th	tion of Expenses pe	"Yes" to Form 9	Financial Stater 990, Part IV, line 12a	ι.		Retu	ırn. 11,986	,022.
	rt XII Reconcilia Complete if th Total expenses and I	tion of Expenses per ne organization answered	"Yes" to Form 9 al statements	Financial Stater 990, Part IV, line 12a	ι.				,022.
1	rt XII Reconcilia Complete if th Total expenses and I Amounts included or	tion of Expenses per ne organization answered osses per audited financia	"Yes" to Form s al statements 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:	. <u>.</u>				,022.
1 2	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and	tion of Expenses per e organization answered osses per audited financia n line 1 but not on Form 99 d use of facilities	"Yes" to Form 9 al statements 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:	 2a				,022.
1 2 a	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and Prior year adjustment	tion of Expenses per ne organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities	"Yes" to Form 9 al statements 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:	2a 2b	464,446.			,022.
1 2 a b	rt XII Reconcilia Complete if th Total expenses and la Amounts included or Donated services and Prior year adjustment Other losses	tion of Expenses per e organization answered osses per audited financia n line 1 but not on Form 99 d use of facilities	"Yes" to Form 9 al statements _ 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:	2a 2b 2c			11,986	
1 2 a b	rt XII Reconcilia Complete if th Total expenses and la Amounts included or Donated services and Prior year adjustment Other losses	tion of Expenses per ne organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities ts	"Yes" to Form 9 al statements 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:	2a 2b 2c 2d	464,446. 80,644.		<u>11,986</u> 545	,090.
1 2 a b	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and Prior year adjustmen Other losses Other (Describe in Pa Add lines 2a through	tion of Expenses per ne organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities ts art XIII.)	"Yes" to Form 9 al statements 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:		464,446. 80,644.	1	11,986	,090.
1 2 b c d e	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and Prior year adjustmen Other losses Other (Describe in Pa Add lines 2a through Subtract line 2e from	tion of Expenses per ne organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities ts	<u>"Yes" to Form 9</u> al statements 90, Part IX, line	Financial Stater 990, Part IV, line 12a 25:		464,446. 80,644.	1 2e	<u>11,986</u> 545	,090.
1 2 b c d 8 3	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and Prior year adjustmen Other losses Other (Describe in Pa Add lines 2a through Subtract line 2e from Amounts included or	Ation of Expenses per a organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities ts art XIII.) 2d i line 1	<u>"Yes" to Form 9</u> al statements _ 90, Part IX, line 5, but not on lin	Financial Stater 990, Part IV, line 12a 25: 		464,446. 80,644.	1 2e	<u>11,986</u> 545	,090.
1 2 b c d 3 4	rt XII Reconcilia Complete if th Total expenses and la Amounts included or Donated services and Prior year adjustment Other losses Other (Describe in Pa Add lines 2a through Subtract line 2e from Amounts included or Investment expenses	ation of Expenses per eorganization answered osses per audited financia n line 1 but not on Form 99 d use of facilities ts art XIII.) 2d n line 1 n Form 990, Part IX, line 25	Yes" to Form 9 al statements 90, Part IX, line 5, but not on lin 0, Part VIII, line	Financial Stater 290, Part IV, line 12a 25: 25: ne 1: 3 7b	. 2a 2b 2c 2d 2d	464,446. 80,644.	1 2e	<u>11,986</u> 545	,090.
1 2 b c d e 3 4 a b	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and Prior year adjustment Other losses Other (Describe in Pa Add lines 2a through Subtract line 2e from Amounts included or Investment expenses Other (Describe in Pa Add lines 4a and 4b	Ation of Expenses per an organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities ts art XIII.) 2d In line 1 In Form 990, Part IX, line 29 s not included on Form 99 art XIII.)	"Yes" to Form 9 al statements 20, Part IX, line 5, but not on lin 0, Part VIII, line	Financial Stater 290, Part IV, line 12a 25: De 1: 27b		464,446. 80,644.	1 2e	11,986 545 11,440	<u>,090.</u> ,932. 0.
1 2 3 4 5	rt XII Reconcilia Complete if th Total expenses and I Amounts included or Donated services and Prior year adjustment Other losses Other (Describe in Pa Add lines 2a through Subtract line 2e from Amounts included or Investment expenses Other (Describe in Pa Add lines 4a and 4b	Ation of Expenses per ne organization answered osses per audited financia in line 1 but not on Form 99 d use of facilities ts art XIII.) 2d n line 1 n Form 990, Part IX, line 29 s not included on Form 99 art XIII.) lines 3 and 4c. (This must	"Yes" to Form 9 al statements 20, Part IX, line 5, but not on lin 0, Part VIII, line	Financial Stater 290, Part IV, line 12a 25: De 1: 27b		464,446. 80,644.	1 2e 3	<u>11,986</u> 545	<u>,090.</u> ,932. 0.

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

PART V, LINE 4:

EXPLANATION: EARNINGS ON THE ASSOCIATION'S ENDOWMENT FUND NET ASSETS ARE

GENERALLY RESTRICTED BY DONORS FOR SUPPORT OF SPECIFIC ASSOCIATION

PROGRAMS. THE ASSOCIATION'S GOVERNING BOARD DETERMINES ANNUAL

APPROPRIATIONS FOR EXPENDITURE IN SUPPORT OF ITS PROGRAMS IN ACCORDANCE

WITH DONOR RESTRICTIONS.

PART X, LINE 2:

EXPLANATION: THE ASSOCIATION 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 332054 09-25-13

Schedule D (Form 990) 2013

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Part XIII Supplemental Information (continued)

SECTION 509(A) OF THE IRC. HOWEVER, INCOME NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ASSOCIATION HAD NO SIGNIFICANT TAXABLE INCOME OR INCOME TAX EXPENSE DURING THE CURRENT FISCAL YEAR.

THE ASSOCIATION BELIEVES IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX EXEMPT STATUS. THE ASSOCIATION'S TAX RETURNS FOR FISCAL YEARS 2010 THROUGH 2013 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS489,918.CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS15,132.DIRECT COSTS OF SPECIAL EVENTS80,644.DISTRIBUTIONS FROM PERPETUAL TRUSTS188,870.TOTAL TO SCHEDULE D, PART XI, LINE 2D774,564.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COSTS OF SPECIAL EVENTS

80,644.

Schedule D (Form 990) 2013

332055 09-25-13

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SC			Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
	rm 990)			the organizatio	n answered "Yes" on Form 990, Part	t IV, line 14b, 1		2013
	rtment of the Treasury al Revenue Service		Information ab		orm 990. See separate instruction (Form 990) and its instructions is at			Open to Public Inspection
	ne of the organization		Information ab	out Schedule I		WWW.Irs.gov/f		dentification number
	C C		1000071					
-	ERICAN HUI				tside the United States. Complete	oto if the organ	84-043	
			/, line 14b.			ete il the organ		
1	For grantmakers	s. Does	the organizatior		ds to substantiate the amount of its gr the selection criteria used to award the			X Yes No
2	-	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outside the
3	United States.	nion (T	he fellowing Dad	l line 2 table o	an be duplicated if additional space is	pooded)		
	(a) Region	<u>gion. (11</u>	(b) Number of offices in the region			(e) If acti is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	expenditures for and investments
				in region	TRAINING OF 5 CERTIFIED ANIMAL SAFETY REPS TO			in region
	OPE (INCLUDING				MONITOR THE USE OF ANIMALS			
ICE	LAND & GREENLA	ND)	0	6	IN MOVIES.	HUMANE HOLI	LYWOOD	27,533.
3 a	Sub-total		0	6				27,533.
	Total from contin sheets to Part I		0	0				0.
С	and 3b)		0	6				27,533.

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Schedule F (Form 990) 2013

332071 10-03-13 Schedule F (Form 990) 2013

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Schedule F (Form 990) 2013

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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)
			EAST ASIA AND THE PACIFIC	ASSIST ANIMALS DISPLACED BY TSUNAMI	17 500.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ASSIST ANIMALS DISPLACED BY TSUNAMI	22,933.	WIRE TRANSFER	0.		
2				recognized as charities by the n 501(c)(3) equivalency letter					2
3									0
								Cabadu	La E (Earma 000) 0010

AMERICAN HUMANE ASSOCIATION

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

(i) Method of

84-0432950

(g) Amount of

(h) Description

AMERICAN HUMANE ASSOCIATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Juilional space is neede						
(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)
		(b) Region (c) Number of recipients (b) Region		(a) Number of (d) Amount of (a) Mannor of	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of recipients cash grant cash disbursement non-cash	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of recipients cash grant cash disbursement non-cash non-cash assistance

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Page 3

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Schedule F (Form 990) 2013

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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	(Form 990) 2013		HUMANE	ASSOCIATION	
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.

PART I, LINE 2:

EXPLANATION: 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.

332075 10-03-13

SCHEDULE G	0	utel leferne etien. De neudine	.	-l		A		OM	B No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding e organization answered "Yes" to organization entered more than \$1 Attach to Form 990	Form 9 5,000) or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the		2013 en To Public bection
Name of the organization		about Schedule G (Form 990 or 990-EZ)	and its	s instru	ictions is at <u>www irs g</u>	ov/fo	<u>5777 990</u> Employer i	•	ication number
Nume of the organization		N HUMANE ASSOCIATI	ON				84-043		
Part I Fundrais required to		Complete if the organization answe		'es" to	Form 990, Part IV, I	ine 1			
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, F n highest paid ind	s f Solicita g Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees	Υ		No No
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (Amount paic or retained by fundraiser ted in col. (i)	A I (0	i) Amount paid (or retained by) organization
DONOR POINT MARKET			Yes	No					
HORNERS LANE, ROCK		FUNDRAISING COUNSEL		x	238,855.		36,75	0.	202,105.
PUBLIC INTEREST GR		TELEMARKETING		x	2,415.		5,10	0	-2,685.
or licensing.	CA, CO, CT,	on is registered or licensed to solicit FL,GA,HI,IL,KS,KY, TN,UT,VA,WA,WV,WI,	LA,	ME,	MD, MA, MI, M	N,1	MS, NH, N	n regis	M, NY, NC
TD	-,,-0,	· · · · · · · · · · · · · · · · · · ·	/	1	.,, ,	- ,-	-,,~	- , -	,

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Schedule G (Form 990 or 990-EZ) 2013

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Schedule G (Form 990 or 990-EZ) 2013 AMERICAN HUMANE ASSOCIATION

Pa	rt I	e i	•		· · ·						
		of fundraising event contributions and gro			• ·	ts greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through					
			(event type)	(event type)	(total number)	col. (c))					
nue					, ,						
Revenue	1	Gross receipts	61,508.			61,508.					
	2 Less: Contributions		33,570.			33,570.					
	3	Gross income (line 1 minus line 2)	27,938.			27,938.					
	4	Cash prizes									
se	5 Noncash prizes										
Direct Expenses	6	Rent/facility costs	3,000.			3,000.					
Direct E	7	Food and beverages	37,970.			37,970.					
	8	Entertainment	8,831.			8,831.					
	9	Other direct expenses	30,843.			30,843.					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	80,644.					
	11 Net income summary. Subtract line 10 from line 3, column (d) -52,706. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than										
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than						
	\$15,000 on Form 990-EZ, line 6a.										
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue											
۳	1	Gross revenue									
nses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direc	4	Rent/facility costs									
	5	Other direct expenses									
			Yes %	└── Yes %	Yes %						
	6 Volunteer labor No No No										
	7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)										
9	Ent	ter the state(s) in which the organization operat	tes gaming activities:								
а	ls t	he organization licensed to operate gaming ac	tivities in each of these	states?		Yes No					
b	lf "	No," explain:									
		ere any of the organization's gaming licenses re			/ear?	Yes No					
b	lf "	Yes," explain:									

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 AMERICAN HUMANE ASSOCIATION	84-04	32950	Page 3
	L	Yes	No
	L	Yes	└── No
			9
		3b	9
	in records.		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming r	revenue?	Yes	🗆 No
b If "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount		
c If "Yes," enter name and address of the third party:			
Name			
Address 🕨			
16 Gaming manager information:			
Name 🕨			
	-		
Address ▶ a Does the organization have a contract with a third party from whom the organization receives gaming revenue? a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶			
Description of services provided 🕨			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
		N	
retain the state gaming license?		Yes	
	ons or spent in the		
	and (v), and Part III, line:	s 9, 9b, 1	0b, 15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS	:	
(I) NAME OF FUNDRAISER: DONOR POINT MARKETING			
(I) ADDREGG OF FUNDDATGED, (AO N HODNEDG LANE DOGWIT		FO	
(I) ADDRESS OF FUNDRAISER: 649 N HORNERS LANE, ROCKVI	LLE, MD 208	50	
(I) NAME OF FUNDRAISER: PUBLIC INTEREST GROUP			
(I) ADDRESS OF FUNDRAISER:			
//UU LEESBURG PIKE, SUITE 301, FALLS CHURCH, VA 2204	3		
332083 09-12-13	Schedule G (Form 9	90 or 990)-EZ) 201:
		י/ 11 ק	78 1
STATE (TATE (TATE OF STATE (TATE OF STATE OF STA	, APPOCIATION	N / I H	, <u> </u>

SCHEDULE I		Ģ	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		2013
Department of the Treasury Internal Revenue Service		-	ion about Schedule I	Attach to For	m 990.		20	Open to Public Inspection
Name of the organizatio			SOCIATION	<u>, , , , , , , , , , , , , , , , , , , </u>				Employer identification number $84 - 0432950$
Part I General Inf	ormation on Grants a	and Assistance						
criteria used to av	tion maintain records vard the grants or assi / the organization's pro	stance?					sistance, and the selec	ction X Yes No
Part II Grants and	Other Assistance to	Governments an	d Organizations in th	e United States. C	complete if the org	anization answered "`	Yes" to Form 990, Part	t IV, line 21, for any
recipient that	at received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.	(f) Mothod of	1	
	Iress of organization ernment	(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
HAND IN PAWS 1912 14TH AVENUE S	оптин							HERO DOG AWARDS CHARITY
BIRMINGHAM, AL 352		63-1190375	501(C)(3)	6,500.	0.			PARTNER GENERAL SUPPORT
2 Enter total numbe	r of section 501(c)(3) a	and government or	ganizations listed in th	he line 1 table				▶ 1.
	r of other organization							• 0.
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

AMERICAN HUMANE ASSOCIATION

Page 2

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

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

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

PART I, LINE 2:

EXPLANATION: 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.

(Fo	HEDULE J Compensation Information rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees tment of the Treasury al Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Information about Schedule J (Form 990) and its instructions is at www irs gov/form90.	20 Open	OMB No. 1545-0047 2013 Open to Public Inspection				
_		nployer identificat	ion nu	mber			
	AMERICAN HUMANE ASSOCIATION	84-04329					
Pa	rt I Questions Regarding Compensation		-				
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal resider Tax indemnification and gross-up payments Discretionary spending account Payments (e.g., maid, chauffeur, chef)	use ence					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee	to					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a related organization:	10		х			
a b	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X			
	Participate in, or receive payment from, an equity-based compensation arrangement?			X			
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	5-		X			
a ⊾	The organization?	5a 5b		X			
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
-	contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		X			
	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments						
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v			
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 000	0012			
гца	TO FAPE WOR REQUCTION ACTIVATE, SEE THE INSTACTIONS FOR FORM 390.	Schedule J (FO	111 390	12013			

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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 in 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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denetits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) ROBIN R. GANZERT, PHD	(i)	269,612.	0.	15,300.	2,937.	11,244.	299,093.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) CLIFFORD J. ROSE	(i)	151,637.	Ο.	8,376.	1,920.	10,994.	172,927.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	Ο.	Ο.	0.	0.		0.
(3) STEPHEN T. KAMINSKI	(i)	168,987.	Ο.	16,488.	3,779.	0.		0.
SVP & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.		0.
(4) AUDREY LANG	(i)	137,888.	0.	2,970.	0.	10,994.	151,852.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.		0.
(5) PAUL RAYBOULD	(i)	157,226.	0.	15,504.	3,553.	10,865.	187,148.	0.
CHIEF INOVATION OFFICER	(ii)	0.	Ο.	Ο.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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84-0432950

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

EXPLANATION: PAUL RAYBOULD, CHIEF INNOVATIONS OFFICER, WAS PROVIDED A

HOUSING ALLOWANCE OF \$2,000 PER MONTH NET OF TAXES, WHEN HE RELOCATED TO

LOS ANGELES FROM THE DENVER AREA AT SHORT NOTICE TO ACCOMMODATE AN URGENT

ASSOCIATION NEED WITHIN THE NAWH PROGRAM. THE HOUSING ALLOWANCE ENDED ON

JUNE 30, 2014.

SCHEDULE L	
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(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. ▶ See separate instructions.

Open To Public . spection

\$ \$ OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Internal Revenue Service	Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fe	m 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			
Name of the organization	n	Employer	identification number		
	AMERICAN HUMANE ASSOCIATION	84-04	32950		

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

1 (a) Name of diamonalities areas	(b) Relationship between disqualified	(a) Description of transaction	(d) Corrected		
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No	
2 Enter the amount of tax incurred b	y the organization managers or disqualified	ed persons during the year under			
agation 4059		► ¢			

	section 4958	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	

Loans to and/or From Interested Persons. Part II

> 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	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten nent?
		То	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

			i	
(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

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 AMERICAN HUMANE ASSOCIATION Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
WILLIAM ABBOTT	BOARD MEMBER	500,000.	WILLIAM ABE	3	X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM ABBOTT

(D) DESCRIPTION OF TRANSACTION: 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.

Schedule L (Form 990 or 990-EZ) 2013

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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public
Inspection

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Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

Employer identification number 84-0432950

Ζ

	AMERICAN HUMANE ASSOCIATION					84-	84-0432950		
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on	Method of noncash contr		-	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
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 ► (SUPPLIES FOR)	Х	1	34,	000.	ESTIMATED	FAIR	. VA	LUE
26	Other (DOG TAGS)	Х	1			ESTIMATED			
27	Other (COMPUTER TABL)	Х	1			ESTIMATED			
28	Other ► ()								
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	ontributions		•			
	for which the organization completed Form 82				29				
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, lin	nes 1 - 28,	that it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exer	npt purposes for			
	the entire holding period?						. 30a		Х
b	If "Yes," describe the arrangement in Part II.								
31						. 31	X		
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32 a		X
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colur	mn (a) is cl	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule	M (Form	990) (2013)

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Schedule M (Form 990) (2013) AMERICAN HUMANE ASSOCIATION	
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ti	his part for any a	Juitional informat	.ion.			er the organization both. Also complete
32142 09-03-13					Sched	ule M (Form 990)
				46		

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	2013			
Department of the Treasury Internal Revenue Service	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	Open to Public Inspection			
Name of the organizatio		Employer	identification number 432950			
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:				
TO ENSURE TH	E WELFARE, WELLNESS AND WELL-BEING OF CHILDRE	N AND	ANIMALS,			
AND TO UNLEA	SH THE FULL POTENTIAL OF THE BOND BETWEEN HUM	ANS AN	D			
ANIMALS TO THE MUTUAL BENEFIT OF BOTH. OUR GOAL IS TO MEASURABLY,						
DEMONSTRABLY	AND SIGNIFICANTLY INCREASE THE NUMBER OF CHI	LDREN	AND			
ANIMALS WHO	ARE PROTECTED FROM HARM - AND THE NUMBER OF H	UMANS	AND			
ANIMALS WHOSE LIVES ARE ENRICHED - THROUGH DIRECT ACTION, THOUGHT						
LEADERSHIP, POLICY INNOVATION, AND EXPANSION OF PROVEN, EFFECTIVE						
PROGRAMS.						

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO ENSURE THE WELFARE, WELLNESS AND WELL-BEING OF CHILDREN AND ANIMALS, AND TO UNLEASH THE FULL POTENTIAL OF THE BOND BETWEEN HUMANS AND ANIMALS TO THE MUTUAL BENEFIT OF BOTH. OUR GOAL IS TO MEASURABLY, DEMONSTRABLY AND SIGNIFICANTLY INCREASE THE NUMBER OF CHILDREN AND ANIMALS WHO ARE PROTECTED FROM HARM - AND THE NUMBER OF HUMANS AND ANIMALS WHOSE LIVES ARE ENRICHED - THROUGH DIRECT ACTION, THOUGHT LEADERSHIP, POLICY INNOVATION, AND EXPANSION OF PROVEN, EFFECTIVE PROGRAMS.

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

PROGRAM FUNDAMENTALLY:

- PROTECTS ANIMALS USED IN FILM, TELEVISION AND COMMERCIAL PRODUCTION,

NO MATTER WHERE FILMING OCCURS, DURING THE PRODUCTION AND ON SET.

- SUPPORTS COMPLIANT PRODUCTIONS WITH RESPECT TO ANY IMPROPER

ALLEGATIONS OF ANIMAL MISTREATMENT OR ABUSE, THROUGHOUT THE LIFE OF THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2013)

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 09-04-13

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Name of the organization

AMERICAN HUMANE ASSOCIATION

Page 2

PROJECT WITHIN OUR SCOPE 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 ASSOCIATION'S GUIDELINES FOR THE SAFE USE OF ANIMALS IN FILMED MEDIA WITH SPECIALLY TRAINED CERTIFIED ANIMAL SAFETY **REPRESENTATIVES.**

THE PROGRAM COVERAGE IS SIGNIFICANT FOR INTENSE ANIMAL ACTION SEEN IN FILMED MEDIA. THE NO ANIMALS WERE HARMED CERTIFIED ANIMAL SAFETY REPRESENTATIVES MONITORED 78.3% OF ALL INTENSE ANIMAL ACTION REPRESENTING 1,343 PRODUCTION DAYS FOR US BASED SAG-AFTRA PRODUCTIONS. THE CERTIFIED ANIMAL SAFETY REPRESENTATIVES MONITORED 46.85% OF ANIMAL ACTION FOR A TOTAL OF 4,610 PRODUCTION DAYS FOR US BASED SAG-AFTRA PRODUCTIONS. THE PROGRAM ISSUED 614 RATINGS AND AWARDED 475 "NO ANIMALS WERE HARMED" END-CREDIT CERTIFICATIONS.

IN JANUARY 2014, WITH THE SUPPORT OF INDUSTRY LEADERS, THE NO ANIMALS WERE HARMED PROGRAM IMPLEMENTED A FEE-FOR-SERVICE BUSINESS MODEL, IN ORDER TO CLOSE THE GAP BETWEEN THE COST OF RUNNING OUR PROGRAM AND OUR GRANT AWARDS FROM INDUSTRY ADVANCEMENT AND COOPERATIVE FUND - SAG AND INDUSTRY COOPERATIVE FUND - AFTRA. THE PRODUCTION COMMUNITY HAS EMBRACED OUR NEW FEES DEMONSTRATING THE VALUE THEY PLACE ON OUR WORK AND MISSION TO PROTECT ANIMAL ACTORS.

THROUGHOUT THE YEAR, WE BEGAN PREPARING FOR THE DIAMOND JUBILEE - OUR

75 YEAR LEGACY OF THE NO ANIMALS WERE HARMED PROGRAM - WITH THE

COMPLETION OF A BOOK, ANIMAL STARS: BEHIND THE SCENES WITH YOUR 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 48

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Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization AMERICAN HUMANE ASSO	OCIATION	Employer identification number $84 - 0432950$
FAVORITE ANIMAL ACTORS, FEATURING	TALES OF HOLLYWOOD'S LE	GENDARY ANIMAL
ACTORS, CO-AUTHORED BY OUR CEO ANI	O PRESIDENT, ROBIN GANZE	RT, TO BE
PUBLISHED BY NEW WORLD LIBRARY. TH	HE LAUNCH OF THE BOOK WI	LL COINCIDE
WITH THE FOURTH ANNUAL AMERICAN HU	JMANE ASSOCIATION HERO D	OG AWARDS IN
THE FALL OF 2014.		

HUMANE HOLLYWOOD EDUCATED MILLIONS WITH THE AMERICAN HUMANE ASSOCIATION HERO DOG AWARDS, A PROGRAM INITIATIVE DESIGNED TO INSPIRE AND ENTERTAIN 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 THIRD ANNUAL AMERICAN HUMANE ASSOCIATION HERO DOG AWARDS FEATURING JOEY LAWRENCE, BETTY WHITE, JENNIFER COOLIDGE AND MANY MORE WAS PRESENTED ON THE HALLMARK CHANNEL, WITH THEIR 87.5 MILLION SUBSCRIBERS. MORE THAN 3 MILLION VOTES WERE CAST BY THE PUBLIC COAST-TO-COAST TO DETERMINE THE TOP AMERICAN HERO DOG OF THE YEAR -THERAPY DOG AND PIT BULL ELLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MILLION FARM ANIMALS IN 2012 TO CERTIFYING NEARLY ONE BILLION FARM ANIMALS AT THE CLOSE OF THE FISCAL YEAR. IN FACT, THIS PROGRAM HAS GROWN 900% OVER THE PAST THREE YEARS IN TERMS OF NUMBER OF ANIMALS IMPACTED THROUGH THE FARM ANIMAL WELFARE PROGRAM. THIS LANDMARK IS SIGNIFICANT SINCE AMERICAN HUMANE ASSOCIATION NOW CERTIFIES THE HUMANE TREATMENT OF NEARLY 10% OF THE ANIMALS IN U.S. FOOD PRODUCTION. THE HUMANE CERTIFICATION AND AUDIT STANDARDS ARE DEFINED BY AN INTERNATIONAL GROUP OF SCIENTIFIC EXPERTS, AND THE AUDITS ARE CONDUCTED THROUGH AN INDEPENDENT THIRD PARTY ISO 9000 CERTIFIED ANIMAL WELFARE AUDITING SERVICE ON OVER 8,100 FARMS AND RANCHES THROUGHOUT THE UNITED 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 49 10451211 712177 71478 2013.04030 AMERICAN HUMANE ASSOCIATION 71478_1

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
STATES. THE AMERICAN HUMANE CERTIFIED SEAL IS NOW FOUND C	ON MANY
PRODUCTS IN GROCERY STORES, TO INCLUDE DAIRY, CHICKEN, TU	JRKEY, EGGS,
CHEESE AND PASTRY PRODUCTS. AN OUTREACH INITIATIVE WITH C	CHEFS PROVIDES
AN ONLINE "HUMANE TABLE" FEATURING RECIPES USING HUMANELY	RAISED
PRODUCTS.	
AMERICAN HUMANE ASSOCIATION DEVELOPED A THIRD GRADE SCHOO	L CURRICULUM
ON RAISING FARM ANIMALS HUMANELY, WHICH IS AVAILABLE IN C	OUR HUMANE
EDUCATION INITIATIVES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	ENTS:
MOORE, OK FOLLOWING THE TORNADO OUTBREAK IN MAY 2013. AME	RICAN HUMANE
ASSOCIATION'S RED STAR TEAM MANAGED THE TEMPORARY ANIMAL	SHELTER WHICH
HOUSED OVER 200 DISPLACED ANIMALS FOR MORE THAN 30 DAYS,	CONDUCTED
RESCUE MISSIONS IN THE FIELD, AND CONCLUDED THEIR RESPONS	E BY HOLDING A
COMMUNITY ADOPT-A-THON WHERE ANIMALS WHO WEREN'T RECLAIME	D WERE PLACED
IN NEW HOMES. IN 2014, THE RED STAR TEAM WAS ALSO RECOGNI	ZED FOR THEIR
WORK IN MOORE, OK BY THE NATIONAL ASSOCIATION FOR SEARCH	AND RESCUE
(NASAR) - AN ASSOCIATION OF HUMAN EMERGENCY RESCUERS.	
EMERGENCY FIELD RESPONSES DURING FY2014 INCLUDED RESPONDI	ING TWICE TO
ASSIST WITH THE CARE OF HUNDREDS OF DOGS FOLLOWING A LARG	E DOG-FIGHTING
RAID IN THE SOUTHEAST UNITED STATES; FIELD RESCUE MISSION	IS IN COLORADO
IN RESPONSE TO HISTORIC FLOODING IN BOULDER COUNTY IN SEE	PTEMBER OF
2013; DEPLOYED TO NEW JERSEY AFTER THE FIRST OF THE YEAR	TO PROVIDE
ASSISTANCE TO NEARLY 200 ANIMALS IN WHAT REMAINS AN ONGOI	ING CASE
INVOLVING AN ANIMAL SHELTER; DEPLOYED TWICE TO THE PINE F	RIDGE INDIAN
RESERVATION TO ASSIST WITH RELOCATION EFFORTS OF ADOPTABI	
RESPONDED TO FAYETTE COUNTY, TN TO RESCUE, CARE FOR AND S	
HORSES AND A MULE IN A CASE OF HORRENDOUS ALLEGED ANIMAL	
220010	dule O (Form 990 or 990-EZ) (2013
451211 712177 71478 2013.04030 AMERICAN HUMANE AS	SOCIATION 714781

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization AMERICAN HUMANE ASSOCIATION	Employer identification number $84-0432950$
OF THE ANIMALS WERE IN SUCH CRITICAL CONDITION THAT THEY	REQUIRED IV
FLUIDS, BLOOD TRANSFUSIONS AND OXYGEN THERAPY. THE TEAM P	ROVIDED THE
ANIMALS IN THE FAYETTE COUNTY, TN CASE WITH ROUND-THE-CLO	CK CARE FOR
ABOUT TWO WEEKS. OTHER EMERGENCY FIELD RESPONSES IN FY201	4 INCLUDED
DEPLOYING TO ARKANSAS AFTER THE TORNADOES IN LATE APRIL,	2014, AND
AGAIN TO ASSIST WITH AN ALLEGED CAT HOARDER INVESTIGATION	IN
PENNSYLVANIA.	

A NEW RED STAR ANIMAL EMERGENCY SERVICE DISASTER RESPONSE VEHICLE WAS BUILT FOR THE NORTHEAST, AND WAS PRESENTED TO THE REGION IN AN EVENT FEATURING THE RINGING OF THE CLOSING BELL AT THE NEW YORK STOCK EXCHANGE ON DECEMBER 27, 2013. THE RED STAR TEAM MAINTAINS A FLEET OF DISASTER RESPONSE VEHICLES AND BOATS, TO INCLUDE AN 82 FOOT TRACTOR TRAILER AND RIG THAT SERVES AS A MOBILE COMMAND UNIT AND VETERINARY MEDICAL AND TRIAGE UNIT. IN 2014, THE NEW NORTHEAST RESCUE UNIT WENT ON A DISASTER PREPAREDNESS TOUR AS A PART OF OUR PARTNERSHIP WITH BANFIELD PET HOSPITALS. EVENTS WERE HELD IN NEW JERSEY, PENNSYLVANIA AND VIRGINIA.

IN THE PAST YEAR, AMERICAN HUMANE ASSOCIATION'S SECOND CHANCE FUND PROVIDED MEDICAL AND EMERGENCY FUND GRANTS TO LOCAL SHELTERS AND RESCUE GROUPS. THE FUKUSHIMA HUMANE INTERVENTION GRANT TOTALING \$40,400 IN FY2014 PROVIDED FUNDING TO SUPPORT THE HUNDREDS OF DISPLACED ANIMALS STILL IN TEMPORARY SHELTERS IN FUKUSHIMA, JAPAN FOLLOWING THE DEVASTATING NUCLEAR INCIDENT.

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

HUMANE RESEARCH AND THERAPY: AMERICAN HUMANE ASSOCIATION'S FOUNDATION332212
09-04-13Schedule O (Form 990 or 990-EZ) (2013)515110451211 712177 714782013.04030 AMERICAN HUMANE ASSOCIATION 71478_1

 Name of the organization
 Employer identification number 84-0432950

 IS IN PROVIDING EVIDENCE-BASED SOLUTIONS FOR THE HUMANE MOVEMENT FOR

 THE BENEFIT OF CHILDREN AND ANIMALS, WHILE PROMOTING THE POWER OF THE

 HUMAN-ANIMAL BOND. ANCHORED BY TWO RESEARCH INSTITUTES - THE ANIMAL

 WELFARE RESEARCH INSTITUTE AND THE CHILDREN'S INNOVATION INSTITUTE

 HUMANE RESEARCH AND THERAPY BRING PARTICIPATORY, PREVENTIVE SCIENCE TO

 OUR COMMUNITIES WITH ROBUST HUMANE SOLUTIONS IMPACTING OUR MOST

 VULNERABLE IN SOCIETY. AMERICAN HUMANE ASSOCIATION HAS BEEN DRIVEN BY

 SCIENCE-BASED RESEARCH AND OUTCOMES FOR OVER A CENTURY, AND CONTINUES

 THIS EFFORT IN MODERN TIMES THROUGH INNOVATIVE RESEARCH STUDIES.

THE PILOT AND CLINICAL TRIAL PHASES OF THE "CANINES AND CHILDHOOD CANCER" NATIONAL RESEARCH STUDY EXAMINING AND DOCUMENTING THE EFFICACY OF ANIMAL-ASSISTED THERAPY ON CHILDREN WITH CANCER WERE COMPLETED. THE STUDY WAS PRESENTED IN A CONGRESSIONAL BRIEFING ON CAPITOL HILL ON MAY 8, 2014 WITH WORLDWIDE NEWS REPORTING ON THE INNOVATIVE RESEARCH INITIATIVE.

THE "CANINES AND CHILDHOOD CANCER" STUDY, LAUNCHED BY AMERICAN HUMANE ASSOCIATION IN PARTNERSHIP WITH ZOETIS, IS WORKING IN COLLABORATION WITH CHILDREN'S HOSPITALS ACROSS THE COUNTRY TO INVESTIGATE THE IMPACTS OF ANIMAL-ASSISTED THERAPY ON PEDIATRIC ONCOLOGY PATIENTS, THEIR PARENTS, AND THE THERAPY DOGS WHO VISIT THEM. THE CANINES AND CHILDHOOD CANCER STUDY IS A RANDOMIZED, CONTROLLED TRIAL THAT WILL EXAMINE SPECIFIC HEALTH EFFECTS THAT ANIMAL-ASSISTED THERAPY HAVE ON YOUNG CANCER PATIENTS AND THEIR FAMILIES. THE THERAPEUTIC BENEFITS OF ANIMAL-ASSISTED THERAPY FOR CANCER PATIENTS HAVE BEEN SHARED ANECDOTALLY BY DOCTORS, PATIENTS, CAREGIVERS AND ANIMAL HANDLERS FOR YEAR, AND THIS RESEARCH SEEKS TO QUANTIFY THE BENEFITS THE "CANINES AND CHILDHOOD CANCER" RESEARCH TEAM WAS INVITED TO PRESENT B302123 Schedule O (Form 990 or 990-EZ) (2013) 52

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Name of the organization

Employer identification number 84-0432950

THIS INNOVATIVE STUDY AT THE FOLLOWING SCIENTIFIC CONFERENCES: THE

AMERICAN HUMANE ASSOCIATION

INTERNATIONAL ASSOCIATION OF HUMAN-ANIMAL INTERACTION ORGANIZATIONS

(IAHAIO) IN JULY 2013; THE INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY

(ISAZ) IN JULY 2013; THE ASSOCIATION OF PEDIATRIC HEMATOLOGY/ONCOLOGY

NURSES (APHON) IN SEPTEMBER 2013; THE COLORADO VETERINARY MEDICAL

ASSOCIATION (CVMA) IN SEPTEMBER 2013; THE AMERICAN ACADEMY OF

PEDIATRICS (AAP) IN OCTOBER 2013; THE AMERICAN ANIMAL HOSPITAL

ASSOCIATION (AAHA) IN MARCH 2014; AND THE AMERICAN SOCIETY OF PEDIATRIC

HEMATOLOGY/ONCOLOGY (ASPHO) IN MAY 2014.

OUR RED STAR ANIMAL ASSISTED THERAPY TEAMS ARE ON THE GROUND YEAR-ROUND PROVIDING LIFE-HEALING COMFORT FOR CHILDREN WITH CANCER, COMMUNITIES STRUCK BY SEVERE WEATHER, AND MILITARY FAMILIES IMPACTED BY SERVICE. IN THE PAST YEAR, RED STAR ANIMAL ASSISTED THERAPY DEPLOYED 62 ANIMAL ASSISTED THERAPY TEAMS TO 15 SUMMER CAMPS AND MILITARY FAMILY RETREATS, IMPACTING 1,100 CHILDREN OF OUR NATION'S MILITARY IN PARTNERSHIP WITH THE NATIONAL MILITARY FAMILIES ASSOCIATION'S OPERATION PURPLE.

IN ADDITION, AMERICAN HUMANE ASSOCIATION LAUNCHED A PARTNERSHIP WITH THE WEATHER CHANNEL TO INTRODUCE "BUTLER" THE WEATHER CHANNEL THERAPY DOG WHO WITH HIS AHA HANDLER, WILL VISIT COMMUNITIES NATIONWIDE THAT HAVE BEEN IMPACTED BY SEVERE WEATHER. IN THE SPRING OF 2014, WE SERVED THE COMMUNITIES OF MOORE, OK; VILONIA, AR; AND PILGER, NE AFTER THEY WERE DEVASTATED BY TORNADOS.

AMERICAN HUMANE ASSOCIATION'S HUMANE SCHOLARS PROGRAM PROVIDED RESEARCH STIPENDS FOR FIVE STUDENT SCIENTISTS TO CONDUCT MEANINGFUL RESEARCH TO IMPROVE ANIMAL WELFARE AROUND THE WORLD. THIS PROGRAM HAS GROWN FROM 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization AMERICAN HUMANE ASSOCIATION	Employer identification number $84-0432950$
PROVIDING STIPENDS TO JUST FOUR STUDENTS IN THE PROGRAM'S	FIRST YEAR IN
2011 TO 39 GRADUATE-LEVEL STUDENTS IN THE THREE YEARS SIN	CE THEN.
AMERICAN HUMANE ASSOCIATION HOSTED A CONFERENCE ON "HUMAN	-ANIMAL BOND
THROUGH TECHNOLOGY" CONVENING TOP THOUGHT LEADERS FROM IN	DUSTRY AND
ACADEMIA ON THE ADVANCEMENTS THROUGH TECHNOLOGY FOR THE B	ENEFIT OF
HUMANE RESEARCH MODELS.	
WITH THE START OF OUR MILITARY DOGS REUNIFICATION PROGRAM	, AND IN JUST
FOUR MONTHS, AMERICAN HUMANE ASSOCIATION HAS FACILITATED	THE TRANSPORT
OF 14 RETIRING MILITARY WORKING DOGS AND REUNITED THEM WI	TH THEIR
FORMER HANDLERS. IT IS ESTIMATED THAT EACH MILITARY WORKT	NG DOG SAVES

THEIR SELFLESS SERVICE TO OUR NATION IS COMPLETED.

EXPENSES \$ 928,498. INCLUDING GRANTS OF \$ 0. REVENUE \$ 18,142.

WEAPONS CACHES. THROUGH OUR PARTNERSHIP WITH MISSION K9 RESCUE, WE

ENSURE THE SAFE RETURN OF MILITARY AND CONTRACT WORKING DOGS AFTER

THE LIVES OF BETWEEN 150-200 SOLDIERS THROUGH THE DETECTION OF IEDS AND

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

EXPLANATION: 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.

FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: 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 322212 09-04-13 54 10451211 712177 71478 2013.04030 AMERICAN HUMANE ASSOCIATION 71478_1

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization AMERICAN HUMANE ASSOCIATION	Employer identification number 84-0432950
POWERS OF THE ASSOCIATION. EACH "RESPONSIBLE PERSON" SHA	LL, 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 A	ND UNDERSTANDS THE
POLICY AND 3) HAS AGREED TO COMPLY WITH THE POLICY. IN AD	DITION, EACH
"RESPONSIBLE PERSON" SHALL, UPON ELECTION OR APPOINTMENT	AND ANNUALLY
THEREAFTER, COMPLETE A DISCLOSURE FORM IDENTIFYING ANY IN	TERESTS, POSITIONS
OR RELATIONSHIPS THAT HE OR SHE BELIEVES COULD CONTRIBUTE	TO A CONFLICT OF
INTEREST. DISCLOSURE FORMS SHALL BE SUBMITIED TO THE BOA	RD OF DIRECTORS
FOR REVIEW AND EVALUATION. IF A CONFLICT OF INTEREST ARI	SES WITH RESPECT
TO A PARTICULAR MATTER TO BE ACTED UPON BY THE ASSOCIATIO	N, 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 T	AKING ACTION AND
2) ALTHOUGH THE "RESPONSIBLE PERSON" MAY MAKE A PRESENTAT	ION 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 MAT	TER IF 1) THE
MATERIAL FACTS AS TO THE "RESPONSIBLE PERSON'S" OR RELATE	D PARTY'S
INTEREST, POSITION OR RELATIONSHIP GIVING RISE TO THE CON	FLICT OF INTEREST,
AND AS TO THE MATTER, ARE DISCLOSED OR ARE KNOWN TO THE B	OARD OF DIRECTORS
OR ANY BOARD COMMITTEE DELEGATED AUTHORITY OVER THE MATTE	R 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 TH	E DISINTERESTED
DIRECTORS OR COMMITTEE MEMBERS AT A MEETING AT WHICH A QU	ORUM IS PRESENT,
EVEN THOUGH THE DISINTERESTED DIRECTORS OR COMMITTEE MEMB	ERS ARE LESS THAN
A QUORUM.	
09-04-13 Scher 55	dule O (Form 990 or 990-EZ) (2013)
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Name of the organization

AMERICAN HUMANE ASSOCIATION

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

EXPLANATION: THE BOARD OF DIRECTORS DELEGATES COMPENSATION DETERMINATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,IN,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,LA

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

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Schedule O (Form 990 or 990-EZ) (2013) Name of the organization AMERICAN HUMANE ASSOCIATION	Page 2 Employer identification number 84-0432950
FORM 990, PART IX, LINE 11G, OTHER FEES:	04-0452550
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	287,910.
MANAGEMENT AND GENERAL EXPENSES	32,507.
FUNDRAISING EXPENSES	64,173.
TOTAL EXPENSES	384,590.
CONSULTANTS TRAVEL:	
PROGRAM SERVICE EXPENSES	40,501.
MANAGEMENT AND GENERAL EXPENSES	4,573.
FUNDRAISING EXPENSES	9,027.
TOTAL EXPENSES	54,101.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	826,377.
MANAGEMENT AND GENERAL EXPENSES	93,304.
FUNDRAISING EXPENSES	184,193.
TOTAL EXPENSES	1,103,874.
OTHER CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	187,931.
MANAGEMENT AND GENERAL EXPENSES	21,219.
FUNDRAISING EXPENSES	40.
TOTAL EXPENSES	209,190.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,751,755.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUS	IS 489,918.

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Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization AMERICAN HUMANE ASSOCIATION	Page 2 Employer identification number 84-0432950
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	15,132.
DISTRIBUTIONS FROM PERPETUAL TRUSTS	188,870.
TOTAL TO FORM 990, PART XI, LINE 9	693,920.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
332212 09-04-13 Schee	dule O (Form 990 or 990-EZ) (2013)
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SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.
 See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number

84-0432950

OMB No. 1545-0047

2013

AMERICAN HUMANE ASSOCIATION

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	(f) Direct controlling entity	cont	3) o12(b)(13) rolled ity?
				501(c)(3))		Yes	No
AMERICAN HUMANE ASSOCIATION OF CALIFORNIA -							
95-4705956, 11530 VENTURA BOULEVARD, STUDIO	PREVENTION OF CRUELTY TO				AMERICAN HUMANE		
CITY, CA 91604	ANIMALS	CALIFORNIA	501(C)(3)	LINE 7	ASSOCIATION	X	
	4						
	-						

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

Schedule R (Form 990) 2013 AMERICAN HUMANE ASSOCIATION

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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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box	manag partne	or Percentag ng ownershi				
		country)		sections 512-514)	ļ									Yes	No	K-1 (Form 1065)	Yes
	4																
	-																
	-																
	4																
	-																
	-																
	1																
	-																
	-																
	1																
	1																
	1																
Identification of Related Or organizations treated as a co	ganizations Taxable a	as a Corpo	oration or Trust Col	mplete if the organization	on answered "Yes	" on Form 990, Pa	art IV, I	ine 34	because it had o	ne or r	nore related						
		ig the tax	your.														

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(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) ction (b)(13) trolled tity?
		country)		,				Yes	No
]								

Schedule R (Form 990) 2013 AMERICAN HUMANE ASSOCIATION

Part V	Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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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 tra	ansactions with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlle	ed entity			1a		Х
b Gift, grant, or capital contribution to related organization(s)						Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)						Х
e Loans or loan guarantees by related organization(s)						Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1 i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1 j		Х
k Lease of facilities, equipment, or other assets from related organization(s))			1k		х
I Performance of services or membership or fundraising solicitations for rel	lated organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by relations						Х
n Sharing of facilities, equipment, mailing lists, or other assets with related of						Х
• Sharing of paid employees with related organization(s)						Х
p Reimbursement paid to related organization(s) for expenses				1p		х
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	nvolved		
(1)						
(2)						
<u>(3)</u>						
(4)						
<u></u>						

(5)

(6)

Schedule R (Form 990) 2013 AMERICAN HUMANE ASSOCIATION

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	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs) all s sec.)(3) .?	(f) Share of total	(g) Share of end-of-year	Dispr tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging Ier?	(k) Percentage ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
											\square		
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											\square		
				\vdash							\vdash		
				$\left \right $					-		\vdash		

Schedule R (Form 990) 2013

	AN AND AND ADDOLLATION	04-0452550 Pa
Part VII Supplemental Informatic		
	or responses to questions on Schedule R (see instructions).	
2165 09-12-13		Schedule R (Form 990)
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51211 712177 71478	2013.04030 AMERICAN HUMANE A	ASSOCIATION 71478