Department of the Treasury Internal Revenue Service

Т

Return of Organization Exempt From Income Tax

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending		
В	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre chang	HUMANE SOCIETY OF SAN ANTONIO			
	Name	CAN ANDONTO HUMANE COOTEMY		74-602410)5
	Initial returr		Room/suite	E Telephone number	
	Final returr	ASOA FREDERICKSBIIRG ROAD	nio oni, ouno	210-226-7	
	termi			G Gross receipts \$	13,044,706.
	Amer returr			H(a) Is this a group re	
	Appli tion	F Name and address of principal officer. INAME I I • MAI		for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ind	
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemptior	
κ	Form o	f organization: 🚺 Corporation Trust Association Other	L Year	of formation: 1952 M	State of legal domicile: TX
P	art I	Summary			
eo	1	Briefly describe the organization's mission or most significant activities: \underline{TOPI} OF DOGS AND CATS.	ROTECT	AND IMPROVE	THE LIVES
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ver	3			3	19
ů	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			136
itie	6	Total number of volunteers (estimate if necessary)			689
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		3,723,775.	3,176,945.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,476,943.	1,412,311.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		406,981.	826,608.
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,171.	96,871.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,679,870.	5,512,735.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ ,$		3,104,867.	3,461,098.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xDe	b	Total fundraising expenses (Part IX, column (D), line 25) 374,68	31.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,603,204.	2,605,821.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,708,071.	6,066,919.
	19	Revenue less expenses. Subtract line 18 from line 12		-28,201.	-554,184.
s or	3			ginning of Current Year	End of Year
sset	1 20	Total assets (Part X, line 16)		25,622,794.	22,905,922.
Net Assets	21	Total liabilities (Part X, line 26)		505,499.	359,616.
		Net assets or fund balances. Subtract line 21 from line 20		25,117,295.	22,546,306.

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					
-	NANCY F. MAY, PRESI	DENT/CEO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	SUSAN VALDEZ	SUSAN VALDEZ	05/17,	/23 self-employed	₽00187817				
Preparer	Firm's name ADKF , P.C.			Firm's EIN 74-	2606559				
Use Only	Firm's address 9601 MCALLI	STER FREEWAY, SUITE 800							
	SAN ANTONIO	, TX 78216		Phone no. (210) 829-1300				
May the IF	RS discuss this return with the prepare	shown above? See instructions			X Yes No				
232001 12-13	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

	990 (2022) HUMANE SOCIETY OF SAN ANTONIO	74-6024105 _F	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO PROTECT AND IMPROVE THE LIVES OF DOGS AND CATS BY PRO SHELTER, CARE, ADOPTION, RESCUE, SPAY & NEUTER PROGRAMS EDUCATION.	VIDING	
	EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		∑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		🔇 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	• •	
4a	(Code:) (Expenses \$5,007,441. including grants of \$) (Reve		.1.)
	A. INDIVIDUALS WHO ADOPT LOST OR STRAY ANIMALS PAY NOMI CONNECTION WITH THE ADOPTION AND SPAY-NEUTERING. THIS PR		<u>'0</u>
	CONNECT HOMELESS PETS WITH FAMILIES, REDUCE THE NUMBER C		
	BIRTHS.		
	B. INDIVIDUALS WHO DROP OFF UNWANTED PETS PAY A NOMINAL BOARDING AND MEDICAL CARE OF SUCH PETS TO READY THEM FOR		
	C. THE SOCIETY PROVIDES SPAY AND NEUTERING SERVICES ALC		E
	PREVENTION, MEDICATION, AND OTHER VETERINARY SERVICES TO	QUALIFIED LOW	r –
	INCOME RESIDENTS OF BEXAR COUNTY.		
	** ALL PROGRAMS ARE INTERRELATED WITH RESPECT TO FACILIT PERSONNEL PERFORMING THE SERVICES.	TES AND	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses5,007,441.		
		Form 990	(2022)
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		ecklist of Required Sc				
Form 990 (2022	HUMANE	SOCIETY	OF	SAN	ANTONIO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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		X
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HUMANE SOCIETY OF SAN ANTONIO Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance		-	-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
10	Enter the number reported in box 3 of Form 1096 Enter .0. if not applicable			

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
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Form	990 (2022) HUMANE SOCIETY OF SAN ANTONIO		74-6024	105	Р	age 5
Par	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	136			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	1	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		xt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ie			
-				8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		10-		
		12b		<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	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	13b				
c	Enter the amount of reserves on hand	13c				
			1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			<u> </u>		
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)
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HUMANE SOCIETY OF SAN ANTONIO

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

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X

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.

1 a							
1a						Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisior	ו ו			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	ne or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	enue (Code)				
		01100				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
					10b		
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ũ	Ī			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ			····· [
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?			[13	Х	
14	Did the organization have a written document retention and destruction policy?			Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i></i>	opondoni				
а				I	15a	Х	
a h	The organization's CEO, Executive Director, or top management official			Γ	15a 15b	X X	
a b	Other officers or key employees of the organization			Γ	15a 15b	X X	
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			Γ			
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ient wi	th a		15b		x
16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	ient wi	th a				x
16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ient wi e its pa	th a irticipation		15b		x
16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? 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 organization	ent wi e its pa zation	th a inticipation s		15b 16a		x
16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? 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 organization exempt status with respect to such arrangements?	ent wi e its pa zation	th a inticipation s		15b		x
16a b Sec	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements taxable entity during the year? 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 organization exempt status with respect to such arrangements? tion C. Disclosure	ent wi e its pa zation	th a inticipation s		15b 16a		x
16a b Sec 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements axable entity during the year? 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 organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE	ent wi e its pa zation	th a rrticipation s		15b 16a 16b	X	
16a b Sec 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements axable entity during the year? 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 organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ent wi e its pa zation	th a rrticipation s		15b 16a 16b	X	
16a b Sec	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? 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 organi exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	e its pa zation d 990-	th a articipation s T (section 5		15b 16a 16b	X	
16a b <u>Sec</u> 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? 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 organization to evaluate the status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X	ent wi e its pa zation d 990- on Sc	th a articipation s T (section 5 nedule O)		15b 16a 16b only)	X	
16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements axable entity during the year? 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 organization to evaluate exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Image: Comparisation to make its governing documents, comparisation made its governing documents, compar	ent wi e its pa zation d 990- on Sc	th a articipation s T (section 5 nedule O)		15b 16a 16b only)	X	
16a b <u>Sec</u> 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? 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 organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Image: Comparisation to make its governing documents, comparisation made its governing documents, comparisation to the public during the tax year.	e its pazation zation d 990- on Sca	th a rrticipation s T (section 5 hedule O) i interest po		15b 16a 16b only)	X	
16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? 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 organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	e its pazation zation d 990- on Sca	th a rrticipation s T (section 5 hedule O) i interest po		15b 16a 16b only)	X	
16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? 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 organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - 210-226-7461	e its pa zation d 990- on Sch offlict o	th a rrticipation s T (section 5 nedule O) f interest po records		15b 16a 16b only)	X	
16a b <u>Sec</u> 17 18 19 20	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? 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 organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	e its pa zation d 990- on Sch offlict o	th a rrticipation s T (section 5 nedule O) f interest po records		15b 16a 16b only) financ	X	ble

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation from Reportable compensation Estimation amount officer 1 NANCY MAY PRESIDENT/CEO 40.000 X 154,897. 0.3,9	of tion e ion ed ons 72.
hours per week box, unless person is both an officer and a director/trustee) compensation from compensation from related amount officer hours per week box, unless person is both an officer and a director/trustee) compensation compensation amount from from from from from from related othe organizations below bel	tion e ion ed ons 72.
(list any hours for related organizations below line) 10011 1011 1011 1011 1011 1011 1011 10	e ion ed ons 72.
(1) NANCY MAY 40.00 40.00	e ion ed ons 72.
(1) NANCY MAY 40.00 40.00	ion ed ons
(1) NANCY MAY 40.00 40.00	ed ons
(1) NANCY MAY 40.00 40.00	ons
(1) NANCY MAY 40.00 40.00	72.
(1) NANCY MAY 40.00 40.00	
(2) KRISTINE HAWKINS 40.00	09.
CHIEF VETERNARIAN X 107,235. 0. 6,9	
(3) ROBERT OCHOA 2.00	
CHAIRMAN (CURRENT) X X 0. 0.	0.
(4) HUGO HERNANDEZ 2.00	
VICE CHAIRMAN X X 0. 0.	0.
(5) CATHY RITTER 2.00	
TREASURER X X 0. 0.	0.
(6) KATHY ZELTMANN 2.00	
SECRETARY X X 0. 0.	0.
(7) ERIC MCCORMICK 2.00	
PAST CHAIR X 0. 0.	0.
(8) RON BARTNETT 2.00	
BOARD MEMBER X 0. 0.	0.
(9) RICH BRAUNE 2.00	
BOARD MEMBER X 0. 0.	0.
(10) TERRY BRECHTEL 2.00	
BOARD MEMBER X 0. 0.	0.
(11) LYNNELL BURKETT 2.00	
BOARD MEMBER X 0. 0.	0.
(12) DICK BURR 2.00	
BOARD MEMBER X 0. 0.	0.
(13) ROSIE CHAVEZ 2.00	
BOARD MEMBER X 0. 0.	0.
(14) MAX GOLMAN 2.00	
BOARD MEMBER X 0. 0.	0.
(15) CHRISTIAN LEDOUX 2.00	
BOARD MEMBER X 0. 0.	0.
(16) BETH MORGAN 2.00	
BOARD MEMBER X 0. 0.	0.
(17) ANN REEDER 2.00	•
BOARD MEMBER X 0. 0.	Ο.

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Form 990 (2022)

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Form 990 (2022) HUMANE SOCIETY OF SAN ANTONIO 74-6024105 Page &							age 8						
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								<u> </u>					
(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson is	l than o s both r/trust	an	(D) Reportable compensation	(E) Reportable compensation	ation		(F) timate iount	
(list any hours for related organizations below line) line) line) line line line line line line line line					Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	>/	comp fro orga and	other pensa om the anizat d relate nizatio	e ion ed	
(18) JESSICA FLYNN SALDANA 2.00													
BOARD MEMBER	0.00	X						0.		0.			0.
(19) HILARY SAUNDERS BOARD MEMBER	2.00	x						0.		0.			0.
(20) MARY STEFL	2.00	~						0.		<u> </u>			0.
BOARD MEMBER	2.00	х						0.		0.			0.
(21) ALEIDA VILLARREAL	2.00												
BOARD MEMBER		Х						0.		0.			0.
								0.		0,8	81.		
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								262,132.		0.	1(),8	81.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable			Yes	2 No
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for se</i> 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	uch individual m of reportabl 0,000? If "Yes,	e co " co	mpe mple	ensa ete S	tion Sche	and and	oth J f	ner compensation from t	he organization		3	x	x
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t	-									nsati	ion fro	m	
(A) (B) Name and business address Description of services						C	(C omper		n				
ONE & ALL ADVERTISING/FUNDRAIS PO BOX 936517, ATLANTA, GA 31193-6517 ING METROPOLITIAN CONTRACTING COMPANY LLC PULL DINC							197	7,8	05.				
METROPOLITAN CONTRACTING COMPANY, LLC BUILDING 990 ISOM, SAN ANTONIO, TX 78216 CONSTRUCTION							17/	1 5	20.				
990 ISOM, SAN ANTONIO, TX 78216 CONSTRUCTION PATTERSON VETERINARY SUPPLY 28905 NETWORK PLACE, CHICAGO, IL 60673 VETERINARY SUPPLIES									75.				
ZOSOS NETWORK FLACE, CHICAGO, IL 00073VETERINARI SOFFILIESRKD GROUPADVERTISING/FUNDRAIS7130 S. 29TH ST., LINCOLN, NE 68516ING									68.				
A & R COMFORT CONTROL, LL 18561 BANDERA RD #1, HELO	C			23				AC REPAIR & MAINTENANCE				3,6'	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	ncluding but no				thos 5	_			ore than				
											C	aan "	0000

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Form **990** (2022)

Form	1 99(0 (2	2022) HUMANE SOCIET	Y OF SAN	ANTONIO		74-6024	105 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII	<u></u>	<u></u>	<u></u>
			· · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
, G		с	Fundraising events 1c					
ìifts ar A			Related organizations 1d					
s, G milå			Government grants (contributions) 1e					
Si			All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	3,176,945.				
li tri		g	Noncash contributions included in lines 1a-1f	19,609.				
Cor		h	Total. Add lines 1a-1f		3,176,945.			
				Business Code				
Ð	2	а	PROGRAM SERVICE FEES	900099	1,412,311.	1,412,311.		
vic	_	b						
Ser		с						
Program Service Revenue		d						
igre Re		e						
Pro			All other program service revenue	900099				
			Total. Add lines 2a-2f		1,412,311.			
	3		Investment income (including dividends, intere		, ,			
	•		other similar amounts)		166,759.			166,759.
	4		Income from investment of tax-exempt bond p					,
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	'	u	assets other than inventory 7a 8,129,758.	.,				
		h	Less: cost or other basis					
e		5	and sales expenses					
evenue		~	Gain or (loss)	-				
			Net gain or (loss)		659,849.			659,849.
Other R			Gross income from fundraising events (not		,			
ŢĻ	U	u	including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18 8a	143,503.				
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events		81,441.			81,441.
			Gross income from gaming activities. See		- , •			, - •
	5	-	Part IV, line 19 9a					
		h	Less: direct expenses					
			Net income or (loss) from gaming activities	·				
			Gross sales of inventory, less returns					
	10		and allowances <u>10</u>	a				
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	-				
		0	The moothe or (1033) noth sales of inventory .	Business Code				
sn	11	2	OTHER REVENUE	900099	15,430.	15,430.		
Miscellaneous Revenue		a b			,			
illar ven		и С						
Sce								
Ϊ			All other revenue		15,430.			
	12		Total revenue. See instructions		5,512,735.	1,427,741.	0.	908,049.
23200					2,212,700.	,, ,		Form 990 (2022)
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HUMANE SOCIETY OF SAN ANTONIO

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Page **9**

74-6024105

HUMANE SOCIETY OF SAN ANTONIO Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	رط) 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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.00 1.00	220 226	10 000	F 076
	trustees, and key employees	262,132.	238,236.	18,020.	5,876.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and	2 100 000		204 (200	105 400
	persons described in section 4958(c)(3)(B)	3,198,966.	2,688,923.	384,620.	125,423.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b					
c	0 T				
d	, , , , , , , , , , , , , , , , , , ,				
e		38,438.		38,438.	
f	Investment management fees	50,450.		50,450.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	52,067.	5,241.	46,190.	636.
40		52,007.	5,241.		0504
12 13	Advertising and promotion Office expenses	313,600.	162,917.		150,683.
13 14	Information technology	515,0000	102/91/0		100,000
15	Royalties				
15 16	Occupancy	544,054.	521,793.	17,204.	5,057.
17	Travel	7,445.	6,190.	663.	592
18	Payments of travel or entertainment expenses	,,1100	0,2000		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	728,451.	556,747.	151,005.	20,699
23	Insurance	,	,		,
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL CARE, DIRECT COS	561,103.	561,103.	0.	0.
b	OTHER EXPENSES	335,794.	246,522.	23,557.	65,715.
с	EDUCATION	19,769.	19,769.	0.	0
d	BAD DEBTS	5,100.	0.	5,100.	0
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,066,919.	5,007,441.	684,797.	374,681
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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Form 990 (2022)

1

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Part X Balance Sheet

	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			584,247.	3	153,322.
	4	Accounts receivable, net	39,961.	4	84,529.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-				
	-	under section 4958(f)(1)), and persons described				6	
ú	7	Notes and loans receivable, net		7			
sets	8	Inventories for sale or use	114,017.		97,171,		
Assets	9	— · · · · · · · · · · · · · · · · · · ·			70,456.	9	97,171. 66,571.
		Land, buildings, and equipment: cost or other			10,150.	3	00,371.
	10a	basis. Complete Part VI of Schedule D	100	17 560 807			
	b			4,671,024.	13,442,093.	10c	12,889,783.
		Less: accumulated depreciation	<u> </u>		8,466,892.		7,177,177.
	11	Investments - publicly traded securities			0,400,092.	11	/, 1/, 1//•
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	100 000
	15	Other assets. See Part IV, line 11			151,543.	15	126,209.
	16	Total assets. Add lines 1 through 15 (must equa			25,622,794.	16	22,905,922.
	17	Accounts payable and accrued expenses			469,057.	17	190,867.
	18	Grants payable	407	18	00 770		
	19	Deferred revenue	407.	19	90,770.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			77 070
		of Schedule D			36,035.		77,979. 359,616.
	26	Total liabilities. Add lines 17 through 25			505,499.	26	222,010.
s		Organizations that follow FASB ASC 958, chee	ck here				
JCe		and complete lines 27, 28, 32, and 33.			22 171 224		21 266 745
Balances	27	Net assets without donor restrictions			23,171,334.		21,366,745.
_	28	Net assets with donor restrictions			1,945,961.	28	1,179,561.
nn		Organizations that do not follow FASB ASC 95	58, che	ck here			
л Т		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund	31	Retained earnings, endowment, accumulated inc			25 117 205	31	22 546 206
Ř	32	Total net assets or fund balances			25,117,295.	32	22,546,306.
	33	Total liabilities and net assets/fund balances			25,622,794.	33	<u>22,905,922.</u>

HUMANE SOCIETY OF SAN ANTONIO

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

Cash - non-interest-bearing

Savings and temporary cash investments

74-6024105 Page 11

(B) End of year

2,311,160.

Form 990 (2022)

(A) Beginning of year

2,753,585.

1

2

Form	1990 (2022) HUMANE SOCIETY OF SAN ANTONIO	74-6	024105	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,512		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,066	5,93	19.
3	Revenue less expenses. Subtract line 2 from line 1	3	-554	1,18	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,117	7,29	95.
5	Net unrealized gains (losses) on investments	5	-2,016	5,80	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	22,546	5,30	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	Х	
	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	,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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
2022
Open to Public Inspection

Name of the organization

Name	of the organization						Employer	identification number			
	HUMA	NE SOCIETY	OF SAN ANTO	OIN			7	4-6024105			
Part	I Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.				
The or	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).					
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 🗋	An organization that norma	Illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in			
	section 170(b)(1)(A)(vi). (C										
8	A community trust describe										
9	An agricultural research org	-			-		-	-			
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
10	university:		then 00 1/00/ of its summ	a							
10	An organization that norma										
	activities related to its exen income and unrelated busir							-			
	See section 509(a)(2). (Col		(less section of r lax) ite		ses acqui		jai lization a	atel Julie 30, 1973.			
11	An organization organized a		ively to test for public sa	fetv See	section 50	0.9(a)(4)					
12	An organization organized a	-		•			rry out the	purposes of one or			
	more publicly supported or	-	-	-			-				
	lines 12a through 12d that										
а	Type I. A supporting orga	• •			-		-	giving			
	the supported organization	-	-	• • • •	-						
	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving			
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	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). You must complete I	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness			
	requirement (see instructi										
е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III										
	functionally integrated, or Type III non-functionally integrated supporting organization.										
	f Enter the number of supported organizations										
g	Provide the following information (i) Name of supported	ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetarv	(vi) Amount of other			
	organization	(,	(described on lines 1-10	in your governi Yes	ing document?	support (see in		support (see instructions)			
			above (see instructions))	103							

Part II

HUMANE SOCIETY OF SAN ANTONIO

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5354391.	7245450.	4400600.	3723775.	3176945.	23901161.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	5354391.	7245450.	4400600.	3723775.	3176945.	23901161.		
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)								
	Public support. Subtract line 5 from line 4.						23901161.		
	ction B. Total Support	1	I			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	5354391.	7245450.	4400600.	3723775.	3176945.	23901161.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	275,841.	244,359.	139,840.	406,981.	826,608.	1893629.		
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.)	130,868.	228,595.	132,390.	72,171.		660,895.		
11	Total support. Add lines 7 through 10						26455685.		
12	Gross receipts from related activities,		,			· · · · ·	,942,724.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
<u></u>	organization, check this box and stop here Section C. Computation of Public Support Percentage								
							90.34 %		
14	Public support percentage for 2022 (I					14			
15									
168	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization X								
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
47	and stop here. The organization qualifies as a publicly supported organization								
1/a	17a 10% - facts- and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
b							10% or		
	more, and if the organization meets the								
40	organization meets the facts-and-circu		•		• •		·····		
18	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, or 170	, check this box a				
						Schedule A	(Form 990) 2022		

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	Schedule A	Form	990) 2022
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HUMANE SOCIETY OF SAN ANTONIO Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section	A. Public Support						
Calendar ye	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts,	grants, contributions, and						
memb	pership fees received. (Do not						
includ	le any "unusual grants.")						
merch forme any ac	e receipts from admissions, nandise sold or services per- ed, or facilities furnished in ctivity that is related to the ization's tax-exempt purpose						
3 Gross	receipts from activities that						
	ot an unrelated trade or bus- under section 513						
4 Tax re	evenues levied for the organ-						
izatior	n's benefit and either paid to bended on its behalf						
	alue of services or facilities						
	hed by a governmental unit to						
the or	ganization without charge						
6 Total	Add lines 1 through 5						
7a Amou	ints included on lines 1, 2, and eived from disqualified persons						
b Amount from oth exceed	is included on lines 2 and 3 received her than disqualified persons that the greater of \$5,000 or 1% of the on line 13 for the year						
	nes 7a and 7b						
	c support. (Subtract line 7c from line 6.)						
Section	B. Total Support				_		
Calendar ye	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amou	Ints from line 6						
10a Gross divide secur	s income from interest, ends, payments received on ities loans, rents, royalties, ncome from similar sources						
b Unrela	ted business taxable income						
(less s	ection 511 taxes) from businesses						
acquir	ed after June 30, 1975						
c Add li	nes 10a and 10b						
activit wheth	acome from unrelated business ties not included on line 10b, her or not the business is arly carried on						
or los	income. Do not include gain s from the sale of capital s (Explain in Part VI.)						
	Support. (Add lines 9, 10c, 11, and 12.)						
14 First	5 years. If the Form 990 is for the form the form the form of th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check	this box and stop here						
Section	C. Computation of Publi	c Support Per	centage			<u> </u>	
15 Public	c support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	c support percentage from 2021					16	%
Section	D. Computation of Inves	stment Income	e Percentage				
17 Invest	tment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
	tment income percentage from					18	%
	3% support tests - 2022. If the						17 is not
more	than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b 33 1/:	3% support tests - 2021. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18	8 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20 Privat	te foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
232023 12-09	-22		-			Schedule	A (Form 990) 2022
			15				

HUMANE SOCIETY OF SAN ANTONIO

Yes No

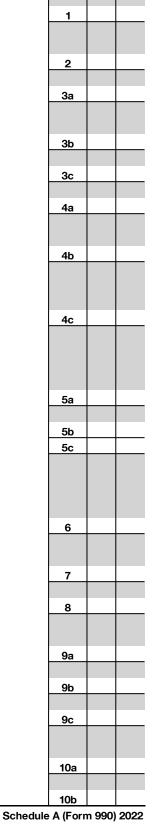
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 HUMANE SOCIETY OF SAN ANTONIO

Pa	rt IV Supporting Organizations (continued)		
		Ye	s 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 on lines 11b and		
	11c below, the governing body of a supported organization?	1a	
b	A family member of a person described on line 11a above?	1b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
		1c	
Sec	tion B. Type I Supporting Organizations		
		Ye	s 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> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, 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	tion C. Type II Supporting Organizations		
		Ye	s 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	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	1 <u>s).</u>
2	Activities Test. Answer lines 2a and 2b below.		Yes
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		

- the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

No

08000517 758098 0857.AUDIT

2022.03040 HUMANE SOCIETY OF SAN ANT 0857.AU1

17

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete :	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

HUMANE SOCIETY OF SAN ANTONIO Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

232026 12-09-22

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instructions).

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4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

HUMANE SOCIETY OF SAN ANTONIO

74-6024105 Page 7

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3

Current Year

Part V	Type III Non-Function	onally Integ	rated 509(a)	(3) S	unnor	ting Organizations	(appting ad)
I GILV	Type in Non Tanoa	onany meog	n atoa 000(a)		apport	ang organizationo	(continuea)

Section D - Distributions

3

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A	(Form 990) 2022				ANTONIO	74-6024105 Page
Part VI	line 1; Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, lines 2 and 3; I	4c, 5a, 6, 9a, 9 Part IV, Section	b, 9c, 11a, 11 E, lines 1c, 2a	o, and 11c; Part IV, , 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
						.
32028 12-09-2	2			20		Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

H	UMANE SOCIETY OF SAN ANTONIO	/4-602
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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), 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 for an *exclusively* set is the set in the set is organization because it received *nonexclusively* set is the set is the set in the set is the set is organization because it received *nonexclusively* set is the set

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

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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		\$	

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Schedule B (Form 990) (2022)

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Employer identification number

Page 3

74-6024105

Schedule B (Form 990) (2022)

HUMANE SOCIETY OF SAN ANTONIO

Name of organization

Name of organization Employee identification number HUMANE CALCENTY OF SAN ANTON 74-602415 PATIII Exclusion regions 54-602418 more shan \$1,0000 for the vest- comment own	Schedule E	3 (Form 990) (2022)		Page				
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(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	Ī	(e) Transfer of gift						
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transforma's nome address and ZID : 4						
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	-							
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held								
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held								
Part I (c) Coo dight (c) Coo d	(a) No.	(b) Durnass of sift	(a) Llos of gift	(d) Description of how gift is hold				
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		(b) Fulpose of gift	(c) use of gift	(a) Description of now gift is field				
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	-		(a) Transfer of with	<u> </u>				
223454 11-15-22 Schedule B (Form 990) (2022)			(e) Transfer of gift					
	ļ	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	223454 11-15	-22	25	Schedule B (Form 990) (202				

SCHEDU	ILE D
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Department of the Treasury

90)

Supplemental Financial Statements

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

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



Employer identification number

74-6024105

Internal Revenue Service Name of the organization

HUMANE SOCIETY OF SAN ANTONIO

Par			or Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year		(10) 1 411	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value of grants norm (during year)			
- - 5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funde	
5	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
U	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		0	
Par				
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreati		a historically	important land area
	Protection of natural habitat	Preservation of	a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic strue	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it I	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserval	tion easement	ts during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that desc	ribes the
Der	organization's accounting for conservation easements.	Art Historical Tracquires or Ot	har Simila	x Acceto
Fai	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9		ner Simia	ASSELS.
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for publ			DUDIIC
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public o	exhibition, education, or research in furth	ierance of put	DIIC Service,
	provide the following amounts relating to these items:			ф
	(i) Revenue included on Form 990, Part VIII, line 1			ው
•		ourse or other similar second for financia		\$
2	If the organization received or held works of art, historical treat the following amounts required to be reported under EASP AS		i yain, provide	;
-	the following amounts required to be reported under FASB AS	-		¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$\$
	For Paperwork Reduction Act Notice, see the Instructions			$^{\scriptscriptstyle{9}}$ Schedule D (Form 990) 2022
	09-01-22			
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Sche		SOCIETY OF				7	4-60	2410	5 р	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	Other S	Similar .	Asset	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ake sign	ificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	s exempt	t purpose	e in Part	XIII.		
5	During the year, did the organization solicit of		,	,	imilar as	sets		_		-
D.	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Ye	s" on Fo	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia									.
L	on Form 990, Part X?	and complete the fall	owing toble:				∟	_ Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the folio	owing table:					Amoun	+	
•	Paginning balance					10		Amoun		
	Beginning balance					1c 1d				
	Additions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo					· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	• • • • • • • • • • • • • • • • • • • •]
Par										
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance	1,931,936.	1,718,924.	1,012,4	71.	88	6,529.		992,	272.
b	Contributions	0.	80,033.	667,9	33.					
с	Net investment earnings, gains, and losses	-294,913.	187,869.	89,2	.95.	17	4,182.		-62,	464.
d	Grants or scholarships	98,897.	47,935.	45,8	80.	4	3,345.		43,	279.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	10,136.	6,955.	-	95.		4,895.		4,	582.
g	End of year balance	1,527,990.	1,931,936.	1,718,9	24.	1,01	2,471.		886,	529.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	37.0000	_%							
b	Permanent endowment 63.0000	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	id administered	for the				V.	
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X X
	(ii) Related organizations							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza							3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		ment tunds.							
I UI	Complete if the organization answered		Part IV line 11a S	ee Form 990 P:	art X lin	e 10				
	Description of property	(a) Cost or ot				umulated		(d) Boo	k valu	
	Description of property	basis (investm			• •	eciation	'		ix vaiu	0
19	Land		,	0,964.				1,26	0.9	64.
	Buildings			0,895.	3.78	38,90	7. 1	0,63		
	Leasehold improvements				-,,,	-,55		-,	- , -	
	Equipment		1.76	8,806.	77	1,97	5.	99	6,8	31.
	Other			0,142.	11	10, 14	2.		, -	0.
	. Add lines 1a through 1e. (Column (d) must e							2,88	9,7	
								, D /Гани		

Schedule D (Form 990) 2022

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			- f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	e 15)		
(4) (5) (6) (7) (8)	e 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		1e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of line line		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITA	on Form 990, Part IV, line 1 BLE GIFT	1e or 11f. See Form 990, Part X, line 25.	31,594.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITA (3) ANNUITIES (4) OPERATING LEASE LIABILITI	on Form 990, Part IV, line 1 BLE GIFT	1e or 11f. See Form 990, Part X, line 25.	31,594.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITA (3) ANNUITIES	on Form 990, Part IV, line 1 BLE GIFT	1e or 11f. See Form 990, Part X, line 25.	31,594.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITAT (3) ANNUITIES (4) OPERATING LEASE LIABILITI (5)	on Form 990, Part IV, line 1 BLE GIFT	1e or 11f. See Form 990, Part X, line 25.	31,594.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITA (3) ANNUITIES (4) OPERATING LEASE LIABILITI (5) (6)	on Form 990, Part IV, line 1 BLE GIFT	1e or 11f. See Form 990, Part X, line 25.	31,594.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITA (3) ANNUITIES (4) OPERATING LEASE LIABILITI (5) (6) (7)	on Form 990, Part IV, line 1 BLE GIFT	1e or 11f. See Form 990, Part X, line 25.	31,594.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER CHARITA (3) ANNUITIES (4) OPERATING LEASE LIABILITI (5) (6) (7) (8)	on Form 990, Part IV, line 1 BLE GIFT ES		(b) Book value 31,594. 46,385. 77,979.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2022

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rt VII	Investments -	Other Securities.

(a) Description of security of category (including name of security)		(c) Method of Valdation. Cost of end of year market valde
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" (on Form 990 Part IV line 1	11c. See Form 990. Part X, line 13

Sche	hedule D (Form 990) 2022 HUMANE SOCIETY OF SAN ANTONIO				6024105 Page 4	4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s Wil	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,457,492.	,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-2,016,805.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d		2d				
е	Add lines 2a through 2d			2e	-2,016,805.	
3	Subtract line 2e from line 1			3	5,474,297.	•
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	38,438.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	38,438.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,512,735.	•
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					_
1	Total expenses and losses per audited financial statements			1	6,028,481.	<u>. </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	0.	•
3	Subtract line 2e from line 1			3	6,028,481.	•
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	38,438.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	38,438.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,066,919.	<u>.</u>
Pa	t XIII Supplemental Information.					

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

PART V, LINE 4:

THE ENDOWMENT CONTAINS TWO PARTS, WITH DONOR RESTRICTION AND BOARD
DESGINATED. THE BOARD DESIGNATED PORTION WILL BE USED TO ASSIST IN THE
EDUCATION OF THE COMMUNITY ABOUT THE SOCIETY AND ITS MISSION. THE DONOR
RESTRICTED ENDOWMENT SHALL BE USED BY THE SOCIETY EXCLUSIVELY FOR
CHARITABLE PURPOSES TO SUPPORT THE SOCIETY'S LICENSED VETERINARIAN(S) WHO
PROVIDE SHELTER MEDICINE AND MEDICAL TREATMENT. EXPENDITURES FROM THE
FUND SHALL BE USED PRIMARILY FOR THE REASONABLE SALARIES OF VETERINARIANS
EMPLOYED BY THE SOCIETY AND THE REIMBURSEMENT OF REASONABLE MEDICAL
EXPENSES INCURRED BY THE SOCIETY FOR THE BENEFIT OF ANIMALS RECEIVED AT
THE SOCIETY.

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232054 09-01-22

PART X, LINE 2							
MANAGEMENT IS 1	NOT AWARE OF	ANY TAX	POSITIONS	THAT WO	ULD HAVE	A SIG	NIFICANT
IMPACT ON ITS H	FINANCIAL POS	SITION.	ITS FEDERA	L TAX R	ETURNS F	OR THE	LAST
FOUR YEARS REMA	AIN SUBJECT I	O EXAMI	NATION.				
232055 09-01-22						Schedule	D (Form 990) 20
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5551, ,50050 0C			2022.03040	1101111111	2001011		

HUMANE SOCIETY OF SAN ANTONIO

 Schedule D (Form 990) 2022
 HUMANE
 SOCIETY
 OF

 Part XIII
 Supplemental Information (continued)
 Image: Continued (Continued)
 Image: Continued

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiviti	es o	OMB No. 1545-0047
(Form 990)								
organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.								2022 Open to Public
Department of the Treasury Internal Revenue Service	Go t		Inspection					
Name of the organization	ו					E		entification number
		SOCIETY OF SAN ANT					4-6024	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lii	ne 17. l	Form 990-EZ	I filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with pur- viduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	to (or r fur	nount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		<u> </u>						
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exe	empt from re	l gistration

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

Schedule G (Form 990) 2022

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 Schedule G (Form 990) 2022
 HUMANE
 SOCIETY
 OF
 SAN
 ANTONIO
 74-6024105
 Page 2

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

 of fundraising event contributio

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Zevenue			SOIREE & EL			(add col. (a) through
			REY FIDO		1	col. (c)
			(event type)	(event type)	(total number)	col. (c))
sver	1	Gross receipts	143,503.			143,503.
Å	.					
	2	Less: Contributions				
	2					
		Gross income (line 1 minus line 2)	143,503.			143,503.
	3		145,505.			145,505
		Cash prizos				
	4	Cash prizes				
	-	Newseek avies				
ŝ	5	Noncash prizes				
se						
per	6	Rent/facility costs				
Direct Expenses			1			1
ect	7	Food and beverages	17,410.			17,410.
Ē						
	8	Entertainment				
	9	Other direct expenses	44,652.			44,652.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			62,062.
_	11	Net income summary. Subtract line 10 from li				81,441.
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
£	1	Gross revenue				
~	2	Cash prizes				
sec						
Direct Expenses	3	Noncash prizes				
Щ						
ect	4	Rent/facility costs				
ā	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor				
	ľ					
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	ľ '	Direct expense summary. Add intes 2 through				
	0	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r		<u></u>		
•	F mi	tor the state(s) in which the exception condu	ista somina estivitioni			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ad		states?		Yes No
b	" TI 0	No," explain:				
		, ,, , , , , , , , ,			2	
		ere any of the organization's gaming licenses re			year?	Yes No
b) If "'	Yes," explain:				
2320	32 10)-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	HUMANE SOCIET	Y OF SAN	ANTONIO	74-6	024105	Page 3
11 Does the organization conduct ga	aming activities with nonmerr	ibers?			Yes	No
12 Is the organization a grantor, ben						
to administer charitable gaming?					Yes	No No
13 Indicate the percentage of gamin						
a The organization's facility					13a	%
b An outside facility					13b	%
14 Enter the name and address of th	e person who prepares the c	organization's gan	ning/special events bo	ooks and records:		
Name						
Address						
15a Does the organization have a con	tract with a third party from v	whom the organiz	ation receives gaming	g revenue?	Yes	└── No
b If "Yes," enter the amount of gam	ing revenue received by the	organization	\$	and the amount		
of gaming revenue retained by th			Ψ			
c If "Yes," enter name and address						
	. ,					
Name						
Address						
16 Gaming manager information:						
Name						
Gaming manager compensation	\$					
Description of services provided						
Description of services provided						
Director/officer	Employee	Independe	nt contractor			
47 Mandaham diatrika diata						
17 Mandatory distributions:a Is the organization required unde	r state law to make charitably	a distributions fro	m the gaming proceed	te to		
retain the state gaming license?					Yes	No No
b Enter the amount of distributions						
organization's own exempt activit			-			
	mation. Provide the expla				t III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as	s applicable. Also provide any	y additional inform	nation. See instructior	IS.		
232083 10-27-22				Sched	ule G (Form	990) 2022
		33				

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Schedule G	(Form	990)

Part IV	Supplemental Information (continued)	
232084 04-01-	22	Schedule G (Form 990)

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SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		ľ	2022		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
Dena	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
De		HUMANE SOCIETY OF SAN ANTONIO s Regarding Compensation	74-6	502410	5	
Pa	rt I Question	s Regarding Compensation				
4			000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for com	, i i i i i i i i i i i i i i i i i i i				
		cation and gross-up payments Early Health or social club dues or initiation fee				
		spending account				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensat	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant X Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only costiers FOd/					
E		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	n			
э		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	11			
а	contingent on the r			5a		x
	a The organization?b Any related organization?					X
D.		or 5b, describe in Part III.		<u>5b</u>		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
Ŭ	contingent on the r					
а	-			6a		x
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022

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Schedule J (Form 990) 2022

74-6024105

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

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

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

	(B) Break	down of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) E compe	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NANCY MAY	i) 154	,897.	0.	0.	0.	3,972.	158,869.	0.
	i)	0.	0.	0.	0.	0.	0.	0.
	i)							
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	i)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Schedule J (Form 990) 2022

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

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



Employer identification number 74-6024105

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

FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF

DIRECTORS PRIOR TO FILING.

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

POLICIES ARE REVIEWED DURING BOARD OF DIRECTORS ORIENTATION.

HUMANE SOCIETY OF SAN ANTONIO

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

THE BOARD CHAIR REQUESTS MARKET REPORTS FOR SALARY ANALYSIS FROM THE

DIRECTOR OF HUMAN RESOURCES AS WELL AS PREVIOUS YEAR REVIEW DOCUMENTATION.

THE EXECUTIVE COMMITTEE REVIEWS THE CEO BASED ON BUDGET PERFORMANCE,

COMMUNITY PRESENCE, PARTNERSHIP INTERACTION AND EMPLOYEE MANAGEMENT

OUTCOMES. THEY DISCUSS A RECOMMENDATION FOR ANY PORTENTIAL RAISE AND/OR

BONUS. THIS IS BROUGHT TO THE ENTIRE BOARD FOR THEIR REVIEW AND APPROVAL.

THE REVIEW IS DONE AT THE END OF A GIVEN YEAR OR BEGINNING OF THE NEXT

YEAR.

KEY EMPLOYEES' REVIEWS ARE CONDUCTED BY THE PRESIDENT/CEO. MARKET

COMPARABILITY DATA IS REVIEWED AS WELL AS JOB PERFORMANCE THROUGHOUT THE

PRIOR YEAR.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

PART XII, LINE 2C

Schedule O (Form 990) 2022

Name of the organization HUMANE SOCIETY C	F SAN ANTONTO	Employer identification number 74-6024105
HUMANE SUCIETY C	F SAN ANIONIO	/4-0024105
HE PROCESS ON THE OVERSIGHT O	N THE AUDIT OF FINANCIAL ST	ATEMENTS HAS
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