	00	\	1	D . (-	.		OMB No. 1545-0047
Form	99	90		Return	of Organiza	tion Exempt	From inco	me lax		2016
			Under	section 501(c)	, 527, or 4947(a)(1)	of the Internal Reve	enue Code (exce	pt private foundatio	ns)	2016
_		. .		► Do not en	ter social security n	umbers on this for	m as it may be m	ade public.		Open to Public
		he Treasury ie Service			on about Form 990		-	-		Inspection
			ar year, or t	ax year begin	-		, 2016, and e			, 20
		pplicable:			HUMANE LEAGUE			•	DE	mployer identification no.
	ddress cl		Doing busin							-3817491
_	ame cha	•			if mail is not delivered to st	reet address)		Room/suite		elephone number
=	itial retu	•		X 10476		,				17)877-3589
H		n/terminated			country, and ZIP or foreign	postal code			<u> </u>	6,575,410
H	mended			ILLE, MD 2					G G	ross receipts \$
=		n pending		address of principal		ONEY		H(a) Is this a group retur	_	
	ppilodito	r ponding		AS C ABOVE		- CALL		H(b) Are all subordin		
<u>і</u> т	ay-eyemr	ot status: X	501(c)(3)) 🗲 (insert no.)	4947(a)(1) or 5	27			(see instructions)
		▶ N/A					£1	H(c) Group exempti		
			Corporation	Trust Asso	ociation Other ►	1	Year of formation: 2	2005 M State of I		
Pa		Summar							garuom	
	T -		•	nization's missi	on or most significan	t activities: THE	HIMANE LEAC	UE WORKS TO R	FDUCT	AS MIICH
đ			•		BLE. TOWARDS			N PROMOTES THE		
nc					UGH PUBLIC OUT	-				
rna		THAT BEN			UGII FUBLIC UU	INEACH, EDUCA	IION, AND FI	COMOTION OF FC		CILANGES
Governance	2				discontinued its ope	rations or disposed (of more than 25%	of its net assets		
õ	3			0	rning body (Part VI, li	•		1	3	E
Š	4		U	0	s of the governing bo	,			4	5
Activities &	5		•	0	calendar year 2016	,			+ 5	5
ţ				. ,	2	(Fait V, line Za)			6	42
Ac	6 7a			rs (estimate if i	Part VIII, column (C),	lino 12			о ′а	6,000
									a /b	0
	u	Net unrelated	u business ta		from Form 990-T, line	e 34 • • • • • • •			<u>u</u>	0
		Contribution			46)		ŀ	Prior Year		Current Year
e			•	(Part VIII, line			•••••	35,0		54,743
Revenue	9	•			2g) • • • • • • •		•••••	1,303,1	21	6,495,676
eve					(), lines 3, 4, and 7d)		•••••		+	24,991
R					es 5, 6d, 8c, 9c, 10c,	,				0
	12			č	must equal Part VIII,			1,338,1		6,575,410
	13			• •	X, column (A), lines 1	,		10,0	00	32,661
					(, column (A), line 4)		· · · · · · · · ·			0
es					e benefits (Part IX, co		· –	397,5	12	944,434
sue			0		column (A), line 11e)				_	11,335
Expenses					umn (D), line 25) 🕨		193,873			
Ш		•	· · · ·		nes 11a-11d, 11f-24e)		H	515,1		986,243
					equal Part IX, colum			922,7		1,974,673
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_	Revenue les	s expenses.	Subtract line	18 from line 12 • •		· · · · · · · · ·	415,4		4,600,737
Net Assets or Fund Balances				( <b>a</b> )			ŀ	Beginning of Current Yea		End of Year
sets 3alaı	20		-	•				1,143,2		5,903,978
at As nd E	21		•					12,0		139,811
				ces. Subtract I	ine 21 from line 20			1,131,1	93	5,764,167
	tll	-	re Block							
					n, including accompanying s cer) is based on all informati			nowledge and belief, it is		
Sigi	<b>,</b>		EL WAGEN	BORG						
-		Signatur	e of officer					E	Date	
Her	e				ECTOR OF OPERA	ATIONS				
		Type or p	print name and t	itle						
_		Print/Type pre	parer's name		Preparer's signature		Date	Check if	PTIN	
Paic			W Imbin	nbo CPA	Anthony W Imbi	imbo CPA		self-employed	P	00319271
	parer		•		W Imbimbo CPA			Firm's EIN 🕨		
Use	Only	Firm's address	s 🕨	PO Box 3				Phone no.		
				San Dieg	o CA 92163			619	<u>-49</u> 7-	-1040
May t	he IRS	6 discuss this	return with t	he preparer sh	own above? (see ins	tructions)	<u></u>			
For F	anerw	ork Reductio	on Act Notic	re see the sei	parate instructions					Eorm <b>000</b> (2016)

Form	n 990 (2016) THE HUMANE LEAGUE 04-3817491	⊃age <b>2</b>
Pa	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE HUMANE LEAGUE WORKS TO REDUCE AS MUCH ANIMAL SUFFERING AS POSSIBLE. TOWARDS THIS END THE	i
	ORGANIZATION PROMOTES THE COMPASSIONATE TREATMENT OF ANIMALS THROUGH PUBLIC OUTREACH,	
	EDUCATION, AND PROMOTION OF POLICY CHANGES THAT BENEFIT ANIMALS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? • • • • • • • • • • • • • • • • • • •	)
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? · · · · · · · · · · · · · · · · · · ·	)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expansion $S_{1}(a)(A)$ and $S_{1}(a)(A)$ ergenizations are required to report the amount of grapts and ellegations to other a	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,652,588 including grants of \$ ) (Revenue \$ 6,495,676	; )
	THE HUMANE LEAGUE'S GRASSROOTS VEGETARIAN/VEGAN OUTREACH PROGRAMS REACHED OVER 1 MILLION	_ /
	PEOPLE WITH INFORMATION ON MAKING MORE ANIMAL-FRIENDLY DIETARY CHOICES. THE OUTREACH PROGRAM	4
	INCLUDES THE FOLLOWING: ON-LINE OUTREACH, BOOKLETS ON VEGETARIAN EATING AND FACTORY FARMING,	
	DISTRIBUTION OF VEGETARIAN STARTER GUIDES, HUMANE EDUCATION, CONDUCTED VEG-FEST PROGRAMS THE	
	HUMANE LEAGUE ALSO CONDUCTS CAMPAIGNS EDUCATING THE PUBLIC AGAINST FACTORY FARMING CRUELTY	
	INSTITUTIONAL OUTREACH AND CAMPAIGNS HAVE SUCCESSFULLY PERSUADED DOZENS OF THE LARGEST FOOD	
	CORPORATIONS, RESTAURANT CHAINS AND PUBLIC INSTITUTIONS TO CREATE MORE ANIMAL-FRIENDLY	
	POLICIES. THIS INCLUDES SWITCHING TO EXCLUSIVELY CAGE-FREE EGGS, REFORMING THE CONDITIONS FO	R
	ANIMALS KILLED FOR MEAT AND REDUCING OVERALL MEAT CONSUMPTION	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
44	Other program convisor (Describe in Schodule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1,652,588	
	Trotal program service expenses F 1,652,588	(2016)

Form		88174	91	Р	age 3
Pa	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A • • • • • • • • • • • • • • • • • •	• • •	1	Х	
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 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 during the tax year? If "Yes," complete Schedule C, Part II	•••	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		5		37
6	Part III · · · · · · · · · · · · · · · · ·	• • •	5		<u>X</u>
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I		6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-		21
-	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 temporarily restricted				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable.				
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	• • •	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	•••	11e	Х	
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		X
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				3.7
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule F	• • •	12b		X X
13			13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	•••	14a		<u> </u>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		~ 1	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	<u></u>	19		Х

Form 990 (2016)

Form	990 (2016) THE HUMANE LEAGUE 04-38174	91	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II · · · · · · · · · · · · · · · · · ·	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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
35a	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		Χ_
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form	1990 (2016) THE HUMANE LEAGUE 04-38174	91	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable •••••••• 1a 71			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ••••••• 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
0	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2-		37
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
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 in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	<del>4</del> a		Λ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••	_		
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?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		X
n 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		Х
0	sponsoring organizations maintaining donor advised funds. Did a donor advised funds in a maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	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:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	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 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization 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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	140		37
14а ь		14a 14b		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		1

	1 990 (2016) THE HUMANE LEAGUE 04-38174		P	age <b>6</b>
Pa	rt 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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			• 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year •••••••• 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>····· 1b 5</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RACHEL HUFF WAGENBORG (617)877-3589, PO BOX 10476, ROCKVILLE, MD 20849			
-				

Form 990 (20 ²	6) THE HUMANE LEAGUE	04-3817491	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	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		
<b>1a</b> Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or tax year.	r within the	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					nan one s both ar		Reportable	Reportable	Estimated
	hours per					/trustee)		compensation	compensation from	amount of
	week (list any							from	related	other
	hours for related	er In	In	Q	K	er Hi	Fc	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Forme	(W-2/1099-MISC)	(	organization
	below dotted line)	ual t ctor	iona		nplo	st co yee	r			and related organizations
	inte)	ruste	l trus		yee	mpe				organizations
		ě	stee			Highest compensated employee				
						ed				
(1) LYDIA CHAUDRY	5.00_									
BOARD TREASURER				Х				0	0	0
(2) MARK_MIDDLETON	5.00									
BOARD MEMBER				Х				0	0	0
(3) NICK COONEY	15.00									
PRESIDENT				Х				0	0	0
(4) HARISH SETHU	<u>5.00</u>									
BOARD SECRETARY				Х				0	0	0
(5) DENISE TREMBLAY	<u>5.00</u>									
BOARD MEMBER				Х				0	0	0
<u>(6)</u>										
(7)										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
`_'										
(13)										
<u>(14)</u>										

	90 (2016)	THE	HUMANE LEAGUE									04-38174	91	Pa	ge <b>8</b>
Part	VII Section	A. Officers	s, Directors, Trustees,	Key Employ	/ees, a	Ind H	High	est	Comp	oens	ated Employees	(continued)			
							(0								
		(A)		(B)	(do p	ot cho	Posi		an one		(D)	(E)		(F)	
	١	ame and title		Average	· ·				both an		Reportable	Reportable	Est	imated	
				hours per					trustee)		compensation	compensation from		ount of	
				week (list any hours for	or In	sul	Of	Ke	Hi en	Fo	from the	related organizations		other ensation	
				related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)		om the	
				organizations	ctor	iona		nplo	st co yee		(W-2/1099-MISC)		-	nization related	
				below dotted line)	ruste	l trus		yee	mpe					nizations	
				,	l ë	stee			Highest compensated employee				Ũ		
									ed						
(15)															
<u>\</u>															
(16)															
<u>` _' _ </u>															
(17)															
<u>`</u> _'															
(18)															
<u> </u>															
(19)															
<u> </u>															
(20)															
<u> </u>															
(21)															
<u> </u>															
(22)															
<u> </u>															
(23)															
<u> </u>															
(24)															
<u> </u>															
(25)															
<u> </u>															
1b	Sub-total														
с	Total from cont	inuation sh	eets to Part VII, Section	on A.											
d											0	0			0
2			(including but not limited												-
			m the organization			,					. ,	0			
	•												,	Yes	No
3	Did the organiza	ition list any	former officer, director	, or trustee, I	key em	ploy	vee,	or hi	ighest	com	pensated				
	-	•	s," complete Schedule .		•				-				3		Х
4			ine 1a, is the sum of re				and	othe	er com	pens	sation from the				
•	•		anizations greater than		•					•					
	-	-											4		Х
5			e 1a receive or accrue c										-		
•			organization? If "Yes,"			-			-				5		Х
Secti	on B. Indepe														
1			five highest compensat	ted independ	ent co	ntrad	ctors	tha	t rece	ived	more than \$100.00	00 of			
-		-	anization. Report compe												
	year.	onn and orge			lo oure				lang		or mann the organ				
	year.		(A)								(B)		(0	3)	
			Name and business address								Description of	services		nsation	
FACE		TT WAY	MENLO PARK, CA	94025							MARKETING			336,0	123
- ACEI	JOON, I HACK	un mai,	MINIO FART, CA	J-023							- FISTALLI I LING			,	123
2	Total number of	independer	t contractors (including	but not limite	ed to th	lose	liste	ed at	ove)	who	1				

►

receiv	ed i	more	e thar	ו \$1	00.0	00 of	f com	pensa	ation [•]	from	the	ora	anization	

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Form 99	90 (20	-	NE LEAGUE				04-38174	91 Page 9
Part	VIII	Statement of Revenu	e					
		Check if Schedule O contair	is a response or	note to any line in th	nis Part VIII		<u></u>	<u> [</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	· · · · ·   1a	1				
oun	b	Membership dues • • • • •	1k	)				
A G A D	с	Fundraising events • • • •	· · · · · 10	;				
Gift	d	Related organizations • • •	· · · · · 10	1				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	ons) • • 16	•				
utio	f	All other contributions, gifts, gi						
d Of		and similar amounts not includ			-			
an C	g	Noncash contributions include			54.540			
	h	Total. Add lines 1a-1f • •			54,743			
an	22	DDOCDAN CEDUTCE DEVE	NITE	Business Code	6 405 676	6 405 676		
even	b	PROGRAM SERVICE REVE	NUE	900099	6,495,676	6,495,676	 	
Se R	c						ļ	
ervic	d							
Program Service Revenue	е							
ogra	f	All other program service reven	ue • • • • • •					
- L	g	Total. Add lines 2a-2f			6,495,676			
	3	Investment income (including d	ividends, interes	t,				
		and other similar amounts) .			10,219	10,219		
		Income from investment of tax-						
	5	Royalties • • • • • • • • • •						
			(i) Real	(ii) Personal	-			
					-			
		Less: rental expenses • • • • Rental income or (loss) • • •						
		Net rental income or (loss)		 · · · · · · · ▶				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	14,77					
		Less: cost or other basis	•					
		and sales expenses						
	С	Gain or (loss)	14,77	2				
۵		Net gain or (loss) • • • • •		· <u>· · · · · · · · · · · · · · · · · · </u>	14,772	14,772		
Other Revenue		Gross income from fundraising						
eve		events (not including \$						
r R		of contributions reported on line						
othe	h	See Part IV, line 18 • • • • • Less: direct expenses • • •			-			
0		Net income or (loss) from fundr						
		Gross income from gaming acti	-					
		See Part IV, line 19 • • • •						
	b	Less: direct expenses	b					
	с	Net income or (loss) from gami	ng activities •					
	10a	Gross sales of inventory, less						
		returns and allowances · · ·						
		Less: cost of goods sold ••						
	С	Net income or (loss) from sales	of inventory •					
	44 -	Miscellaneous Revenue		Business Code				
	11a							
	b c						 	
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions			6,575,410	6,520,667	0	0

THE HUMANE LEAGUE

	Check if Schedule O contains a response or note to	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
), y			expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 · · ·	17,661	17,661		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 · · · · · · · · · · ·				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 • • • • • •	15,000	15,000		
	Benefits paid to or for members • • • • • • • • • • • •				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	842,386	722,516	20,979	98,89
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	33,606	31,085	2,079	44
	Payroll taxes	68,442	58,789	1,710	7,94
	Fees for services (non-employees):	,			
а	Management				
b	Legal				
с	Accounting	8,010	250	7,760	
d	Lobbying · · · · · · · · · · · · · · · · · · ·			.,	
•	Professional fundraising services. See Part IV, line 17 •	11,335			11,33
F	Investment management fees	14,114		14,114	11,55
g	Other. (If line 11g amount exceeds 10% of line 25, column	14,114		14,114	
9	(A) amount, list line 11g expenses on Schedule O.)	100 056	154 049	20 042	2.04
	Advertising and promotion	188,956	154,948	30,043	3,96
	Office expenses	351,474	348,768	772	1,93
		48,935	43,748	1,460	3,72
	Information technology	32,518	11,693	20,160	66
	Royalties				
	Travel	170,225	157,386	3,746	9,09
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest · · · · · · · · · · · · · · · · · · ·				
	Payments to affiliates				
	Depreciation, depletion, and amortization • • • • • •				
	Insurance	7,934	1,782	5,913	23
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
3	PRINTING COPYING	20,955	17,579	806	2,57
c	POSTAGE	12,983	9,657	1,449	1,87
;	BANK FEES	2,247	-,	2,247	_,•
t		,		,	
•	All other expenses	127,892	61,726	14,974	51,19
	Total functional expenses. Add lines 1 through 24e •	1,974,673	1,652,588	128,212	193,87
	Joint costs. Complete this line only if the		_,,,		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				

## Form 990 (2016) **THE HUMANE LEAGUE**

Part X Balance Sheet

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X	(A)	· · · ·	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	8,554	1	2,373,68
	Savings and temporary cash investments	836,111	2	_,,.
	Pledges and grants receivable, net		3	1,500,00
	Accounts receivable, net		4	568,18
	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 6, 304			
	Less: accumulated depreciation 10b		10c	6,30
	Investments - publicly traded securities	298,558	11	1,452,6
	Investments - other securities. See Part IV, line 11	,	12	, - , -
	Investments - program-related. See Part IV, line 11		13	
	Intangible assets		14	
	Other assets. See Part IV, line 11		15	3,1
	Total assets. Add lines 1 through 15 (must equal line 34)	1,143,223	16	5,903,9
	Accounts payable and accrued expenses	12,030	17	7,3
	Grants payable	,	18	,
	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D · · · · · · · · · · · · · · · · · ·		25	132,49
26	Total liabilities. Add lines 17 through 25	12,030	26	139,8
	Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🕅 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	1,131,193	27	5,336,13
28	Temporarily restricted net assets		28	428,03
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🔲 and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund $\cdots \cdots \cdots \cdots$		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,131,193	33	5,764,10
34	Total liabilities and net assets/fund balances	1,143,223	34	5,903,97

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Form 990 (2016)

Form	1 990 (2016) THE HUMANE LEAGUE 0	4-381749	1	Pa	age <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				· 🗌			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,5	575,4	410			
2 Total expenses (must equal Part IX, column (A), line 25)		2	1,9	974,0	673			
3	Revenue less expenses. Subtract line 2 from line 1	3	4,6	500,5	737			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	.31,1	193			
5	Net unrealized gains (losses) on investments	5		46,8	301			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8 Prior period adjustments		8		(14,5	564)			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B)) ••••••••••••••••••••••••••••••••••	10	5,7	64,1	167			
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:							
	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							
	separate basis, consolidated basis, or both:							
	I 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 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 in							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form		2016)			

Form **990** (2016)