Department of the Treasury

Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending	_	
в	Check i applicat	le: C Name of organization	D Employer identifie	cation number	
	Addr chan	Humane Society of North Texas			
	Nam Chan		75-12459	11	
	Initia retur	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	1840 East Lancaster Avenue		(817)332	
_	term ated	, , , , ,		<b>G</b> Gross receipts \$	13,036,663.
Ľ	Ame	FOIL WOILII, IX 70103-2124		H(a) Is this a group re	
	Appl tion penc	F Name and address of principal officer: Dubatin Guiling		for subordinates	
	•	same as C above		H(b) Are all subordinates in	
		tempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 🛄 527	-	list. See instructions
	Webs			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1905 N	<b>I</b> State of legal domicile: $\mathbf{TX}$
Р	art I	Summary		haltan mua	teat and
e	1	Briefly describe the organization's mission or most significant activities: To sa advocate for all animals in need in North	ave, s	mercer, pro	
าลท					
Governance	2	Check this box if the organization discontinued its operations or disposed by the province had (Dart ) (Line 1-)		I - I	isets. 13
ĝ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			13
ა ა	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		224	
itie	6	Total number of volunteers (estimate if necessary)		387	
Activities &	79	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	1 6	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	-			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		6,373,249.	4,949,841.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,012,620.	1,345,093.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,372,493.	483,169.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		241,775.	1,191,110.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,000,137.	7,969,213.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,415,392.	5,709,782.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 656, 2		0.	0.
ăX	b	Total fundraising expenses (Part IX, column (D), line 25) 656, 2	74.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,307,046.	4,423,858.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,722,438.	10,133,640.
, 6	19	Revenue less expenses. Subtract line 18 from line 12		1,277,699.	-2,164,427.
ts or			Be	eginning of Current Year	End of Year
Assets (	20	Total assets (Part X, line 16)		23,564,161.	18,152,873.
Vet A		Total liabilities (Part X, line 26)	······	1,239,174.	827,478.
	22	Net assets or fund balances. Subtract line 21 from line 20		22,324,987.	17,325,395.
	art II	Signature Block		and and to the back of an	- Income the state of the state of the state

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

Sign	Signature of officer	E E	Date						
	Susan Gulig, President								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	Douglas Mann	Douglas Mann	07/20/		P01950332				
Preparer	Firm's name J.TAYLOR & ASSOCI		F	irm's EIN 75-	2795393				
Use Only	Firm's address 4800 OVERTON PLAZ	IA, SUITE 360							
	Phone no. ( 817	)924-5900							
May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

orm	990 (2022) Humane Society of North Texas	75-1245911	Paç
Par	rt III Statement of Program Service Accomplishments		ſ
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	I
1	Briefly describe the organization's mission: To save, shelter, protect and advocate for all animal	ls in need in	
	North Texas.		
2	Did the organization undertake any significant program services during the year which were not listed on t		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If "Yes," describe these changes on Schedule O.		1
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a		(Revenue \$ 746,	
	Animal Care - The Society provides for the general ca	are, feeding, a	nd
	adoption of animals. In 2022, 8,074 total pets were a live release rate was 97%.	adopted and our	
	iive release race was 57%.		
	1 004 001	<b>F</b> 00	10
łb	(Code:) (Expenses \$ 1,004,721. including grants of \$) Community Outreach - The Society provides basic veter	(Revenue \$ 598,	40
	underserved areas of the community and provides education	tion to the	
	general public regarding animal care, spay/neuter, ar		ee
	of adoption. In 2022, we helped 18,801 pets, which in		
	or funding 8,907 spay/neuter surgeries.	<u>-</u>	
4c	(Code: ) (Expenses \$ 286,027. including grants of \$ )	(Revenue \$	
	Cruelty Investigations - The Society provides for inv		
	animal cruelty cases and assists with animal seizures	s and related	
	prosecution of civil and criminal cases. In 2022, we	saved 466 anim	al
	from cruelty.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses8,852,801.		
		Form <b>9</b>	<b>90</b> (
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<u> </u>	3 720 252040 HU1040 20 2022 04000 Humana Society of	Nowth more TITI	14
úυ	720 353049 HU1040.20 2022.04000 Humane Society of	NOTTH TEX HULU	14

Form	990	(2022)

Form 990 (2022)Humane Society of North TexasPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	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	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	00-	X
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 Form 990 (2022)
 Humane
 Society
 of
 North
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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022)	Humane	Society	of	North	Texas
Statements R	egarding C	ther IRS Fili	ngs	and Tax (	Compliance (continued)

2a         Entor the number of employees reported on from W3, Transmittal of Wage and Tax Statements.         2a         224           b         If a test one is reported on line 2a, did the organization file all required federal employment tax roturns?         2b         X           b         If a test one is reported on line 2a, did the organization file all required federal employment tax roturns?         3b         X           b         If the squares the wave of the organization have an interest in, or a signature or other authorty over, a francial account in a foreign country see, in disk argumation have in therest in, or a signature or other subord over, a francial account is prohibit tax shale transaction arguing may find the tax yes?         4a         X           b         If "Yes, "institution approximation have in the way for any find bar tax statements in or a signature or other subord over, a francial account is foreign country.         5a         X           b         If wave in one across the interpart over any find outry find any tixable pary notify the organization file form 88861?         5a         X           c         If "Yes, "is did the organization file form 88081?         5b         X           c         If "Yes, "is did the organization file form 88081?         5b         X           c         If "Yes, "is did the organization sub- solution as upper statement that such contributions out a doductible?         7b         7c         X           f         If wave, "indicate the an						Yes	No			
b         It least one is reported on line 2.a dit the organization file all required tedra employment tax returns?         2b         X           3a         Did the organization have unnoised business gross income of \$1,000 or more during the year?         3a         X           4a         At my time during the eacher year, did the organization have an interest in, or a signature or other authority over, a framculal account is actively country (such as a bank account, securities account, or other framculal accounts (FBAF).         4a         X           b         If 'Yes, ' reter the name of the foreign country (such as a bank account, securities account, or other framculal accounts (FBAF).         5a         X           5b         Did any taxability of a parthylitic tax shellser transaction at any time during the tax year?         5a         X           5c         Did any taxability of againzation the line organization the line organization are partial organization and anal gross receipts that are normally greater than \$100,000, and did the organization solid any contributions and party tor goods and services provided to the payor?         7a         X           7         Organization receive approximation receive approximation contributions and party tor goods and services provided to the payor?         7a         X           8         If 'Yes, ' indiffe arganization inclube approximation express tatterent that such contributions or gifts         7b         7a         X           9         If Yes, ' indifte organization inclube approximation sectors pa	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
30       Def the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If Yes, 'has if the a form 900 for this year? // 'No' for its 3b, provide an explanation or Schedule 0       3b       X         b       If Yes, 'has if the a form 900 for this year? // 'No' for its 3b, provide an explanation or other autionty over, a financial account is or thereign country.       4a       X         b       If Yes, 'enter the name of the foreign country.       See instructions for timg requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See       X         b       Was the organization in parts to exploited tax shell transaction?       See       C       See         c       If Yes, 'indit the organization inclow more secapists that are normally greater than \$100,000, and dithe organization solid any contributions that were not tax deductibles or antrable) contributions?       See       X         d       If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the gradus are solutions?       See       Yes, 'indicate the anamore of the organization foreign a sum and prose receipts that are normally greater than \$100,000, and dithe organization foreign Bank and Financial Accounts (FBAR).       See         d       If Yes, 'indicate the anaty explore deductible contributions quality as a contribution organization foreign Bank and Financial Accounts (FBAR).       See       See       See		filed for the calendar year ending with or within the year covered by this return	2a	22	4					
b         If Yes, 'test it lied a form 930-T for the year? /f 'No' to line 30, provide an explanation on Schedule O         3b           4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? a total country (such as a bank account, securities account, or other financial account?         4a         X           b         If Yes, 'estimation for fing requirements for Fin-CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           5W         Did any taske be apprivable to a prohibited tax shelfer transaction at any time during the tax year?         5a         X           5D         Did any taske be apprivable to a prohibited tax shelfer transaction?         5c         C           6D         Does the organization have annual gross necelines that are orn any apprive to a prohibited tax shelfer transaction?         5c         C           9D         If Yes, 'take the organization have any take and that are orn apprive to a prohibited tax shelfer transaction?         6a         X           9D         If Yes, 'take and the organization have any state apprive that are orn tax deductible?         7a         X           10         Yes, 'take any receive deductible contributions and path as a continuution and path (or goods and services provided to the paper?         7a         X           11         Yes, 'take any taxe and path (or goods and services provided?         7c         X	b									
4a       Arry time during the calendar year. dif the organization have an interest in, or a signature or other subnetly over, a financial account) is doroign country (such as a bank account, socutines account, or other financial account)?       4a       X         b       If "ves," inter the name of the foreign country (such as a bank account, socutines account, or other financial account)?       5a       X         b       Was the organization have an outpit of account is a party to a prohibited tax shelter transaction?       5a       X         b       If "ves," in the ac or 5b, dift the organization in form 3886.77.       5a       X         cill any taxable party notify the organization in form 3886.77.       5a       X         diff the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?       6a       X         diff "ves," indicate the number of Form 5826.176 and party is a contribution and party for goads and services provided to the part?       7a       X         diff the organization include with dividing the year       [2d]       7a       X         diff the organization include with dividing the year       [2d]       7a       X         diff the organization include with dividing the year       [2d]       7a       X         diff the organization include with dividing the year       [2d]       7a       X         diff the organization i	3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
fm:nocial account is a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       if "ves," enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).       5a       X         50       Was the organization to a party to a prohibited tax shelfer transaction at any time during the tax year?       5a       X         51       Was the organization tax at was or is a party to a prohibited tax shelfer transaction?       5c       X         61       Did any taxation the organization that twos or is a party to a prohibited tax shelfer transaction?       5c       X         61       If "ves," of the organization neural gross receipts that are normally greater than \$100,000, and did the organization shelf.       5c       X         61       If "ves," of the organization neural gross receipts and party as a continution and party for goods and services provided to the payor?       7a       X         7       Tys," of the organization neural pay remixes dispose of tanipible personal property for which it was required to the form 3282 Red during the year.       7d       7a       X         7       Tys," of the organization neural pay remixes, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         7       Did the organization neural pay remixes, directly or indirectly, on a personal benefit contract?       7e       X	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
b       If Yes, 'enter the name of the foreign country       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa       Xa         50       Was the organization a party to a prohibited tax sheller transaction at any time during the tax yela?       Sa       Xa         61       If Yes's to the organization in the organization in the momally greater than \$100,000, and did the organization is form 898-67.       Sa       X         62       Dest to organization have annual gross receipts that are normally greater than \$100,000, and did the organization sile or davidation tax deductibles or alk-natable contributions?       Sa       X         63       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or alk-natable contributions?       Ga       X         7       7 organizations that may receive deductible contributions under section 170(c).       Bit the organization include with every solicitation to gao do so revices provided?       Ta       X         10       H'Yes, 'indicate the number of Forms 5822 field during the year       Id       Id       Ta       X         11       Neganization secwary number of forms 5822 field during the year       Id       Id       X       Ta       X         12       Id the organization field was number of Forms 5822 field during the year       Id       Id       X       Ta       <	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authc	rity over, a						
See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Se       X         5b Od any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Se       X         6b Obes the organization have nanual gross recipits that are normally greater than \$100,000, and did the organization solution include with every solicitation an express statement that such contributions or gifts       Se       X         7b If "Yes," id the organization include with every solicitation an express statement that such contributions or gifts       Se       X         9b If yes, "idd the organization include with every solicitation an express statement that such contributions or gifts       Se       X         9b If yes, "idd the organization include with every solicitation an express tatement that such contributions or gifts       Se       X         9b If the organization sele, express tate and the gods or services provided?       To       Ya       X         10 If the organization sele, express tate and the yes and the press statement that such contributions or gifts       See       X         10 If the organization sele, express tatement the score or services provided?       To       Xa         10 If the organization sele, appressite any trave of the gods or services provided?       To       Xa <th></th> <th colspan="8">financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       Dids or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitit any contributions that were not tax deductibles as charitable contributions and party for goods and services provided T       6a       X         d       Urse, " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the goods or services provided T       7a       X         d       Urse, " did the organization neckes of \$75 made party as a contribution of care pools and services provided T       7c       X         d       Uf ves, " indicate the number of Forms 8282 filed during the year       7d       7t       X         d       Uf ves, " indicate the number of Forms 8282 filed during the year?       7d       7t       X         f       Did the organization neceve any funds, directly or indirectly, on a personal benefit contract?       7t       X         f       Did the organization neceve as contribution of cans, boat, anjinanes, or otherwised funds. Did a contr	b	If "Yes," enter the name of the foreign country								
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If 'Yes' to line 6a or 5b, did the organization file Form 8886-17.       5c       3c         d Does the organization have annual gross receives that are normally greater than \$100,000, and did the organization set annual gross receives that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts       6a       X         0 If 'Yes, 'did the organization role, a party as a contribution and party for gods and services provided to the pary?       7a       X         1 If 'Yes, 'did the organization solity any memt in excess of 357 made party as a contribution and party for gods and services provided 7       7a       X         1 If 'Yes, 'did the organization on the dive donor of the value of the gods or services provided?       7a       X         1 If 'Yes, 'did the organization and, any ceretry or indirectly, to pay premiums on a personal benefit contract?       7a       X         1 If 'Yes, 'did the organization receive a qualified intellectual property, dift we organization file Form 8899 as required?       7a       X         1 If the organization receive a qualified intellectual property, dift we organization file Form 8899 as required?       7a       X         1 If the organization receive a qualified intellectual property, dift we organization file form 8000000000000000000000000000000000000		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).						
c     If "Yes' to line 5a or 5b, did the organization file Form 8886-17.     5c       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6a     X       7     7 anizations that may receive deductible contributions under section 170(c).     7a     X       8     11 "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       9     11 "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       10 the organization notify the donor of the value of the goods or services provided?     7c     X       10 the organization necelve a prymetil in secses of \$75 made parity as a contribution an apersonal benefit contract?     7c     X       11 the organization necelve any funds, directly or indirectly, to pay premums on a personal benefit contract?     7d     7d       12 the organization necelve a contribution of qualified intellectual property, did the organization file a contribution of callele funds.     9a     9a       11 the organization necelve a contribution or qualified intellectual property, did the organization file a Form 10982 of 7a     7d     7d       2     7d     7d     7d     7d     7d       3     5onsto										
6     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6a       c     Organizations that may receive deductible contributions under section 170(c).     6b     6b     7a     X       d     If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If 'Yes,'' did the organization neceive any funds, directly or indirectly, on a personal benefit contract?     7c     X       f     Did the organization neceive a contribution of qualified intellectual property, did the organization file a form 1098-C?     71     X       g     If the organization neceive a contribution of qualified intellectual property, did the organization file a form 1098-C?     71     X       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9b       g     Sponsoring organization make any taxable distributions under sources against amounts due or reserves from 490, Part VIII, line 1							X			
any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7       7     Organizations that may receive deductible contributions under section 170(c).     7     7       a     Did the organization necite a pyment in excess of S7 made party as contribution and party for goods and services provided to the party 7     7       c     Did the organization necite apyment in excess of S7 made party as contribution and party for goods and services provided to the party 7     7       c     Did the organization necite apy permits on approximation and party for goods and services provided to the party 7     7       c     Did the organization neceve and transpite previous approximation and party for goods and services provided to the party 7     7       d     If "Yes," indicate the number of Forms 8282 filed during the year     Zd     7       d     Did the organization received a contribution of qualified intellectual property, did the organization file Form 8389 as required?     7       f     If the organization maintaining door advised funds. Did a door advised funds.     10     10       g     Sponsoring organization maintaining door advised funds.     10a     10a       d     If the organization maintaining door advised funds.     10a     10a       d     Did the sponsoring organizati					5c					
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       60         7       Organizations that may receive deductible contributions under section 170(c).       10         a       bit the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor       7a       X         b       If "Yes," tild the organization notify the doors of the value of the goods or services provided?       7b       X         c       Did the organization notify the doors of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       X         d       Did the organization neceived a contribution of qualified intelectual property, did the organization file a form 1098-C?       7n       X         f       Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C?       7n       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a	6a						37			
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7c       b Uit the organization notify the donor of the value of the goods or services provided?     7c       c Did the organization notify the donor of the value of the goods or services provided?     7c       c Did the organization notify the donor of the value of the goods or services provided?     7c       c Did the organization notify the donor of the value of the goods or services provided?     7c       c Did the organization notify the donor of the value of the goods or services provided?     7c       c Did the organization notify the denor of the value of the goods or services provided?     7c       d If "Yes," indicate the number of Forms 8282 filed during the year     7d       z Did the organization necevice a contribution of cars, boats, aprilanes, or other vehicles, did the organization file Form 8289 as required?     7g       f If the organization meave and the advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions on deviced fund maintained by the sponsoring organization make any taxable distributions or divisor, or related person?     9a       9 Sponsoring organization neceves there instribution to a donor, donor advised funds     10a       10 Section 501(c)(7) organizations. Enter:     10a       a Gross income from mother sources. (Do not nat amounts due or pain distributions in clude on active of neceves distributions and capital contributions in required to a carued during the year?	_				6a		X			
7       Organizations that may receive deductible contributions under section 170(c).       a         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for pools and services provided to the payof.       7a       X         b       If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization notify the donor of the value of the goods or services provided?       7d       X         d       If 'Yes,'' indicate the number of Forms 8282 filed during the year       7d       X         g       Did the organization receive any funds, directly or indirectly, or a personal benefit contract?       7f       X         g       If the organization exceived a contribution of qualified intellectual property, did the organization file a Form 6899 as required?       7g       X         g       Sponsoring organization maintaining donor advised funds. Did a donor advised funds.       8       9         g       Sponsoring organization make a alistribution to a donor, donor advised, rund maintained by the sponsoring organization make a any taxable distributions under section 4966?       9a       9b         g       Social contributions included on Part VIII, line 12.       10a	b			•						
a       Diff "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If the organization receive any funds, directly or indirectly, or a personal benefit contract?       7f       X         d       If the organization received a contribution of cars, boats, aiplans, or other vehicles, did the organization file Form 8089 as required?       7h       X         d       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         Did the sponsoring organizations. Enter:       10a       10a       10b       10a         d       Gross income from members or shareholders       11a       10a       10a       10a         d       Section 501(c/X) organizations. Enter:       10a       10a <th>_</th> <th></th> <th></th> <th></th> <th>6b</th> <th></th> <th></th>	_				6b					
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year and the organization contract?       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year and property, on a personal benefit contract?       7e       X         d       If the organization, during the year, apy premiums, oin a personal benefit contract?       7f       X         f       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 CF       8ponsoring organization make a contribution of cars, boats, aiplanes, or other vahicles, did the organization file a Form 1098 CF       8ponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 the sponsoring organization. There:       10a       10a       10b       10a       10b         11a       10a       10b       10b       11a       10a       10b       12a         12 Section 501(c)(12) organizations. Enter:       11a       10a       10b       12a							v			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f) If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.       7f       X         g) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C7       7h       X         g) Sponsoring organization have excess business holdings at any time during the year?       8       9a       9a         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g) Section 501(c/(7) organizations. Enter:       10a       10a       10a       10a         g) Gross income from members or shareholders       11a       10a       11a       10a         g) Gross income from members or shareholders       11a       10a       11a       10a       11a         g) Gross income from members or shareholders       11a       10a       11a       12a       12a       14a       12a       14a       13a       <										
to file Form 8282?       7c       X         d If Yes, "Indicate the number of Forms 8282 filed during the year       Td       Td         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Uhe organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 1088-C?       7h       X         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 1088-C?       7h       X         g If the organization receive a contribution of cars, boats, alplanes, or other vehicles, did the organization file Form 1088-C?       7h       X         g Sponsoring organization maintaining door advised funds.       8       8       8       8         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b       9b       9c         Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a       10a       10a       10a       10a       10a       11b       12a       10a					7b					
d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization during the year, pay premiums, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         8       Sponsoring organizations maintaining door advised funds.       Forms of the organization nake excess business holdings at any time during the year?       8       8         9       Sponsoring organization make a distribution to a door, advised funds.       9       9       9         a       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9b       9b         0       Section 501(c)(7) organizations. Enter:       10a       10b       10c       10c <th>С</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>v</th>	С						v			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining door advised funds.       8       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9c       9c <th></th> <th colspan="8"></th>										
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7n         8       Sponsoring organizations maintaining donor advised funds.       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       the organization necesses business holdides on part to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(2) organizations. Enter:       10b       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization file person?       13a         14       Did the spanization licenesed to issue qualified health plans in more th	d									
if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h         8 Sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 Section 501(c)(7) organizations. Enter:       10a         a linitation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or padito other sources against amounts due or received from them.)       12a         128 Section 501(c)(12) organization insurance issuers.       12a         a Is the organization make express.       13a         a Is the organization is licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         b Enter the amount of reserves on hand       13c       13a         144       Did the organization subject to the se	e									
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         0       Did the sponsoring organizations maintaining donor advised funds.       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a         10       initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them).       11b       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14       Did the organization is cleaned to issue qualified health plans       13b       13c       13a </th <th></th> <th colspan="8"></th>										
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(17) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b       11b         12       Section 501(c)(12) organizations. Enter:       10a       11b       12a         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         13       Section 501(c)(12) organizations. Enter:       11b       12a       12a         14       Section 501(c)(12) organizations. Enter:       11b       12a       12b       12a         14       Section 501(c)(29) qualified nonprofit heutsts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         15       Section 501(c)(29) qualified nonprofit health pl										
sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross income from members or shareholders       11a         a Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       X       17       14a       X         b If "Yes," see the instructions and file Form 4720, Schedule O.       14b       155       X	-									
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10b Section 501(c)(7) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(2) organizations included on Part VIII, line 12, for public use of club facilities   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves on hand   13a   14a   15   I5   16   17   17	0									
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         3 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         X       13b       13a         c Enter the amount of reserves on hand       13b       13c         14       Did the organization isclessed using services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceeses prachute payment(s) during the year?       15       X	9									
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         1       Section 501(c)(12) organizations. Enter:       10b       10b       11a         a       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during										
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         14       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         b       I "Yes," set the inde a Form 720 to report these payments? If "No," provide an explanation on Schedule O         15       Is the organization and file Form 4720, Schedule N.         16       X         17       It "Yes," complete Form 4720, Schedule N.         16       X         17										
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17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10				0					
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivitio	\$						
					17					

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Form 990 (2022)

Part V

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Form **990** (2022)

Form 990 (2022)	Form	990	(2022)
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**Section A. Governing Body and Management** 

## Humane Society of North Texas

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

Х

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

					Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	1	.3				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	inter the number of voting members included on line 1a, above, who are independent 1b 13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			. 2		Σ		
3	Did the organization delegate control over management duties customarily performed by or under th	ne direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	. 4	X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5		X		
6	Did the organization have members or stockholders?			. 6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or					
	more members of the governing body?			. 7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or					
	persons other than the governing body?			. 7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:					
	The governing body?				X			
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 read	ached a	at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)					
					Yes	N		
l0a	Did the organization have local chapters, branches, or affiliates?			. 10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\_$			. 10b				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				x			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b		X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					<u>.</u> ,		
	on Schedule O how this was done				37	X		
	Did the organization have a written whistleblower policy?				X	X		
14	Did the organization have a written document retention and destruction policy?			. 14				
15	Did the process for determining compensation of the following persons include a review and approv		idependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v			
	The organization's CEO, Executive Director, or top management official			. 15a	X			
b	Other officers or key employees of the organization			. 15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10		x		
	taxable entity during the year?			. <b>16a</b>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	Inizatio	n′s	101				
	exempt status with respect to such arrangements?			. 16b				
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed None							
				(0)	A	-  -   -		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ina 990	D-1 (Section 501(c)	(3)s oniy	) avaii	apie		
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain)		hadula ()					
0			,	and fire -	noial			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	UNTIICT	or interest policy,	anu fina	ncial			
	statements available to the public during the tax year.	oko -	d roostdo					
0	State the name, address, and telephone number of the person who possesses the organization's bo	JUKS ar	iu records					
20	Susan Gulla President - $X17 - (37 - 476)$							
9.	Susan Gulig, President - 817-332-4768 1840 East Lancaster Avenue, Fort Worth, TX 76103							

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week		cer an	a a a	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	idual	Institutional trustee	er	Key employee	est co loyee	ıer	,		organizations
	line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former			
(1) Susan Gulig	40.00									
President				Х				187,452.	0.	32,002.
(2) Cynthia K Jones	40.00									
Director of Clinic Medicin						Х		144,826.	0.	10,742.
(3) Melissa Ann Riehl	40.00									
Vice President of Developm						Х		124,746.	0.	9,859.
(4) Misty Mendes	40.00									
Director of Shelter Medici						Х		124,024.	0.	10,102.
(5) Ellen Rawlins	40.00									
Vice President of Operatio						Х		119,113.	0.	8,636.
(6) Martha York	2.00									
Chair		Х		Х				0.	0.	0.
(7) Bill Boecker	2.00									_
Vice Chair		Х		Х				0.	0.	0.
(8) Kelly Shoulders, CPA	2.00									
Treasurer		Х		Х				0.	0.	0.
(9) Natalie Johnson, PhD	2.00									_
Secretary		Х		Х				0.	0.	0.
(10) Jeff Davis	2.00									_
Director		Х						0.	0.	0.
(11) Jay Hebert	2.00									_
Director		X						0.	0.	0.
(12) Mike Hrabal	2.00									
Director		X						0.	0.	0.
(13) Cristina Jaramillo, DVM	2.00									
Director		X						0.	0.	0.
(14) Tammy Miller	2.00									
Director		X						0.	0.	0.
(15) Daniel J. Goldstein	2.00									
Director		X						0.	0.	0.
(16) Frank Iannelli	2.00									<u> </u>
Director		X						0.	0.	0.
(17) David Lavine, MD	2.00									<u> </u>
Director		X						0.	0.	0.
232007 12-13-22						~				Form <b>990</b> (2022)

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Form 990 (2022) Humane Sc	ociety o	of	No	ort	h	Τe	x	as	75-12	45	911	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) (C) Average hours per week (ict a cave (do not check more than c box, unless person is both officer and a director/trust				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amo ot	F) mated unt of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fron organ and r	ensation n the nization related izations
(18) Marti Lowe	2.00											•
Director		X						0.		0.		0.
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							700,161. 0. 700,161.		0.0.0.		,341. 0. ,341.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>								-	),000 of reportable	-		5
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•			•				ghest compensated emp	•		3 Y	Yes No
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? If "Yes,	le co " <i>coi</i>	mpe <i>npl</i> e	ensa ete S	ition Sche	anc dule	ot Ji	her compensation from for such individual	the organization		4	x
<ul> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i></li> <li>Section B. Independent Contractors</li> </ul>	•				-			•			5	X
1 Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		pensa		m
(A) Name and business The Arc Program, 1648 Tus		Ισε	e C	lir	c1	.e.		<b>(B)</b> Description of s	services	С	(C) ompens	ation
Southlake , TX 76092 Foundry Fence LLC, 3130 Sabine St						- /		Consulting S Fence Repair			122	,550.
Suite B, Forest Hill, TX								Install			100	<u>,530.</u>
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	niteo	d to	thos 2		tec	d above) who received n	nore than			
											Form 99	<b>90</b> (2022)

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			Check if Schedule O	contain	is a resp	onse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ts S	1	2	Federated campaigns		1a						
unt											
٦. G							130,459.				
ifts r A			Fundraising events				130,435.				
, G			Related organizations				712,018.				
Sin			Government grants (cont				/12,010.				
utic		T	All other contributions, gifts,				4 107 264				
lt ib			similar amounts not included			•	4,107,364.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in			5	122,919.	4 0 4 0 0 4 1			
a C		h	Total. Add lines 1a-1f		<u></u>			4,949,841.			
							Business Code				
ice	2	а	Animal Adoption Fees			900099	746,629.	746,629.			
erv		b	Clinical Services				900099	309,668.	309,668.		
Program Service Revenue		С	Contract Management	Fees			900099	272,896.	272,896.		
ran ?ev		d	Other Program Fees				900099	15,900.	15,900.		
rog		е									
Ē		f	All other program service	revenu	e		900099				
		g	Total. Add lines 2a-2f					1,345,093.			
	3		Investment income (inclue	ding div	vidends,	intere	est, and				
			other similar amounts)					242,433.			242,433.
	4		Income from investment of	of tax-e	xempt bo	ond p	proceeds				
	5		Royalties					440,070.			440,070.
					(i) Rea	.1	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss								
	7		Gross amount from sales of		(i) Securi	ties	(ii) Other				
	-		assets other than inventory		5,222,						
		h	Less: cost or other basis		, ,	-	, -				
e		~	and sales expenses	7b	4,998,	990.	429.				
ther Revenue		~	Gain or (loss)		223,						
Sev			Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·	240,736.			240,736.
erl	0		Gross income from fundraisi			·····		,			
Oth	0	u	including \$		`						
•			contributions reported on								
					,	8a	26,400.				
		<b>h</b>	Part IV, line 18			8b	68,031.				
							00,001.	-41,631.			-41,631.
	~		Net income or (loss) from					41,031.			41,031.
	9	a	Gross income from gamir	-							
			Part IV, line 19			9a					
			Less: direct expenses								
			Net income or (loss) from			s					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold			-	-				
		С	Net income or (loss) from	sales c	of invento	ory					
s							Business Code				
Miscellaneous Revenue	11	а	Employee Retention				900099	689,595.			689,595.
ent		b	Facility Reimbursed	Expe	nses		900099	101,835.			101,835.
Sev		С	Other income				900099	1,241.			1,241.
Mis			All other revenue								
		е	Total. Add lines 11a-11d					792,671.			
	12		Total revenue. See instruction	ons				7,969,213.	1,345,093.	0.	1,674,279.

Humane Society of North Texas

Form 990 (2022)

Statement of Revenue

Part VIII

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Form **990** (2022)

75-1245911

Page **9** 

Part IX Statement of Functional Expenses

Humane Society of North Texas

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

	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	207,364.	124,418.	41,473.	41,473
6	Compensation not included above to disqualified				·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,590,303.	4,054,332.	241,266.	294,705
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	533,669.	498,504.	1,726.	33,439
0	Payroll taxes	378,446.	331,982.	22,026.	24,438
1	Fees for services (nonemployees):				
а					
b	· · · ·	28,509.		28,509.	
с	• • •	25,302.		25,302.	
d	Lobbying				
е					
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.)	905,733.	770,901.	129,361.	5,471
12	Advertising and promotion	108,559.	96,078.		12,481
3	Office expenses	218,361.	63,918.	5,170.	149,273
4	Information technology				
5	Royalties				
6	Occupancy	429,542.	362,990.	53,592.	12,960
7	Travel	132,954.	124,018.	7,350.	1,586
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
9	Conferences, conventions, and meetings	64,145.	51,614.	4,746.	7,785
0	Interest				
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	340,013.	335,149.	4,350.	514
3	Insurance	263,361.	248,278.	9,878.	5,205
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Supplies	1,512,316.	1,479,766.	200.	32,350
b	Miscellaneous	254,719.	178,188.	43,013.	33,518
с	Equipment	140,344.	132,665.	6,603.	1,076
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,133,640.	8,852,801.	624,565.	656,274
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form **990** (2022)

11120720 353049 HU1040.20

22,324,987.

23,564,161.

106,234. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 6,360,873. basis. Complete Part VI of Schedule D ...... 10a b Less: accumulated depreciation 10b 3,614,826. 2,698,671. 2,746,047. 10c 16,312,012. 10,434,002. Investments - publicly traded securities 11 11 1,500,447. 1,323,258. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 16,150. 14 14 Intangible assets 1,462,978. 1,570,563. Other assets. See Part IV, line 11 15 15 18,152,873. 23,564,161. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 527,157. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 712,017. 25 of Schedule D 1,239,174. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 16,038,681. 21,021,898. Net assets without donor restrictions 27 27 1,303,089. 1,286,714. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

Humane Society of North Texas

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

controlled entity or family member of any of these persons

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net

Inventories for sale or use

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

1

2

3

4

5

6

7

8

30

31

32

33

(A)

Beginning of year

522,354.

557,547.

339,159.

48,609.

(B)

End of year

560,302.

351,791.

236,640.

802,804.

114,971.

12,495.

725,132.

102,346.

827,478.

17,325,395.

18,152,873.

Form 990 (2022)

1

2

3

4

6

7 8

Assets

-iabilities

Net Assets or Fund Balances

30 31

32

33

Part X

•	2022	)		manai
	Ba	ance	Sheet	

Form	1990 (2022) Humane Society of North Texas	75-	1245911	Pa	ge <b>12</b>
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	7,96		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,32		
5	Net unrealized gains (losses) on investments	5	-2,64	7,6	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-7	5,4	00.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-11	2,1	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17,32	5,3	95.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	le O.			
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 reviewe	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
I	2022
	Open to Public Inspection
Employer	identification number

Name of the organization	
	ττ.

		Huma	ne Society	of North Te	xas			7	5-1245911
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	s.	
The o	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, c	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	init descrik	bed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from t	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membersl	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusion	vely for the benefit of, to	o perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box on
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	supporting
	_	organization. <b>You must c</b>	-						
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). <b>You mus</b>	-						
С		☐ Type III functionally inte						ly integrat	ed with,
	_	its supported organizatio							
d		J Type III non-functionally						-	
		that is not functionally int			•		-	an attent	iveness
		requirement (see instruct	-	-					
е		Check this box if the orga					а туре ї, туре	II, Type III	
£	Ento	functionally integrated, or							
		er the number of supported of vide the following informatior							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	( )	(described on lines 1-10	Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))					
Tota	1								

## Schedule A (Form 990) 2022

Part II

Humane Society of North Texas

75-1245911 Page 2

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not	<b>f)</b> Total
membership fees received. (Do not	
include any "unusual grants.") 4,120,217. 3,274,134. 3,978,974. 6,373,249. 4,949,841. 22	
	,696,415.
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         4,120,217.         3,274,134.         3,978,974.         6,373,249.         4,949,841.         22	,696,415.
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) 1	,544,029.
	,152,386.
Section B. Total Support	
	f) Total
7 Amounts from line 4         4,120,217.         3,274,134.         3,978,974.         6,373,249.         4,949,841.         22	,696,415.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 1,460,152. 1,797,202. 318,247. 576,054. 682,503. 4	,834,158.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	4 = 0.0
	1,538.
	,592,111.
	7,454.
<b>13</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and <b>stop here</b>	
Section C. Computation of Public Support Percentage	6.6
	.66 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	V
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mo	vre,
and if the organization meets the facts and circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization	
meets the facts and circumstances test. The organization qualifies as a publicly supported organization	
<b>b 10%</b> -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of the average and if the average instances test and a single state	or
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 1/a, or 1/b, check this box and see instructions	·····

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## Humane Society of North Texas

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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						
	Total. Add lines 1 through 5					_	
7a	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
Se	check this box and stop here	lic Support Pe					
15	Public support percentage for 2022 (	line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 202					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	1			
	Investment income percentage for <b>2</b> 0 Investment income percentage from					17 18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, cho						
20	Private foundation. If the organization						
							dule A (Form 990) 2022
				16			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022		Humane	Society	of	North Texas	75-1	24591	1 Pa	age <b>5</b>
Ра	rt IV Supporting Orga	anizations <sub>(cont</sub>	inued)						
		•					-	Yes	No
11	Has the organization accept	ed a gift or contribu	ution from any of	f the f	ollowing persons?				
а	A person who directly or ind	irectly controls, eith	er alone or toge	ther v	vith persons described on lines 11b	and			
	11c below, the governing bo	dy of a supported of	organization?				11a		
b	A family member of a persor	n described on line	11a above?				11b		
с	A 35% controlled entity of a	person described of	on line 11a or 11	b abo	ove?If "Yes" to line 11a, 11b, or 11c	, provide			
	detail in Part VI.						11c		
Sec	tion B. Type I Support	ing Organizatio	ons						

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

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

## Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2022

2a

2b

3a

No Yes

Yes

1

2

No

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Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):			
	verage monthly value of securities	1a		
	verage monthly cash balances	1b		
	air market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
(6	explain in detail in <b>Part VI</b> ):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
<b>5</b> N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	fultiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
<b>3</b> N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
5 lı	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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	(Form 990) 2022			of North		75-1245911 Pa
Part VI	Part IV, Section A, I	lines 1, 2, 3b, 3c, 4b	, 4c, 5a, 6, 9a, 9b	o, 9c, 11a, 11b, an	id 11c; Part IV, Section	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C
	line 1; Part IV, Secti	ion D, lines 2 and 3;	Part IV, Section E	E, lines 1c, 2a, 2b,	, 3a, and 3b; Part V, I	line 1; Part V, Section B, line 1e; Part \
	Section D, lines 5, 6 (See instructions.)	$\mathbf{b}$ , and $\mathbf{e}$ ; and Part V,	Section E, lines 2	2, 5, and 6. Also c	complete this part for	any additional information.
						<b>-</b> · · · ·
2028 12-09-2	22			21		Schedule A (Form 990)
00700	353049 HU1	010 20	2022 04		a Society	of North Tex HU1040

## Schedule B

(Form 990)

#### Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

mber

Name of the organizat	Name of the organization			
	Humane Society of North Texas	75-1245911		
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	$\fbox$ 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Check if your organiza	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b>			
	,			

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

## General Rule

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

### Special Rules

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

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

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

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

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

Name of organization

Employer identification number

Humane Society of North Texas

75-1245911

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$290,500.	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	
2		\$99,297.	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	
3		\$261,875.	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	
4		\$712,018.	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	
5		\$278,681.	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	
6		\$195,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)	

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

Humane Society of North Texas

75-1245911

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	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
8		\$106,030.	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
	Name, auuress, anu zir + 4	\$	Person Payroll OKANA 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.)

Schedule B (Form 990) (2022)

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Part II	Noncash Property (see instructions). Use duplicate copies of Pa		/5-1245911
(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
		   \$	
3453 11-15		¥	Schedule B (Form 990) (202

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25 2022.04000 Humane Society of North Tex HU1040\_1

Employer identification number

75-12/5011

## Humane Society of North Texas

Schedule B (Form 990) (2022)

Name of organization

Schedule	B (Form 990) (2022)			Page
Name of c	organization			Employer identification number
Human	e Society of North Texa	a		75-1245911
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, a	) through (e) and the following line er charitable, etc., contributions of <b>\$1,000 or</b>	ntry. For organizations r less for the year. (Enter this info.	. once.) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(a) Transfor of a		
	Transferacio nomo addresa a	(e) Transfer of gi		anofarar ta transforaa
	Transferee's name, address, a			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, a	ansferee's name, address, and ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, a	Relationship of tr	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tr	ansferor to transferee
223454 11-1	15-22			Schedule B (Form 990) (2022
		26		,, ( <b></b>

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SCHEDULE D

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

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



Employer identification number

75-1245911

Department of the Treasury Internal Revenue Service Name of the organization

Humane Society of North Texas

1	Total number at end of year	(a) Donor ad		,,	,	d other acco	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors		ts held in donor a	dvised fund	ds		
	are the organization's property, subject to the organization	n's exclusive legal conti	ol?			Yes	<b>N</b>
6	Did the organization inform all grantees, donors, and dono	or advisors in writing the	t grant funds car	n be used o	nly		
	for charitable purposes and not for the benefit of the donc	or or donor advisor, or f	or any other purp	ose conferr	ring		
	impermissible private benefit?					Yes	N
Pai	rt II Conservation Easements. Complete if the	organization answered	"Yes" on Form 9	90, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organiz	zation (check all that ap	ply).				
	Preservation of land for public use (for example, rec	reation or education)	Preservatio	n of a histo	rically impo	rtant land are	ea
	Protection of natural habitat		Preservatio	n of a certif	ied historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qu	alified conservation co	ntribution in the f	orm of a co			
	day of the tax year.				Held	at the End of	the Tax Yea
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure included in (a	)		2c		
d	Number of conservation easements included in (c) acquire	ed after July 25,2006, a	nd not on a				
	historic structure listed in the National Register				2d		
<b>`</b>	Number of conservation easements modified, transferred,	released, extinguished	, or terminated by	y the organ	ization durir	ng the tax	
5							
5	year						
		easement is located					
3 4 5	year	•	pection, handling	g of			
4	year Number of states where property subject to conservation	periodic monitoring, ins	pection, handling			Yes	
4 5	year Number of states where property subject to conservation Does the organization have a written policy regarding the	periodic monitoring, ins ts it holds?					
4 5 6	year Number of states where property subject to conservation Does the organization have a written policy regarding the violations, and enforcement of the conservation easement	periodic monitoring, ins ts it holds? ng, handling of violation	s, and enforcing	conservatic	on easemen	its during the	
4 5 6	year Number of states where property subject to conservation Does the organization have a written policy regarding the violations, and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting, ha	periodic monitoring, ins ts it holds? ng, handling of violation andling of violations, an	s, and enforcing d enforcing cons	conservatio	on easemen sements du	its during the	e year
4 5 6	year Number of states where property subject to conservation Does the organization have a written policy regarding the violations, and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, inspectin Amount of expenses incurred in monitoring, inspecting, ha 	periodic monitoring, ins ts it holds? ng, handling of violation andling of violations, an pove satisfy the require	s, and enforcing d enforcing cons ments of section	conservatio ervation ea 170(h)(4)(B	on easemen sements du )(i)	its during the	e year
4 5 6 7 8	year Number of states where property subject to conservation Does the organization have a written policy regarding the violations, and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, inspectin Amount of expenses incurred in monitoring, inspecting, ha  Does each conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?	periodic monitoring, ins ts it holds? ng, handling of violation andling of violations, an pove satisfy the require	s, and enforcing d enforcing cons ments of section	conservatic ervation ea 170(h)(4)(B	on easemen sements du )(i)	its during the	e year r
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4 5 7 8	year Number of states where property subject to conservation Does the organization have a written policy regarding the violations, and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, inspectin Amount of expenses incurred in monitoring, inspecting, have Does each conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?	periodic monitoring, ins ts it holds? andling of violations, an pove satisfy the require vation easements in its	s, and enforcing d enforcing cons ments of section revenue and expe	conservation ervation ea: 170(h)(4)(B ense staten	on easemen sements du )(i) nent and	iring the year	e year r
4 5 7 8 9	year Number of states where property subject to conservation Does the organization have a written policy regarding the p violations, and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting, have Does each conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?	periodic monitoring, ins ts it holds? andling of violations, an pove satisfy the require vation easements in its potnote to the organizat	s, and enforcing d enforcing cons ments of section revenue and expe ion's financial sta	conservation ervation ea: 170(h)(4)(B ense staten tements th	on easemen sements du )(i) nent and at describes	ring the year Yes s the	e year r
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4 5 7 8 9 <b>Pai</b>	year         Number of states where property subject to conservation         Does the organization have a written policy regarding the property subject to conservation easement         Staff and volunteer hours devoted to monitoring, inspecting         Amount of expenses incurred in monitoring, inspecting, have a seed conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?         In Part XIII, describe how the organization reports conservation easements. <b>t III Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on Formation	periodic monitoring, ins ts it holds? andling of violations, an pove satisfy the require vation easements in its potnote to the organizat of Art, Historical orm 990, Part IV, line 8. 958, not to report in its	s, and enforcing d enforcing cons ments of section revenue and expe ion's financial sta <b>Treasures, o</b>	conservation ervation east 170(h)(4)(B ense staten tements the r Other S ent and bala	on easemen sements du )(i) nent and at describes Similar As ance sheet	Iring the year Iring the year Yes s the ssets. works	e year r
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4 5 7 8 9 <b>Pai</b> 1a b	year         Number of states where property subject to conservation         Does the organization have a written policy regarding the productions, and enforcement of the conservation easement         Staff and volunteer hours devoted to monitoring, inspecting         Amount of expenses incurred in monitoring, inspecting, hat         Does each conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?         In Part XIII, describe how the organization reports conserve balance sheet, and include, if applicable, the text of the foorganization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on Foorganization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for puter provide the following amounts relating to these items:         (i)       Revenue included on Form 990, Part X	periodic monitoring, ins the it holds? and, handling of violations, and andling of violations, and pove satisfy the require vation easements in its potnote to the organizat of <b>Art, Historical</b> orm 990, Part IV, line 8. 958, not to report in its public exhibition, education 958, to report in its revelation, education	s, and enforcing d enforcing cons ments of section revenue and expe ion's financial sta <b>Treasures, o</b> revenue statement tion, or research describes these enue statement a n, or research in	conservation ervation eau 170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance furtherance	on easemen sements du )(i) ment and at describes <b>Similar As</b> ance sheet ance of public sheet work e of public s 	works c ks of service,	e year r
4 5 7 8 9 <b>Pai</b> 1a b	year         Number of states where property subject to conservation         Does the organization have a written policy regarding the providations, and enforcement of the conservation easement         Staff and volunteer hours devoted to monitoring, inspecting         Amount of expenses incurred in monitoring, inspecting, have a section 170(h)(4)(B)(ii)?         In Part XIII, describe how the organization reports conserve balance sheet, and include, if applicable, the text of the foorganization's accounting for conservation easements. <b>t III Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on Foorganization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for put provide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items:         (i)       Revenue included on Form 990, Part VIII, line 1         (ii)       Assets included in Form 990, Part X         If the organization received or held works of art, historical	periodic monitoring, ins the it holds? and ling of violations, and bove satisfy the require vation easements in its bothote to the organizat <b>of Art, Historical</b> orm 990, Part IV, line 8. 958, not to report in its public exhibition, education 1958, to report in its rev blic exhibition, education treasures, or other similar	s, and enforcing d enforcing cons ments of section revenue and expe- ion's financial sta <b>Treasures, o</b> revenue statement describes these enue statement a n, or research in	conservation ervation eau 170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance furtherance	on easemen sements du )(i) ment and at describes <b>Similar As</b> ance sheet ance of public sheet work e of public s 	works c ks of service,	e year r
4 5 7 3 9 <b>2</b>	year         Number of states where property subject to conservation         Does the organization have a written policy regarding the providations, and enforcement of the conservation easement         Staff and volunteer hours devoted to monitoring, inspecting, have a written policy regarding the providence of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, have a mount of expenses incurred in form service, provide in Part XIII the text of the footnote to its fill the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items:         (i)       Revenue included on Form 990, Part XIII, line 1         (ii)       Assets included in Form 990, Part X         If the organization received or held works of art, historical the following amounts required to	periodic monitoring, ins the it holds? and ling of violations, and pove satisfy the require vation easements in its potnote to the organizat of Art, Historical orm 990, Part IV, line 8. 958, not to report in its public exhibition, education nancial statements that 958, to report in its rev blic exhibition, education treasures, or other simi 3 ASC 958 relating to th	s, and enforcing d enforcing cons ments of section revenue and expe- ion's financial sta <b>Treasures, o</b> revenue statement describes these enue statement a n, or research in lar assets for fina- nese items:	conservation ervation eau 170(h)(4)(B ense staten tements the r Other S ent and balance furtherance furtherance	on easemen sements du )(i) nent and at describes <b>Similar A</b> ance sheet nce of public e sheet work e of public s \$  provide	works c ks of service,	e year r
4 5 7 8 9 <b>Pai</b> 11a b 2 2	year         Number of states where property subject to conservation         Does the organization have a written policy regarding the providations, and enforcement of the conservation easement         Staff and volunteer hours devoted to monitoring, inspecting         Amount of expenses incurred in monitoring, inspecting, have a section 170(h)(4)(B)(ii)?         In Part XIII, describe how the organization reports conserve balance sheet, and include, if applicable, the text of the foorganization's accounting for conservation easements. <b>t III Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on Foorganization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for put provide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items:         (i)       Revenue included on Form 990, Part VIII, line 1         (ii)       Assets included in Form 990, Part X         If the organization received or held works of art, historical	periodic monitoring, ins the it holds? and, handling of violations, and pove satisfy the require vation easements in its potnote to the organizat of <b>Art, Historical</b> orm 990, Part IV, line 8. 958, not to report in its public exhibition, education anancial statements that 958, to report in its rev blic exhibition, education streasures, or other similing a ASC 958 relating to th	s, and enforcing d enforcing cons ments of section revenue and expe- ion's financial sta <b>Treasures, o</b> revenue statement tion, or research describes these enue statement a in, or research in lar assets for fina- nese items:	conservation ervation ease 170(h)(4)(B ense staten tements the r Other S ent and balance furtherance furtherance ncial gain, p	on easemen sements du )(i) ment and at describes <b>Similar A</b> s ance sheet ance of public e sheet work e sheet work e of public s \$ 	works c ks of service,	e year r
4 5 7 8 9 2 1 1 2 2 4 5	year         Number of states where property subject to conservation         Does the organization have a written policy regarding the productions, and enforcement of the conservation easement         Staff and volunteer hours devoted to monitoring, inspecting         Amount of expenses incurred in monitoring, inspecting, have a section 170(h)(4)(B)(ii)?         In Part XIII, describe how the organization reports conserve balance sheet, and include, if applicable, the text of the for organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections: Complete if the organization answered "Yes" on For of art, historical treasures, or other similar assets held for pusprovide in Part XIII the text of the footnote to its fill if the organization elected, as permitted under FASB ASC or art, historical treasures, or other similar assets held for pusprovide the following amounts relating to these items:         (i) Revenue included on Form 990, Part VIII, line 1         (ii) Assets included in Form 990, Part VIII, line 1         (iii) Assets included on Form 990, Part VIII, line 1	periodic monitoring, ins the it holds? and, handling of violations, and pove satisfy the require vation easements in its notnote to the organizat of <b>Art, Historical</b> orm 990, Part IV, line 8. 958, not to report in its public exhibition, education anancial statements that 958, to report in its rev blic exhibition, education streasures, or other similing a ASC 958 relating to the	s, and enforcing d enforcing cons ments of section revenue and expe- ion's financial sta <b>Treasures, o</b> revenue statement tion, or research describes these enue statement a in, or research in lar assets for fina- nese items:	conservation ervation ease 170(h)(4)(B ense staten tements the r Other S ent and balance furtherance furtherance ncial gain, p	on easemen sements du )(i) ment and at describes <b>Similar As</b> ance sheet ance of public sheet work e of public s \$ 	works c ks of service,	e year r 

	dule D (Form 990) 2022 Humane S t III Organizations Maintaining C	Society of			<u> Athor Sir</u>			- Page <b>2</b>
3	Using the organization's acquisition, accession							ueu)
3	collection items (check all that apply):	on, and other records	s, check any of the	Tollowing that the	ake signino	ant use of its	5	
а	Public exhibition	b	L oan or excl	hange program				
b	Scholarly research	e		nange program				
c	Preservation for future generations	Ũ						
4	Provide a description of the organization's co	llections and explain	how they further the	ne organization's	s exempt p	urpose in Pa	rt XIII.	
5	During the year, did the organization solicit of							
•	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Par					,,	,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets	s not incluc	led		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
		·	C C				Amount	
с	Beginning balance				1	c		
	Additions during the year					d		
	Distributions during the year					e		
f	Ending balance					f		
2a	Did the organization include an amount on Fo						Yes	No No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	the organization and	wered "Yes" on Fo	rm 990, Part IV,	line 10.		-	
		(a) Current year	(b) Prior year	(c) Two years ba		ree years back		years back
	Beginning of year balance	1,024,129.	1,067,976.	1,046,5	21.	877,608.	. 6,	647,981.
b	Contributions					95,275.		426,166.
С	Net investment earnings, gains, and losses	47,081.	-6,946.	63,5	43.	96,897.		289,372.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	32,879.	32,262.	,	82.	23,259.	. 5,	907,167.
f	Administrative expenses	4,522.	4,639.					
g	End of year balance	939,648.	1,024,129.	1,067,9	76.	1,046,521	•	877,608.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		6						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered	for the		Г	
	organization by:							Yes No
	(i) Unrelated organizations							<u>X</u>
	(ii) Related organizations							X
	If "Yes" on line 3a(ii), are the related organiza						. <b>3</b> b	
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.					
Fai	Complete if the organization answered		Part IV line 11a S		art Vilino 1	n		
	Description of property	(a) Cost or ot basis (investm			c) Accumu depreciat		<b>(d)</b> Book	value
<b>4</b> -	Land		,	0,057.	deprecial		180	0,057.
	Land				2,698	819		.801.
	Buildings		4,02	5,020.	4,090	, 0 1 9 •	1,744	E, UUI •
	Leasehold improvements		1 20	5,412.	916	,007.	280	,405.
	Equipment			1,784.	710	, , .		,40 <u>3</u> . .784.
	Other							5,047.
ιστά	. Add lines 1a through 1e. (Column (d) must e	juai romi 990, Part /	х, соштт (в), тпе Т	00.)	<u></u>		4, 140	//U±/•

Schedule D (Form 990) 2022

232052 09-01-22

	ety of North	Texas	75-1245911 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		ne 12. Cost or end-of-year market value
			Cost of end-or-year market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>			
(2) Closely field equity interests (3) Other			
(A) Beneficial interest in			
(B) charitable trusts	1,323,258.	End-of-Year M	Market Value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,323,258.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, li	ne 15.
-	Description		(b) Book value
(1) Mineral interest			1,468,217.
(2) Operating Lease Right-Of-	Use Asset		102,346.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		1,570,563.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			102 246
(2) Operating Lease			102,346.
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		102,346.
2. Liability for uncertain tax positions. In Part XIII, provid	,		
organization's liability for uncertain tax positions unde		-	

Schedule D (Form 990) 2022

232053 09-01-22

75-1245911 Page	911 Page	911	5	24	-1	75	
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D (Form 990) 2022 Humane Society of North T	rm 990) 2022	Humane	Society	of	North	Tex
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Sche	edule D (Form 990) 2022 Humane Society of North Texas	75-	1245911 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	5,281,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 2b 147,656	5.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	. 2e	-2,612,109.
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	7,893,813.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 75,400	).	
b	Other (Describe in Part XIII.) 4b		
С	Add lines <b>4a</b> and <b>4b</b>		75,400.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		7,969,213.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	10,281,296.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 147,656	5.	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	. 2e	147,656.
3	Subtract line 2e from line 1	. 3	10,133,640.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	. 4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	. 5	10,133,640.

Part XIII Supplemental Information.

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

## Part V, line 4:

Endowment funds support animal care activities.

Part X, Line 2:

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The Organization is generally exempt from federal income tax under Section

501(c)(3) of the Internal Revenue Code, as an organization other than a

private foundation, US GAAP requires management to evaluate tax positions

taken by the ORganization and recognize a tax liability (or asset) if the

Organization has taken an uncertain position that more likely than not

would not be sustained upon examination by the Internal Revenue Service.

Management has analyzed the tax positions taken by the Organization and

has concluded that as of December 31, 2022 and 2021, there were no 232054 09-01-22 Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Humane Soc	iety of	North Texas	75-1245911 Page 5
Part XIII Supplemental Information (continued)			
uncertain positions taken or e	xpected	to be taken th	nat would require
recognition of a liability (or	asset)	or disclosure	in the financial
statements. The Organization i	s subje	ct to routine a	audits by taxing
jurisdictions; however, there	are cur	rently no audit	s for any tax periods
in progress.			
			Schedule D (Form 990) 2022
232055 09-01-22		31	

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming A	Activi	ties   c	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, o	r if the	2022
Department of the Treasury	ŭ	Attach to Form 990 of						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	tions	and t	he latest informatio			Inspection
Name of the organization		Cogioty of North M	0.17.0	a			mployer ide $75 - 1245$	ntification number
Part I Fundrais		Society of North T Complete if the organization answe			n Form 990 Part IV I			
	complete this par			03 01	11 0111 000, 1 alt IV, 1		TOINI 550 E2	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	tions email solicitations tations plicitations on have a written c		ion of ion of fundra (inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus	stees, c	or 🗌 Yes	No
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu	ant to	agree	ements under which t	the fund	draiser is to b	De
	east \$5,000 by the							
(i) Name and address of individual or entity (fundraiser)				Did aiser ustody trol of utions?	(iv) Gross receipts from activity	fundraiser to (or ref		<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	on is registered or licensed to solicit (	contrib	outions	s or has been notified	d it is e	empt from re	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

Humane Society of North Texas

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

			(a) Event #1 Party for Paws	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
2			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	156,859.			156,859
	2	Less: Contributions	130,459.			130,459
	3	Gross income (line 1 minus line 2)	26,400.			26,400
	4	Cash prizes				
2	5	Noncash prizes				
beilod	6	Rent/facility costs				
הווברו באהבווסבס	7	Food and beverages				
נ	8	Entertainment				
	9	Other direct expenses	60 001			68,031
	10	, , , , , , , , , , , , , , , , , , , ,	( )			68,031 -41,631
2	<u>11</u>   rt			n 990 Part IV line 19 or i		
_		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
2	1	Gross revenue				
2020	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			[]	
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
	_					
	En	ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes N
а	ls f					
а	ls f					
a b	Is 1   If " 	No," explain:	evoked, suspended, or t		year?	Yes N
a b	Is 1   If " 	No," explain:	evoked, suspended, or t		year?	Yes N
a b	Is 1   If " 	No," explain:	evoked, suspended, or t		year?	Yes N

Sch	edule G (Form 990) 2022	Humane	Societ	y of	<u>North</u>	Texas		<u>75-1</u>	2459	911	Page <b>3</b>
	Does the organization conduct ga								<u> </u>	′es	No
12	Is the organization a grantor, ben										
	to administer charitable gaming?								<u>Γ</u>	'es	└── No
	Indicate the percentage of gamin							1	ا م		
	The organization's facility								13a 13b		<u>%</u> %
	An outside facility Enter the name and address of th								130		%
17			prepares the	organizati	on s garm	ng/special event	S DOORS and record				
	Name										
	Address										
15a	Does the organization have a con	ntract with a thi	rd party from	whom the	e organizat	tion receives gar	ning revenue?		<u> </u>	'es	🗌 No
ŀ	If "Yes," enter the amount of gam	nina revenue re	ceived by the	organizat	tion \$		and the amo	unt			
	of gaming revenue retained by th			organizat	uon y			ant			
c	If "Yes," enter name and address				-						
	Name										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation	\$									
	Description of services provided										
	Director/officer	Employe	•	Ind	opondont	contractor					
			e		ependent	CONTRACTOR					
17	Mandatory distributions:										
	Is the organization required unde	r state law to m	nake charitab	le distribut	tions from	the gaming proc	ceeds to				
	retain the state gaming license?								<u>γ</u>	'es	🗌 No
k	Enter the amount of distributions	required under	r state law to	be distrib	uted to oth	ner exempt orga	nizations or spent i	n the			
	organization's own exempt activit										
Pa	IT IV Supplemental Infor							and Par	t III, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Al	so provide ar	ny addition	al informa	tion. See instruc	tions.				
2320	83 10-27-22				~ -			Schedu	le G (F	orm	990) 2022
1 0			0000	04000	34			1 -			10 1

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232084 04-01-22	2022 04000	35 Humane	Society	of North	Schedule G (Form 990) Tex HU1040_1

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	77	)
•		Compensated Employees		ZU		•
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer i	dentificati	on nu	mber
		Humane Society of North Texas	75-1	24591	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	charter travel Housing allowance or residence for perso	onal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization'				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
		compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					37
а		e payment or change-of-control payment?				X
b		ceive payment from a supplemental nonqualified retirement plan?				X X
с		eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only setting FO II					
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	OU			
_	contingent on the r			5.		x
a k	Any related ergeni	ation 2		5a		X
a		ation? or 5b, describe in Part III.		5b		
~		on Sol, describe in Part III. Son Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	an			
0	contingent on the r					
~	•			6a		x
		ation?				X
U		ation? or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	'e			
'	-	nes 5 and 6? If "Yes," describe in Part III		7		x
Q		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
3		a the organization also follow the reputtable presumption procedure described in a solution of the		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990	) 2022

232111 10-18-22

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			compensation	reported as deferred on prior Form 990
(1) Susan Gulig	(i)	178,702.	8,750.	0.	25,650.	6,352.	219,454.	0.
President	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

### 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 3:

The President's compensation is reviewed annually by the full Board and

compared to industry compensation data for organizations of similar size

and complexity. The full Board approves the final compensation for the

President.

Schedule J (Form 990) 2022

## SCHEDULE M (Form 990)

Noncash	Contributions
---------	---------------

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### ~ **ب** 1

	Humane Socie	ty or	North Tex	as		/5-1245	9 T T 6	
Pa	rt I Types of Property	_		-				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of determin noncash contribution ar		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	Х	1	5,067.	FMV	T		
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					7		
25	Other (Animal supplies)	X	0	117,852.	FMV	/		
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, [	Oonee Acknowledg	gement 29			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rei	ported in Part I. lines 1 throu	ıgh 28	, that it		
	must hold for at least 3 years from the date of					, ,		
	exempt purposes for the entire holding period		,	,		30a		X

b If "Yes," describe the arrangement in Part II. 31

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Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

31

32a

Х

Х

232141 09-09-22

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

Schedule M, Part I, Column (b):

The Society receives a high volume of donations of animal supplies and

tracks them, genreally, in monthly amounts for accounting and reporting

puposes, so a specific count of such donations is not presented.

Schedule M, Line 32b:

The Society solicits donations of vehicles through CARS, Inc., a third

party, which handles the receipt and sale of donated vehicles. There

were no cash contributions received in 2022 from such transactions.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 75-1245911

Form 990, Part VI, Section A, line 4:

In October 2022, the organization bylaws were amended.

Humane Society of North Texas

Form 990, Part VI, Section B, line 11b:

The Board of Directors reviews a final draft of the Form 990 prior to

filing and has the opportunity to provide commentary and questions to the

Society's management group.

Form 990, Part VI, Section B, Line 15a:

The President's compensation is reviewed annually by the full Board of

Directors and is compared to industry compensation data for organizations

of similar size and complexity. The full Board approves the final

compensation for the President.

Form 990, Part VI, Section C, Line 19:

The Society provides its governing documents, conflicts of interest policy,

and financial statements to the public at its office and upon written

request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of beneficial interest in charitable trusts -112,163.

Form 990, Part XII,, 2c

No changes in review process during the current year.

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

Schedule O (Form 990) 2022

232211 10-28-22

11120720 353049 HU1040.20