* * *	PUBLIC	DISCLOSURE	COPY	* * *
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Form	990
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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



AF	or the	a 2020 calendar year, or tax year beginning and a	ending			
B C a	heck if pplicabl	C Name of organization D Employer identification number				
	Addre] chang	THE HUMANE LEAGUE				
	chang	e Doing business as		04-381749	91	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	P.O. BOX 10476		888-211-		
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	24,569,995.	
	Amen	ROCKVILLE, MD 20049		H(a) Is this a group re	turn	
	Applic distance	F Name and address of principal officer: DAVID COMAN-HIDI		for subordinates	?	
	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🔲 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions	
J۷	Vebsi	te: THEHUMANELEAGUE.ORG		H(c) Group exemption	n number 🕨	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2005 N	State of legal domicile: PA	
Pa	rt I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: END	THE AB	USE OF ANIMA	LS RAISED	
nce		FOR FOOD THROUGH INSTITUTIONAL & INDIVIDU.	AL CHA	NGE.		
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	6	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6	
8 S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	84	
vitie	6	Total number of volunteers (estimate if necessary)		6	8500	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		10,486,485.	14,077,830.	
nué	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106,794.	1,389,797.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-23,988.	8,100.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,569,291.	15,475,727.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,776,686.	2,183,069.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,763,795.	5,283,200.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	415,150.	
épe	b	Total fundraising expenses (Part IX, column (D), line 25)   I,267,50	)3.			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,639,169.	845,879.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,179,650.	8,727,298.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,389,641.	6,748,429.	
ces				ginning of Current Year	End of Year	
sets alan	20	Total assets (Part X, line 16)		18,650,028.	22,922,025.	
Net Assets	21	Total liabilities (Part X, line 26)		188,617.	1,152,348.	
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		18,461,411.	21,769,677.	
Pa	irt II	Signature Block				

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

Sign	Signature of officer		Date				
Here	DAVID COMAN-HIDY, PRES	IDENT					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	AARON M. FOX	and	05/17/21 self-employed P0136	5820			
Preparer	Firm's name <b>MARCUM LLP</b>	10	Firm's EIN 🕨 11-1986	323			
Use Only	Firm's address 🕨 1899 L STREET, N	W #850					
	WASHINGTON, DC 2	0036	Phone no. (202) 822	-5000			
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes	No			
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)						
	*** ELECTRONI	CALLY FILED ON 05/17	/2021 *** <b>C</b>	<b>OPY</b>			

\*\*\* ELECTRONICALLY FILED ON 05/17/2021 \*\*\*

prior Form 990 or 990 cf 222		990 (2020) THE HUMANE LEAGUE	04-3817491	Page 2
1       Biely describe the organizations mission: WE EXIST TO END THE ABUSE OF ANIMALS RAISED FOR FOOD. WE BELIEVE A WORLD THAT'S FREE OF ANIMAL ABUSE STARTS WITH A WORLD THAT HAS JORNEY OF SMALL, YET MEANINGFUL, INCREMENTAL STEPS. ENDING THE USE OF CAGES.         2       Did ne organization inductase any significant program services during the year which were not fisted on the phor form 500 490-627       Ives [X] Nk the "statistics inductase any significant program services during the year which were not fisted on the phor form 500 490-627       Ives [X] Nk the "statistics inductase any significant changes in hew it conducts, any program services, as measured by expenses. Section 501 (c)[8] and 501 (c)[4] organizations are required to report the amount of grants and allocations to others, the total expenses, and reverus. [Any, ceach program service accomplishments for each of its three largest program services, so measured by expenses. Section 501 (c)[8] and 501 (c)[4] organizations are required to report the amount of grants and allocations to others, the total expenses, and reverus. [Any, ceach program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (c)[8] and 501 (c)[4] organizations are required to report the amount of grants and allocations to others, the total expenses, and reverus. [Any, ceach program services complishments for each of its three largest program services. Section 501 (c)[8] and 501 (c)[4] organizations are required to report the amount of grants and allocations to other. SINCE OUR BEGINNINGS NEARLY. If vacang gatests       2,183,069., [Any, Constances]       7,100.         40       (Const =	Par			TV
WE EXIST TO END THE ABUSE OF ANIMALS RAISED FOR FOOD. WE BELIEVE A         WORLD THAT'S FREE OF ANIMAL ABUSE STARTS WITH A WORLD THAT HAS LESS         ANIMAL ABUSE. STEP BY STEP. DAY BY DAY. BIG SOCIAL CHANGE IS A JOURNEY         OF SMALL, VET MEANINGFUL, INCERMENTAL STEPS. ENDING THE USE OF CAGES.         Did the organization underske av significant program services during the year which were not listed on the proform 900 or 900.627       Image: Stepse St	4			🔼
WORLD THAT'S FREE OF ANIMAL ABUSE STARTS WITH A WORLD THAT HAS LESS         ANIMAL ABUSE. STEP BY STEP. DAY BY DAY. BIG SOCIAL CHANGE IS A JOURNEY         OF SMALL, YET MEANINGFUL, INCREMENTAL STEPS. ENDING THE USE OF CAGES.         2 Did the organization undertake any significant program services during the year which were not listed on the proform 990 or 990 E2?         bid the organization cause conduction, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6) organizations are completed to report the amount of grants and allocations to others, the total expenses, and reverue, if m() for each program service ecompleted report to amount of grants and allocations to others, the total expenses, and reverue, if m() for each program service ecompleted report to amount of grants and allocations to others, the total expenses, and reverue, if m() for each of 100 regonant service ecompleted report to a mount of grants and allocations to others, the total expenses, and reverue, if m() for each program service ecompleted report to amount of grants and allocations to others, the total expenses, and reverue, if m() for each of the SINCE OP OP. IN 2020, we CONTINUED TO SOLVING A GLANT GLOBAL FORCE, COMMITTED TO SOLVING A GLANT GLOBAL FORCE COMMITTED TO SOLVING A GLANT GLOBAL FORCE OF MOVEMENT INTO A GLOBAL FORCE, COMMITTED TO SOLVING A GLANT GLOBAL FOR ECONTINUES OF 623 MILLION GUE MOVEMENT THAT IS STRONGER EACH YEAR.         1. CREATE A BIG SOCIAL CHANGE THROUGH MEANINGPUL, INCREMENTAL STEPS.       1. DEVELOP A MOVEMENT THAT IS STRONGER EACH YEAR.         1. BULLON HENRY WILL NOW BE SPARED FROM THE LIVES OF 623 MILLION ANIMALS RAISED FOR FOOD, SPECIFICALLY, THIS MEANS:       1 () (Neweres 3	-		RELIEVE A	
ANIMAL ABUSE. STEP BY STEP. DAY BY DAY. BIG SOCIAL CHANGE IS A JOURNEY         OF SMALL, YET MEANINGPUL, INCREMENTAL STEPS. ENDING THE USE OF CAGES.         Did the organization undertake any significant program services during the year which were not listed on the prior form 980 e27				
OF       SMALL, YET MEANINGFUL, INCREMENTAL STEPS. ENDING THE USE OF CAGES.         2       Old the organization undertate any significant program services during the year which were not listed on the prior Form 980 or 980-627       □ Ves [X] Na         10 the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations accompliathments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations acroscompliathments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations acroscompliathments for each of and services [2, 133, 069.) (####################################				VEY
2       Def the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27       □ Ves X No         3       Did the organization cases conducting, or make significant tranges in how it conducts, any program services?       □ Ves X No         4       Describe these news services on Schedule 0.       1 Ves. (X No         5       Did the organization are completiments for each of its three largest program services; as measured by expenses. Section 501(6) and 501(4) (%) gamizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompletiments for each of its three largest program service.       7,100.         5       0.00000000000000000000000000000000000				
prior Form 500 or 500 cr 200 cr 200 cr make significant changes in how it conducts, any program services?				
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<pre>SINCE OUR BEGINNINGS NEARLY 16 YEARS AGO, WE HAVE BEEN BUILDING OUR MOVEMENT INTO A GLOBAL FORCE, COMMITTED TO SOLVING A GIANT GLOBAL PROBLEM - THE ABUSE OF ANIMALS RAISED FOR FOOD. IN 2020, WE CONTINUED TO CENTER OUR WORK AROUND OUR STRATEGIC PRINCIPLES: 1. CREATE A BIG SOCIAL CHANGE THROUGH MEANINGFUL, INCERMENTAL STEPS. 2. BUILD A COALITION THAT IS BIGGER THAN OURSELVES. 3. DEVELOP A MOVEMENT THAT IS STRONGER EACH YEAR. IN REALIZING THESE PRIORITIES, WE IMPACTED THE LIVES OF 623 MILLION ANIMALS RAISED FOR FOOD. SPECIFICALLY, THIS MEANS: - 91 MILLION HENS WILL NEVER FACE A LIFE IN A CAGE - 227 MILLION CHICKENS WILL NOW BE SPARED FROM THE HORIFYING 40 Code:</pre>		revenue, if any, for each program service reported.		
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(Expenses \$       including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       6,669,671.       Form 990 (2020)         32002 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       Form 990 (2020)				
(Expenses \$       including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       6,669,671.       Form 990 (2020)         32002       12-23-20       SEE       SCHEDULE       O       FOR       CONTINUATION (S)				
(Expenses \$       including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       6,669,671.       Form 990 (2020)         32002       12-23-20       SEE       SCHEDULE       O       FOR       CONTINUATION (S)				
(Expenses \$       including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       6,669,671.       Form 990 (2020)         32002       12-23-20       SEE       SCHEDULE       O       FOR       CONTINUATION (S)				
(Expenses \$       including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       6,669,671.       Form 990 (202)         32002 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       Form 990 (202)				
(Expenses \$       including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       6,669,671.       Form 990 (2020)         32002       12-23-20       SEE       SCHEDULE       O       FOR       CONTINUATION (S)	44	Other program convices (Describe on Schedule Q)		
4e Total program service expenses ►       6,669,671.         Form 990 (2020         32002 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)	<del>4</del> 0		١	
Form 990 (2020 32002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)	40		)	
32002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)	40	Total program service expenses	<b>F</b>	990 (000)
				2020
	32002	•	•	
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Form	990	(2020)

 Form 990 (2020)
 THE HUMANE LEAGUE

 Part IV
 Checklist of Required Schedules

 $\textbf{CQPY}_{\texttt{30180}\_1}$ 

			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?	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	Х	
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, 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			
	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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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, VII, 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,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
-		TIE		- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 1 4	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	- 23	<u> </u>
128		10-	х	
	Schedule D, Parts XI and XII	12a	Δ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Δ	<u> </u>
a	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	
45	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	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	· · · · · · · · · · · · · · · · · · ·	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	000	X
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Form	990 (2020) THE HUMANE LEAGUE 04-3	817491	P	age <b>4</b>
Par	t 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	22		х
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 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	<b>24</b> a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24</b> b		
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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
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	051		v
6	Schedule L, Part I	<u>25b</u>		X
6	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		х
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	ad		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			х
8	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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	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		X
84	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			X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		_X_
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			
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
7	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
0	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u>_</u>
8		38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<b>30</b>	27	
	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	19	. 00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
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Form	<u>990 (2020)</u> THE HUMANE LEAGUE 04-3817	<u>491</u>	Pa	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 84		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> (see instructions)	0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
40	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
h	If "Yes," enter the name of the foreign country	40		
5	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
	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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	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 cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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 organizations maintaining donor advised funds.			
а	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:			
	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:			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
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?	<u>13a</u>		
	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			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		990	

Form	990	(2020)
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Form 990	) (2020)
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THE HUMANE LEAGUE

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. X

Sec	tion A. Governing body and Management					
4-	Enter the number of vetime members of the governments to the state and of the territory	4-	6	5	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	t	4		
	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.	416	é	-		
b	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					х
~	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					х
			filed	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	Λ	Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		- 11
7a				70		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		- 11
D				76		х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		Λ
8			•	0-	x	
a h	The governing body?			8a 0h	Λ	Х
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>		Δ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>	9		л
500	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	NI.
10-	Did the organization have local chapters, branches, or effiliates?			10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	amiliates,	10		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		filin a the former	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	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 "	′es," de	escribe		37	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
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 arrangen					
	taxable entity during the year?			16a		Х
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 organ					
200	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	λ TT		<b>.</b>	МЪ	M7
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL, AR, CA, FL, G					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	na 990-	1 (Section 501(c)(3	)s only)	availa	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	t interest policy, an	d finan	cial	
	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 boo	oks and	records			
	RACHEL HUFF WAGENBORG - 888-211-5421					
	P.O. BOX 10476, ROCKVILLE, MD 20849			-	000	(0.00
32006	S 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	1 <b>990</b>	(202
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Form 990 (2020)	THE HUMANE LEAGUE	04-3817491	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees,	, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Emp	loyees	
1a Complete this table t	for all persons required to be listed. Report compensation for the calend	lar year ending with or within the organization's	s tax year.
<ul> <li>List all of the organ</li> </ul>	nization's current officers, directors, trustees (whether individuals or org	ganizations), regardless of amount of compens	ation.

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.

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

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

(A) Name and title	<b>(B)</b> Average hours per		not c	(C Posi heck i ss per	ition more	than c		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer	recto		ee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID COMAN-HIDY PRESIDENT	55.00			x				126,250.	0.	6,475.
(2) WENDY WATTS	55.00			<u> </u>				120,230.	0.	0,475.
VP, LEGAL AND GENERAL COUNSEL	33.00					х		113,551.	0.	6,475.
(3) JENNIFER BARCKLEY	55.00					- 11		115,551.		0,4131
VICE PRESIDENT COMMUNICATIONS		1				х		102,877.	0.	6,457.
(4) ANDREA GUNN	55.00							•		
EXECUTIVE VICE PRESIDENT		1				х		100,128.	0.	6,443.
(5) RACHEL HUFF-WAGENBORG	55.00									
VICE PRESIDENT OPERATIONS				Х				98,462.	0.	49.
(6) MARK MIDDLETON	15.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(7) LYDIA CHAUDHRY	5.00									
SECRETARY - UNTIL 11/2020		Х		Х				0.	0.	0.
(8) SUZANNE NIEMOTH	5.00									
TREASURER		Х		X				0.	0.	0.
(9) SHANNON CAMPION	5.00									-
DIRECTOR		х						0.	0.	0.
(10) NEYSA COLIZZA	5.00									•
DIRECTOR	<b>-</b> 00	X						0.	0.	0.
(11) JACOB ELIOSOFF	5.00								0	0
DIRECTOR	E 00	Х						0.	0.	0.
(12) ALICIA RODRIGUEZ DIRECTOR	5.00	x						0.	0.	0.
DIRECTOR		^	-					0.	0.	0.
		•								
		1								
		1								
		<u> </u>								
032007 12-23-20	1	<u>ı                                    </u>	I					1	L	Form <b>990</b> (2020)

7

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	990 (2020) THE HUMAN									04-38	8174	491	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	<b>tees, Key Emp</b> (B) Average hours per	(do	not cl	(C Posi heck r	<b>C)</b> ition		ne	ompensated Employee (D) Reportable compensation	<u>s (continued)</u> (E) Reportable compensatior	n		(F) timate	
		week (list any hours for related organizations below line)				irecto	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6	com fr org and	other pensa om the anizati d relate	tion e ion ed
1b	Subtotal							•	541,268.		0.	2	5,89	99.
с	Total from continuation sheets to Part VII								0. 541,268.		0.		, 89	0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			-	4
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	emple	oye	e, or	hig	hest compensated empl	oyee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4		X
Sec	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>r</u>	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business	address							(B) Description of s	ervices	С	(C ompe	<b>;)</b> nsatior	n
	WARWICK DONORDIGITAL	BERKELE	Y,	C	<u>A                                    </u>	94	71(		PROFESSIONAL FUNDRAISING			41	5,1	50.
_														
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos 1		ed	above) who received mo	ore than			<b>000</b> //	

032008 12-23-20

Form **990** (2020)



		Check if Schedule O contains a response o	r note to any line				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, G	с	Fundraising events 1c					
ar /	d	Related organizations 1d					
is, (	е						
rior S	f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ibu th			14,077,830.				
ontr od O	g	Noncash contributions included in lines 1a-1f	398,896.				
a č	h	Total. Add lines 1a-1f		14,077,830.			
	_	-	Business Code				
ice	2 a						
Program Service Revenue	b						
ven Ven	C						
grai Re	d						
, ro	e f						
-	•	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	0	other similar amounts)	·	121,745.			121,745
	4	Income from investment of tax-exempt bond pro		,			,
	5	Royalties	- F				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b						
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 10, 362, 320.					
	b	Less: cost or other basis					
ne		and sales expenses					
Revenue	с	Gain or (loss)					
Re	d	l Net gain or (loss)	►	1,268,052.			1,268,052
her	8 a	Gross income from fundraising events (not					
Othe		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	····· <b>&gt;</b>				
	9 a	Gross income from gaming activities. See					
	_	Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities	····· <b>P</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances <b>10a</b>					
		Less: cost of goods sold <u>10b</u>					
	C	<ul> <li>Net income or (loss) from sales of inventory</li> </ul>	Business Code				
sn	11 a	MERCHANDISE SALE	900099	7,100.	7,100.		
Miscellaneous Revenue	l i a b		900099	1,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,000
scellaned Revenue	c	·		-,••			_,
isc. Be	ь С	All other revenue					
Σ		• Total. Add lines 11a-11d		8,100.			
	12	Total revenue. See instructions		15,475,727.	7,100.	0.	1,390,797
	9 12-23		F				Form <b>990</b> (2020

04-3817491 Page 9

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THE HUMANE LEAGUE

Form 990 (2020)

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THE HUMANE LEAGUE

20.1	Check if Schedule O contains a respons			(C)	<u>(</u> D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 100 000			
	individuals. See Part IV, lines 15 and 16	2,183,069.	2,183,069.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	221 226	127 020		
_	trustees, and key employees	231,236.	137,238.	57,603.	36,395
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 222 600	2 100 220	471,635.	561,817
7	Other salaries and wages	4,222,690.	3,189,238.	4/1,035.	501,01
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	481,848.	337,064.	82,323.	62 161
9	Other employee benefits	347,426.	258,352.	42,039.	<u>62,461</u> 47,035
0	Payroll taxes	547,420.	250,552.	42,039.	47,03
1	Fees for services (nonemployees):				
	Management	7,655.		7,655.	
		14,236.		14,236.	
	Accounting	14,230.		14,230.	
	Lobbying	415,150.			415,15
	Professional fundraising services. See Part IV, line 17	36,974.		36,974.	415,150
t a	Investment management fees	50,574.		50,5740	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	67,229.	49,872.	13,847.	3 51(
2	Advertising and promotion	296,279.	289,546.	95.	3,510 6,638
2 3	Office expenses	90,518.	33,022.	14,795.	42,70
3 4	Information technology	143,077.	120,643.	11,666.	10,76
<del>-</del> 5	Royalties	11070770	120,0130		107700
5 6	Occupancy				
7	Travel	25,701.	16,836.	5,182.	3,683
, 8	Payments of travel or entertainment expenses	2077010	10,000	571021	
0	for any federal, state, or local public officials				
9		38,411.	25,186.	12,592.	633
9 D	Interest	6,675.	4,284.	1,504.	88
1	Payments to affiliates		_,2010	,	
2	Depreciation, depletion, and amortization	3,738.	3,738.		
3	Insurance	21,632.	14,411.	4,638.	2,583
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		,		
	amount, list line 24e expenses on Schedule O.)				
	CHARITABLE REG. & OTHER	75,755.	2,670.	915.	72,170
b	EDUCATION & TRAINING	17,196.	4,502.	11,622.	1,071
с	DUES & SUBSCRIPTIONS	803.		803.	
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	8,727,298.	6,669,671.	790,124.	1,267,50
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

032010 12-23-20

Form 990 (2020) COPY 0180\_1

THE HUMANE LEAGUE

04-3817491 Page 11

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			3,830,867.	1	4,687,848.
2	2	Savings and temporary cash investments			0.	2	1,090,410.
3		Pledges and grants receivable, net			7,996,153.	3	5,371,106.
4		Accounts receivable, net				4	
5		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
6	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
<u>ა</u> 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	31,287
₹   9	)	Prepaid expenses and deferred charges			53,998.	9	122,520
10	)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		18,513.			
		Less: accumulated depreciation		17,505.	4,746.	10c	1,008
11		Investments - publicly traded securities				11	11,617,728
12	2	Investments - other securities. See Part IV, line	11		6,764,264.	12	
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets				14	110
15		Other assets. See Part IV, line 11			0.	15	118
16		Total assets. Add lines 1 through 15 (must eq			18,650,028.	16	22,922,025
17		Accounts payable and accrued expenses			188,617.	17	203,273
18		Grants payable				18	
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
<u>s</u> 22		Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub-				00	
Liabilities		controlled entity or family member of any of the				22	
23   23   24		Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate		r		23 24	949,075
24		Other liabilities (including federal income tax, p				24	545,015
25	,	parties, and other liabilities not included on line					
		of Schedule D	.5 17 24)			25	
26	5	Total liabilities. Add lines 17 through 25			188,617.	26	1,152,348
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.					
u 8 27					11,810,249.	27	14,865,646
8 28		Net assets with donor restrictions			6,651,162.	28	6,904,031
		Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.					
ັ 29	)	Capital stock or trust principal, or current funds	s			29	
8 8 30		Paid-in or capital surplus, or land, building, or e				30	
∛ ¥ 31		Retained earnings, endowment, accumulated i		ſ		31	
Net Assets or Fund Balances 87 05 67 05 05 05 05 05 15 05 05 05 05 05 05 16 05 05 05 16 05 05 16 05 05 16 05 05 16 05 05 16 05 05 16	2	Total net assets or fund balances			18,461,411.	32	21,769,677.
33		Total liabilities and net assets/fund balances			18,650,028.	33	22,922,025.

Form 990 (2020)



Form 990 (2020)
Part X Balance Sheet

Form	990 (2020) THE HUMANE LEAGUE	04-	-3817491	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,47	5,7	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,72	7,2	98.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,74	8,4	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,46	1,4	11.
5	Net unrealized gains (losses) on investments	5	-30	7,1	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-3,13	3,0	40.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,76	9,6	<u>77.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	lit		
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)	
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## **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
2020
Open to Public Inspection

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1

Nan	ne of	the organization						Employer	identification number
			HUMANE LEA						4-3817491
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	orga	nization is not a private found	ation because it is: (	For lines 1 through 12, cl	heck only (	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n <b>170(b)</b> (1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in								
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	_	its supported organization	n(s) (see instructions	b). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	porting organization oper	ated in cor	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
	_	requirement (see instruct	,	•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or	<i>.</i>	nally integrated supporting	ng organiz	ation.			<b></b>
		ter the number of supported o	•						
g	Pro	ovide the following information (i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)
		g		above (see instructions))	Yes	No			
Tota									
									I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

### Schedule A (Form 990 or 990 EZ) 2020 THE HUMANE LEAGUE

04-3817491 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6609072.	6557608.	5669380.	<u>16053575.</u>	<u>14077830.</u>	48967465.
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 $\dots$						
4	Total. Add lines 1 through 3	6609072.	6557608.	5669380.	<u>16053575.</u>	<u>14077830.</u>	48967465.
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)						10636158.
6	Public support. Subtract line 5 from line 4.						38331307.
Sec	ction B. Total Support	_					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6609072.	6557608.	5669380.	<u>16053575.</u>	<u>14077830.</u>	48967465.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,219.	61,854.	104,402.	106,794.	121,745.	405,014.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			8,557.	4,634.	1,000.	<u>14,191.</u> 49386670.
11	Total support. Add lines 7 through 10						49386670.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	7,100.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	77.61 %
	Public support percentage from 2019					15	70.14 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{ \text{stop} here.}$ The organization qualifies		-				
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>s</b> t	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
					Sche	edule A (Form 990	) or 990-EZ) 2020



# Schedule A (Form 990 or 990-EZ) 2020 THE HUMANE LEAGUE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

<ul> <li>Calendar year (or fiscal year beginning in) ▶</li> <li>1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> <li>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<ul> <li>membership fees received. (Do not include any "unusual grants.")</li> <li>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>include any "unusual grants.")</li> <li>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ol> <li>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</li> <li>Gross receipts from activities that are not an unrelated trade or bus- iness under section 513</li> <li>Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to</li> </ol>						
<ul> <li>merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or bus- iness under section 513</li> <li>Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or bus- iness under section 513</li> <li>Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>iness under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
<ul> <li>ization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>						
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to						
5 The value of services or facilities furnished by a governmental unit to						
furnished by a governmental unit to						
the organization without charge						
· · · · ·						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the</li> </ul>	organization's fi	l	l	l	1 501(c)(3) organizatio	n
check this box and <b>stop here</b>	-					
Section C. Computation of Public						
15 Public support percentage for 2020 (lir	ne 8, column (f), c	livided by line 13, o	column (f))		15	ç
16 Public support percentage from 2019 S	Schedule A, Part	III, line 15			16	ç
Section D. Computation of Invest	tment Income	e Percentage			<u> </u>	
17 Investment income percentage for 202	20 (line 10c, colui	mn (f), divided by li	ne 13, column (f))		17	ç
18 Investment income percentage from 2					18	ç
19a 33 1/3% support tests - 2020. If the o						' is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
032023 01-25-21		15		Sch	nedule A (Form 990	or 990-EZ) 202
70517 150872 230180			03042 THE	די היידאר אידיי	EVUID	CORY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

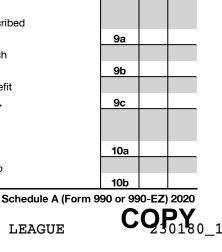
### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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.)

032024 01-25-21



1

2

3

2a

2b

3a

3b

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	ĺ	
b	A family member of a person described in line 11a above?	11b	ſ	
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ſ	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	ction 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

	organization's governing documents in effect on the date of notification, to the extent not previously provided?
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described in 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
autor deversion the second in this recent

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
		•

a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

c The organization supported a go	vernmental entity. Describe in Part VI how	w you supported a governmental entity (see instructions	:).
-----------------------------------	--	---	-----

17

- 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 in 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 THE HUMANE LEAGUE

Section A - Adjusted Net Income

1

2

Net short-term capital gain

Recoveries of prior-year distributions

3 Other gross income (see instructions)

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

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

#### 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 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 or 990-EZ) 2020

04-3817491 Page 6

(A) Prior Year

1

2

3

(B) Current Year

(optional)

032026 01-25-21



## Schedule A (Form 990 or 990 EZ) 2020 THE HUMANE LEAGUE

Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations <sub>(continued</sub>	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			_	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount			_	
c	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			_	
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21



# Schedule A (Form 990 or 990 EZ) 2020 THE HUMANE LEAGUE

(See instructions.)	Section E, lines 2, 5, and 6. Also complete this part for any additional information	
32028 01-25-21	Schedule A (Form 9	90 or 990-EZ) 202
	20	

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

04-3817491

THE	HUMANE	LEAGUE

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

Check if your organization is covered by the General Rule or a Special Rule.

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

### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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  $\dots$   $\blacktriangleright$  \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

Page **2** 

### THE HUMANE LEAGUE

04-3817491

(a)	/h)	(c)	(d)
No.	(b) Name, address, and ZIP + 4	(C) Total contributions	Type of contribution
1		\$ <u>3,600,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>3,225,200.</u>	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		\$1,000,000.	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
4		\$447,256.	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		\$425,000.	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
6		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

THE HUMANE LEAGUE

04 - 3817491

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$359,059.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$328,396.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page **2** 

Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2020)
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Name of organization

Page 3

Employer identification number

04 - 3817491

THE HUMANE LEAGUE

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	100 SHARES OF AMAZON		
-		\$328,396.	12/29/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom 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
-			

	Employer identification number
	04-3817491
(a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less f	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	-
and ZIP + 4	Relationship of transferor to transferee
	a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less of space is needed. (c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift (c) Use of gift

15360517 150872 230180

### SCHEDULE C

### (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nar	ne of organization				Emplo	oyer identification number
		ANE LEAGUE				04-3817491
Pa	art I-A Complete if the org	ganization is exempt under	section 501(c)	or is a section 52	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendir Volunteer hours for political campa	tures				
Pa	art I-B Complete if the org	ganization is exempt under	section 501(c)	3).		
	Enter the amount of any excise tax		section 4955		▶\$	
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		. ►\$.	
	If the organization incurred a section					
	Was a correction made?					Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the org	enization is evenet under	$a_{a}$	avaant agation 5	01(2)	(0)
				-		
	Enter the amount directly expended				. 🏲 \$ .	
2	Enter the amount of the filing organ exempt function activities		•		•	
2	Total exempt function expenditures				φ.	
5	line 17b			•	▶\$	
4						Yes No
5						the filing organization
	made payments. For each organiza					
	contributions received that were pr				eparate	segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part	IV.		
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

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Schedule C (Form 990 or 990-EZ) 2020 TH					817491 Page 2
Part II-A Complete if the organi	zation is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
A Check 🕨 🗌 if the filing organization	belongs to an aff	iliated group (and list ir	n Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check 🕨 🔄 if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.	[	1
Limits or (The term "expenditur	n Lobbying Expe es" means amou		)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines					
e Total exempt purpose expenditures (ac	Id lines 1c and 1c	d)			
f _Lobbying nontaxable amount. Enter the	e amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b)	is: The lot	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	) \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0-				
i Subtract line 1f from line 1c. If zero or I	ess, enter -0				
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year	?			[	Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations that r		01(h) election do not ate instructions for lin		of the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20



### Schedule C (Form 990 or 990-EZ) 2020 THE HUMANE LEAGUE

### 04-3817491 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		)	(b)
of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		700.
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?			
j Total. Add lines 1c through 1i			700.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-	
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ction 501(c)(5	), or sec	tion
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fro	om the prior vear?	3	
Part III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer		• •	
answered "Yes."			
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	political		
expenses for which the section 527(f) tax was paid).			
a Current year		. 2a	
<b>b</b> Carryover from last year			
c Total		. 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	e excess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	nd political		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (See instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup list); Part II-A	, lines 1 ar	nd 2 (See
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:			
THE I D, DIG I, DODDING ACTIVITED.			
LINE 1A - VOLUNTEERS - THE HUMANE LEAGUE UTILIZES U	NPAID VOL	UNTEE	RS TO
CONTACT LEGISLATORS AND THEIR STAFF.			
LINE 1B - PAID STAFF - THE HUMANE LEAGUE MANAGEMENT	AND STAF	F PLA	N AND

### COORDINATE LEGISLATIVE ACTION ALERTS TO SUPPORTERS IN SUPPORT OF

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20



LEGISLATION.

LINE 1D - MAILINGS - THE HUMANE LEAGUE SENT ELECTRONIC UPDATES ON

ANIMAL WELFARE LEGISLATION AND LEGISLATIVE ACTION ALERTS TO SUPPORTERS

AND LETTERS IN SUPPORT OF LEGISLATION TO LAWMAKERS.

LINE 11 - OTHER ACTIVITIES - THE HUMANE LEAGUE STAFF CONDUCT RESEARCH

AND CONDUCT BOTH INTERNAL AND EXTERNAL MEETINGS AND COMMUNICATIONS TO

DISCUSS PROPOSED LEGISLATION AND STRATEGY FOR INFLUENCING SUCH

LEGISLATION.

Schedule C (Form 990 or 990-EZ) 2020



032044 12-02-20

15370517 150872 230180

Department of the Treasury

► 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.



Internal Revenue Service Name of the organization

Employer	identification	number
Employer	achtanoution	nambe

	THE HUMANE LEAGUE			04-3817491
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ac	lvised funds	
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can	be used only	/
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpo	se conferring	
De				
Pa			0, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea	·		cally important land area
	Protection of natural habitat		n of a certifie	d historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the to	rm of a cons	
_	day of the tax year.			Held at the End of the Tax Year
a ⊾				2a
b		ructure included in (a)	····· ⊢	2b 2c
С с	Number of conservation easements on a certified historic st Number of conservation easements included in (c) acquired			20
d	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
U	year	cleased, extinguished, or terminated by	and organiza	
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe		of	
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conse	rvation easer	ments during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and exper	nse statemen	t and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements that	describes the
De	organization's accounting for conservation easements.	Ant Historical Transmoster	<u> </u>	
Pa	t III Organizations Maintaining Collections o		Other Sin	lilar Assets.
	Complete if the organization answered "Yes" on Forr			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			e of public
	service, provide in Part XIII the text of the footnote to its fina			hand warden of
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in h	untrierance o	i public service,
	provide the following amounts relating to these items:			¢
	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>			► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finan		· ·
-	the following amounts required to be reported under FASB /		san gan, pro	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
b	Assets included in Form 990, Part X			\$ \$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

Sche		ANE LEAGUE							17491		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tre	easures, or	r Other	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check	any of the t	following that	: make sig	gnificant us	e of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for (	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						:y?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	if the organization ans	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year		rior year	(c) Two year		( <b>d)</b> Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		(line 1	a. column (a	)) held as:	<b>I</b>					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_^_								
		%									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ion tha	t are held ar	nd administer	ed for the	e organizat	ion			
	by:	eelen et the etgalization					o ga iza			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990.	Part IV	/. line 11a. S	See Form 990	. Part X. I	ine 10.				
	Description of property	(a) Cost or ot			or other		cumulated		(d) Book	value	e
		basis (investm			(other)	• •	reciation		(4) 2000	value	0
1a	Land		,		· · ·						
	Buildings										
	Leasehold improvements										
	Equipment			1	8,513.		17,50	5.	1	. 00	08.
	Other						_,,50			, , , , ,	
	. Add lines 1a through 1e. (Column (d) must e		( colum	n (D) 1: 1					1	. 0 (	08.
TOLA	. Aud miles ta through te. (Column (d) MUSI e	<u>qual Form 990, Part X</u>	, colun	<u>ш (в), IIne I</u>	<u>UC.</u> )			chedula	D (Form	-	
							3	unequile		550)	2020

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Complete if the organization answered "Ye (a) Description of security or category (including name of securit		(c) Method of valuation: Cost of	r end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)	<u> </u>		
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye	es" on Form 990 Part IV line	a 11d See Form 990 Part X line 15	
	(a) Description		(b) Book value
	(4) 2 00011p11011		(1)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B)	_line 15.)		. 🕨
Part X Other Liabilities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lir	e 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the analysis of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

032053 12-01-20



X

Sche	dule D (Form 990) 2020 THE HUMANE LEAGUE			04-	3817491	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With I				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	15,170	379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-307,123.			
b	Donated services and use of facilities		1,775.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e	-305	
3	Subtract line 2e from line 1			3	15,475	,727.
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				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	15,475	,727.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	8,729	<u>,073.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	1,775.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,775 <b>.</b>
3	Subtract line 2e from line 1			3	8,727	<u>,298.</u>
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 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,727	298.
Pa	rt 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 X, LINE 2:

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

THE YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE ARE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY

HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

032054 12-01-20

Department of the Treasury			Attach to Form 990.		Or	pen to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the lates	t information.		spection
Name of the organization					Employer ider	ntification number
THE HUMANE LE	AGUE				04-38174	491
Part I General Ir	nformation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answered	t "Yes" on
Form 990, Pa	art IV, line 14b.					
•	•		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes 🗌 No
2 For grantmakers. [ United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance o	utside the
		T	n be duplicated if additional space is r	1		(0
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	EDUCATION A OUTREACH	ND CORPORATE	120,250.
						,
NORTH AMERICA	0	1	EMPLOYEES			65,573.
SOUTH AMERICA	0	1	EMPLOYEES			49,075.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING			212,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			75,000.
SOUTH ASIA	0	0	GRANTMAKING			40,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING			1,383,489.
		, , , , , , , , , , , , , , , , , , ,				
MIDDLE EAST AND						40.000
NORTH AFRICA	0		GRANTMAKING			40,000.
<b>3 a</b> Subtotal <b>b</b> Total from continuat		4				1,985,387.
sheets to Part I	0	0				432,580.
c Totals (add lines 3a	0	4				2 417 967

**Statement of Activities Outside the United States** 

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

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

2020

032071 12-03-20

SCHEDULE F (Form 990)



Schedule F (Form 990) Part I Continua	THE HUMA	NE LEAGU	E I. (Schedule F (Form 990), Part I, line 3)	04-38174	91 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	<ul> <li>(Schedule F (Form 990), Part I, line 3)</li> <li>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</li> </ul>	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING		101,535
NORTH AMERICA	0	0	GRANTMAKING		331,045
otals					432,58

032181 04-01-20



THE HUMANE LEAGUE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATION SUPPORT IN					
			FURTHERANCE OF					
		EAST ASIA AND THE	CORPORATE CAGE FREE					
		PACIFIC	CAMPAIGN WORK	48,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
			FURTHERANCE OF					
		EAST ASIA AND THE	CORPORATE CAGE FREE					
		PACIFIC	CAMPAIGN WORK	35,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
			FURTHERANCE OF					
		EAST ASIA AND THE	CORPORATE CAGE FREE					
		PACIFIC	CAMPAIGN WORK	49,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
			FURTHERANCE OF					
		EAST ASIA AND THE	CORPORATE CAGE FREE					
		PACIFIC	CAMPAIGN WORK	50,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
			FURTHERANCE OF					
		EAST ASIA AND THE	CORPORATE CAGE FREE					
		PACIFIC	CAMPAIGN WORK	30,000.	WIRE TRANSFER	٥.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	40,000.	WIRE TRANSFER	٥.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	40,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	30,000.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the f	foreign country,	recognized as a tax			
			or counsel has provided a sect			▶		32
3 Enter total number of	•	-	·					0

Schedule F (Form 990) 2020

032072 12-03-20

Page 2

Schedule F (Form 990)	90) THE HUMANE LEAGUE				Page <b>2</b>			
Part II Continuation o	uation of Grants and Other Assistance to Organizations or Entities Outside the			United States.				
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	30,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	45,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	50,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	25,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	50,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	30,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	50,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	35,000.	WIRE TRANSFER	٥.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	25,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE HUMANE LEAGUE			04-3817491				Page <b>2</b>
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	30,000.	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	40,000.	WIRE TRANSFER	Ο.		
			OPERATION SUPPORT IN					
		EUROPE (INCLUDING	FURTHERANCE OF					
		ICELAND &	CORPORATE CAGE FREE					
		GREENLAND)	CAMPAIGN WORK	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	OPERATING GRANT	813,489.	WIRE TRANSFER	٥.		
			OPERATION SUPPORT IN					
			FURTHERANCE OF					
		MIDDLE EAST AND	CORPORATE CAGE FREE					
		NORTH AFRICA	CAMPAIGN WORK	40,000.	WIRE TRANSFER	Ο.		
		NORTH AMERICA	OPERATING GRANT	329 653	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN	525,055.		•.		
			FURTHERANCE OF					
			CORPORATE CAGE FREE					
		SOUTH AMERICA	CAMPAIGN WORK	29 000	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN	25,000.		•.		
			FURTHERANCE OF					
			CORPORATE CAGE FREE					
		SOUTH AMERICA	CAMPAIGN WORK	15 000	WIRE TRANSFER	0.		
		DOUTH AMERICA	OPERATION SUPPORT IN	13,000.	TANOTER	· ·		
			FURTHERANCE OF					
			CORPORATE CAGE FREE					
		SOUTH AMERICA	CAMPAIGN WORK	30 000	WIRE TRANSFER	0.		
		POOLI ANERICA	CITERION WORK	50,000.	LIVE INWOLFU	۰.		

Schedule F (Form 990)	THE H	UMANE LEAGUE			04-3817491			
Part II Continuation of	on of Grants and Other Assistance to Organizations or Entities Outside the			United States.	(Schedule F (Form 9			
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATION SUPPORT IN FURTHERANCE OF					
		SOUTH AMERICA	CORPORATE CAGE FREE CAMPAIGN WORK	27 500	WIRE TRANSFER	0.		
		SOUTH AMERICA	OPERATION SUPPORT IN	27,500.	WIKE IKANSFER	0.		
			FURTHERANCE OF					
			CORPORATE CAGE FREE					
		SOUTH ASIA	CAMPAIGN WORK	40.000	WIRE TRANSFER	0.		
		SOOTH ASTA	OPERATION SUPPORT IN	40,000.	WIKE IKANSFER	0.		
			FURTHERANCE OF					
		SUB-SAHARAN	CORPORATE CAGE FREE					
		AFRICA	CAMPAIGN WORK	20 000	WIRE TRANSFER	0.		
		AFRICA	OPERATION SUPPORT IN	20,000.	WIKE IKANSPER	0.		
			FURTHERANCE OF					
		SUB-SAHARAN	CORPORATE CAGE FREE					
		AFRICA	CAMPAIGN WORK	20 000	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN	20,000.				
			FURTHERANCE OF					
		SUB-SAHARAN	CORPORATE CAGE FREE					
		AFRICA	CAMPAIGN WORK	10 000	WIRE TRANSFER	0.		
			OPERATION SUPPORT IN	10,000.				
			FURTHERANCE OF					
		SUB-SAHARAN	CORPORATE CAGE FREE					
		AFRICA	CAMPAIGN WORK	25 000	WIRE TRANSFER	0.		
				23,000.				

-				
-				
-				
-				
-				
-				
-				

THE HUMANE LEAGUE Schedule F (Form 990) 2020

cash grant

(c) Number of (d) Amount of

recipients

### Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(b) Region

(e) Manner of

cash disbursement

Schedule F (Form 990) 2020

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

04-3817491

(f) Amount of

noncash assistance (g) Description of

noncash assistance

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

Schedule F (Form 990) 2020



Schedule F (Form 990) 2020 THE HUMANE LEAGUE

Part V Supplemental Information

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

PART I, LINE 2:

THE GRANTS ARE MONITORED AT NUMEROUS POINTS THROUGHOUT THE YEAR VIA

WRITTEN NARRATIVE AND FINANCIAL REPORTS IN ADDITION TO CHECK-IN CALLS.

THE GRANTEES ARE REQUIRED TO CREATE AND REPORT ON ANNUAL GOALS DURING THE

GRANT PERIOD. FIRST-TIME RECEIPIENTS ARE REQUIRED TO REPORT ON A

QUARTERLY BASIS AND ALL OTHER RECIPIENTS ARE REQUIRED TO REPORT ON A

SEMI-ANNUAL BASIS. GRANTEES MUST ALSO SUBMIT A FINANCIAL REPORT MID-YEAR

AND AT THE CLOSE OF THE YEAR.

PART I, LINE 3:

THE ORGANIZATION REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD

USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ACCRUAL BASIS.

15370517 150872 230180

SCHEDULE G	Suppleme	ental Information Regarding	J Func	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if th	or if the	2020						
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public	
Internal Revenue Service	► Ge		Inspection						
Name of the organizatior	Name of the organization Employer								
		ANE LEAGUE					04-3817		
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	line 17	. Form 990-EZ	filers are not	
<ul> <li>Indicate whether the</li> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicit</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	e organization rais ions email solicitations tations licitations in have a written o ed in Form 990, P highest paid indir	sed funds through any of the followi e X Solicita f Solicita g X Specia or oral agreement with any individua vart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of Il fundra Il (incluc professi	non-g gover aising e ding of	overnment grants nment grants events ficers, directors, trus undraising services?	·	X Yes		
(i) Name and address or entity (fund	s of individual	(ii) Activity	have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fi	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
MAL WARWICK DONORDI	GITAL -	FUNDRAISING CONSULTING,	Yes	No					
2550 NINTH ST, SUITE 103,     DIRECT MAIL     X     602,919.     415,150.     3									
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	 utions	602,919. or has been notified	l it is e	415,150. xempt from re	187,769. gistration	
	CA,CO,CT,	DC,FL,GA,HI,IL,KS,	KY,I	JA,M	IE, MD, MA, MI	, MN	, MS, MO,	NV , NH , NJ	

NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20



Sch	edu	le G (Form 990 or 990-EZ) 2020 THE HUM	ANE LEAGUE		04-	-3817491 Page 2
	nrt I		e organization answere		rt IV, line 18, or reported	more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
anue			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	l 9 in column (d)		· · · · · · · · · · · · · · · · · · ·	
Pa	11 Irt	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a		m 990 Part IV line 19 or		
		\$15,000 on Form 990-EZ, line 6a.				T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expens	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	5	Yes %	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · ·			
		the organization licensed to conduct gaming ac No," explain:		states?		Yes No
10-	10/-	ere any of the organization's gaming licenses re	woked supported at	erminated during the tax	vear?	Yes No
		Yes," explain:			yoai :	
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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Schedule G (Form 990 or 990-EZ) 2020 THE HUMANE LE	AGUE	04-3817491 Pag	ge <b>3</b>
11 Does the organization conduct gaming activities with nonmer			No
12 Is the organization a grantor, beneficiary or trustee of a trust,			
to administer charitable gaming?		Yes	No
<b>13</b> Indicate the percentage of gaming activity conducted in:			
a The organization's facility			<u>%</u> %
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the</li></ul>			<u>%</u>
	organization's gaming/special events books and recor	us.	
Name			
Address 🕨			
<b>5a</b> Does the organization have a contract with a third party from	whom the organization receives gaming revenue?	Yes	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the	e organization   \$ and the am	ount	
of gaming revenue retained by the third party $\triangleright$ \$			
c If "Yes," enter name and address of the third party:			
Name			
Address 🕨			
6 Gaming manager information:			
Name 🕨			
Gaming manager compensation 🕨 \$			
Description of services provided			
Director/officer Employee	Independent contractor		
7 Mandatory distributions:			
a Is the organization required under state law to make charitable			Na
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to	be distributed to other exampt ergenizations or sport		Νο
organization's own exempt activities during the tax year			
	anations required by Part I, line 2b, columns (iii) and (v	/); and Part III, lines 9, 9b, 10	)b,
15b, 15c, 16, and 17b, as applicable. Also provide an	ny additional information. See instructions.		
CHEDULE G, PART I, LINE 2B, LIST	OF TEN HIGHEST PAID FUNDRA	ISERS:	
I) NAME OF FUNDRAISER: MAL WARWI			
I) ADDRESS OF FUNDRAISER: 2550 N	INTH ST, SUITE 103, BERKELE	Y, CA 94710	
			_
2083 11-25-20	Schadul	le G (Form 990 or 990-EZ) 2	2020
	46		
0517 150872 230180	2020.03042 THE HUMANE LEAG		0180

032084 04-01-20		Schedule G (Form 990 or 990-EZ

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## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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.

2020 **Open to Public** Inspection

No	a construction of the second
Name of the	organization

Employer identification number
04-3817491

(d)

Method of determining

THE HUMANE LEAGUE Part I Types of Property (b) Number of (a) (c) Noncash contribution Check if ntributions o amounts reported on

		applicable	contributions or items contributed	amounts reporte Form 990, Part VIII,		nonca	ish contribut	ion ar	nounts	3
1	Art - Works of art			r onn ooo, r are viii,	into rg					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X			540.	FMV				
5	Clothing and household goods	X			183.					
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	12	398,	173.	FMV				
10	Securities - Closely held stock					·				
11	Securities - Partnership, LLC, or									
••	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
10	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► ()									
26	Other ► ( )									
27	Other ► ( )									
28	Other ► ( )									
29	Number of Forms 8283 received by the organi	zation during	g the tax year for co	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement	29					
									Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that i	t [			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period	?						30a		Х
b	If "Yes," describe the arrangement in Part II.						ſ			
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard o	ontribut	ions?		31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solic	t, process, or sell n	oncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a	) is chec	cked,				

describe in Part II. LHA

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

Schedule M (Form 990) 2020

032141 11-23-20



### Schedule M (Form 990) 2020 THE HUMANE LEAGUE Part II Supplemental Information. Provide the inform

**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 ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN

(B).

Schedule M (Form 990) 2020





SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE HUMANE LEAGUE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GIVING ANIMALS MORE SPACE. BANNING CRUEL BREEDING. ALL OF THESE WINS

CHANGE THE FACTORY FARMING SYSTEM, SLOWLY BREAKING DOWN ITS WALLS AND

GETTING US CLOSER TO OUR GOAL - TO END THE ABUSE OF ANIMALS FOR FOOD.

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

EXPERIENCE OF LIVE-SHACKLE SLAUGHTER

79 CORPORATIONS - FROM TYSON FOODS AND WHOLE FOODS MARKET IN THE

UNITED STATES TO ALDI IN GERMANY AND SPAIN - PLEDGED TO END SOME OF THE

WORST ABUSES SUFFERED BY ANIMALS ON FACTORY FARMS.

IN 2020 - A YEAR LIKE NONE OTHER - WE CAMPAIGNED ON BEHALF OF CHICKENS BEING BOILED ALIVE (AMONG OTHER UNFATHOMABLE ABUSES). WE TOLD THE INDIVIDUAL STORIES OF THOSE IMPACTED. AND WE OPENED EYES TO THE PERILS FACTORY FARMING - FROM THE RISK OF ZOONOTIC DISEASES TO THE SPREAD OF OF COVID-19 IN SLAUGHTERHOUSES ACROSS THE US. THROUGH IT ALL, WE REACHED THE HEARTS AND MINDS OF 34 MILLION PEOPLE. AND OUR CHANGEMAKING COMMUNITY OF SUPPORTERS TOOK AN INCREDIBLE 518,000 ACTIONS FOR THE ANIMALS. WE ALSO EARNED 351 MEDIA MENTIONS FOR OUR CAUSE, INCLUDING THE NEW YORK TIMES, THE WASHINGTON POST, BLOOMBERG, VOX, AND NEWSWEEK.

ALONGSIDE OUR WORK FOR ANIMALS, AND IN THE MIDST OF RACIAL INJUSTICE IN THE UNITED STATES AND BEYOND, WE CONTINUED OUR DIVERSITY, EQUITY, AND INCLUSION WORK - SHAPING OUR VISION FOR AN EQUITABLE AND INCLUSIVE ORGANIZATION, AND MOVEMENT, AND BEGINNING TO BRING THIS VISION TO LIFE.

50

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020





Schedule O (Form 990 or 990-EZ) 2020 Page 2						
Name of the organization THE HUMANE LEAGUE	Employer identification number $04 - 3817491$					
IT WAS A MOMENTOUS YEAR FOR THE ANIMALS AND FOR EACH OF US	- MOVING					
FROM DARKNESS INTO THE LIGHT, AS WE CREATE A MORE JUST AND	KIND WORLD,					

IN WHICH NO ANIMAL IS ABUSED FOR THE SAKE OF FOOD.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE REVISED IN 2020 AND THE REVISIONS WERE SUBSEQUENTLY ADOPTED

BY THE BOARD IN 2021. AN OVERALL CLEANUP/REORGANIZATION OF THE BYLAWS WAS

CONDUCTED, AND FOLLOWING CHANGES WERE MADE:

- THE MINIMUM NUMBER OF DIRECTORS WAS INCREASED FROM 5 TO 7.

- THE VICE CHAIR OFFICER POSITION WAS REMOVED.

- THE NOTICE AND TRIAL PROCEDURE FOR REMOVAL OF A DIRECTOR WAS ELIMINATED.

- ADDED "ORIENTATION" REQUIREMENT FOR NEW BOARD MEMBERS.

- ADDED NO COMPENSATION SECTION FOR BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE

ORGANIZATION.

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

THE ENTIRE GOVERNING BODY REVIEWS THE DRAFT FEDERAL FORM 990 AND APPROVES

BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY EACH OFFICER,

DIRECTOR, AND KEY EMPLOYEE AND ACKNOWLEDGED IN WRITING. IF THE BOARD OR

COMMITTEE DETERMINES THAT A CONFLICT DOES EXIST, THE BOARD OR COMMITTEE

51

DECIDES HOW TO HANDLE THE CONFLICT, TAKING CARE TO ENSURE THAT ANY

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Name of the organization       Employer identification number 04-3817491         RESOLUTION IS CONSISTENT WITH THE BEST INTERESTS OF THE ORGANIZATION. THE	Schedule O (Form 990 or 990-EZ) 2020 Page 2						
			Employer identification number				
RESOLUTION IS CONSISTENT WITH THE BEST INTERESTS OF THE ORGANIZATION. THE	THE HUMANE	LEAGUE	04-3817491				
	RESOLUTION IS CONSISTENT	WITH THE BEST INTERESTS OF THE OR	GANIZATION. THE				
PERSON WITH THE CONFLICT IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS	PERSON WITH THE CONFLICT	IS PROHIBITED FROM PARTICIPATING	IN DELIBERATIONS				

OR VOTING WITH RESPECT TO THE CONFLICT.

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

THE INDEPENDENT BOARD OF DIRECTORS IS CHARGED WITH ANNUALLY EVALUATING THE JOB PERFORMANCE OF THE PRESIDENT OF THL. THE BOARD USES COMPARABILITY DATA GATHERED BY AN OUTSIDE COMPENSATION EXPERT, AND CONTEMPORANEOUS DOCUMENTATION FOR THE MEETINGS, DELIBERATIONS, AND DECISIONS. COMPENSATION FOR THE EXECUTIVE TEAM IS DECIDED BY THE PRESIDENT BASED ON COMPARABILITY DATA AND WITH CONSULTATION FROM PEOPLE OPERATIONS.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION IS TRANSPARENT AND MAKES ALL PUBLIC DOCUMENTS AVAILABLE UPON REQUEST.

032212 11-20-20