#### Form 8879-TF

# IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2023, or fiscal year beginning	, 2023, and ending
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OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN HUMANE SOCIETY OF UTAH 87-0256350 Name and title of officer or person subject to tax CRAIG S. COOK BOARD PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more Form 990 check here 1a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_2b 2a За Form 1120-POL check here 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) \_\_\_\_\_\_5b 5a Form 990-T check here 6a b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here 7a Form 5227 check here 8a b FMV of assets at end of tax year (Form 5227, item D) 8b Form 5330 check here b Tax due (Form 5330, Part II, line 19) \_\_\_\_\_\_\_9b 9a Form 8038-CP check here 10a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) and the financial institution account indicated in the tay preparation software for payment of the federal tayes award on this return, and the of any fermio. If applicable, I authorize the U.S. Treasury and its designated minarical Agent to initiate an electronic runds withorawar (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize TANNER LLC to enter my PIN 89711 **ERO firm name** Enter five numbers, but do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 87123787123 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MARC A. METCALF ERO's signature 09/12/24

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

LHA 302521 01-05-24

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning and	enaing				
В	heck if	C Name of organization		D Employer identific	cation number		
	Addres	HUMANE SOCIETY OF UTAH		05.00560			
	Name change	Doing business as		87-02563	50		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 801-261-2			
	return/ termin	4242 S 300 W			9,510,057.		
	ated	City or town, state or province, country, and ZiP or loreign postal code		G Gross receipts \$			
	Amend	MORRAL, OI 04107		H(a) Is this a group re	The state of the s		
	Application	F Name and address of principal officer. CITIES 5. COURT		for subordinates			
	pendin	4242 SOUTH 300 WEST, MORRAL, 01 04107		H(b) Are all subordinates in			
1 1	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1	list. See instructions		
JV	Vebsit	e: WWW.UTAHHUMANE.ORG		H(c) Group exemption			
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1960 N	State of legal domicile: UT		
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	HUMANE	SOCIETY OF	UTAH IS		
9		DEDICATED TO THE ELIMINATION OF PAIN, FEA	R, ANI	SUFFERING	OF ALL		
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
/eri	3			3	9		
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)			9		
ంర		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			180		
ies		Total number of volunteers (estimate if necessary)			1312		
Activities					0.		
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year		
Revenue		( <del>-</del>		6,271,092.	3,557,369.		
		Contributions and grants (Part VIII, line 1h)		5,698,073.	5,668,877.		
		Program service revenue (Part VIII, line 2g)			217,360.		
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,164.			
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-62,183.	-90,003.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,933,146.	9,353,603.		
	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.		
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,126,726.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		611,518.	544,433.		
per	Ь.	Total fundraising expenses (Part IX, column (D), line 25) 884,9	84.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,528,922.	3,064,799.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,267,166.	8,702,834.		
		Revenue less expenses. Subtract line 18 from line 12		3,665,980.	650,769.		
78			Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		14,811,785.	15,807,845.		
ASS Bai	21	Total liabilities (Part X, line 26)		600,372.	577,734.		
let	22	Net assets or fund balances. Subtract line 21 from line 20		14,211,413.	15,230,111.		
	rt II	Signature Block	,				
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is		
truo	or pona	t, and complete. Decleration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	D.		
1100,	COITEG	t, and complete, boundaries of propagation of the state o		1916	2024		
O:		Signature of officer		Date			
Sign	- 1	CRAIG S. COOK, BOARD PRESIDENT			•		
Her	е	Type or print name and title					
_	_			Date Check	PTIN		
		Print/Type preparer's name  MARC A. METCALF  MARC A. METCALF	0	9/12/24 if self-employ			
Pald	- 1			Firm's CIM 2	0-2253063		
-	arer	Firm's name TANNER LLC		FIIII S CIN 2	U 2233003		
Use	Only	Firm's address 36 S STATE STREET, SUITE 600		BL 0 A	1-532-7444		
_		SALT LAKE CITY, UT 84111		I rnone no. 6 U			
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		
		Denominary Poduction Act Notice see the sengrate instructions 332001	12-21-23		Form <b>990</b> (2023)		

4c	(Code:	(Expenses \$	including grants of \$	) (Revenue \$	)
					0
4d	Other program se	rvices (Describe on Schedule O.)			
	Expenses \$	1,509,734. including grants of \$	) (Revenue \$		)

Form 990 (2023)

7,398,496.

Total program service expenses

11000912 786875 18-3815

# Form 990 (2023) HUMANE SOCIE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1	1	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	1		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		l
40	If "Yes," complete Schedule D, Part IV	9	_	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		
44	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, VIII, IX, or X,		5.11	
_	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	
U	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		<u>X</u>
	Part X line 162 16 Was Example to Cabady D. Dart W.	l l		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	v	_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		ѿ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	_
	Schedule D, Parts XI and XII		$_{\rm x}$	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	^	_
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		v
13	is the organization a school described in section 470(b)/4\/a\/ii)2 us were	12b	-	X
	Did the organization maintain an office ampleyees or agents extends of the United Chatego		$\rightarrow$	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	_	21
	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	. 70	$\dashv$	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes, " complete Schedule F, Parts III and IV	16	- 1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	$\mathbf{x}$	
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? # "Yes."		$\neg$	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\neg$	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\neg$	
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		$\neg$	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
			100	

87-0256350 HUMANE SOCIETY OF UTAH Page 4 Form 990 (2023) 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 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ...... Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 X Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ........ 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes," complete Schedule L, Part IV ..... X 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ...... c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes." complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 If "Yes." complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

	Oncor ii contadato a contamia a respensa			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		Form	990	(2023)

332004 12-21-23

Form	990 (2023) HUMANE SOCIETY OF UTAH 87-0256	350	P	age 5
Pai	The Completion of the Completi		,	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	12.7		-
	filed for the calendar year ending with or within the year covered by this return2a2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
За	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	X
b	If "Yes," enter the name of the foreign country	1.0		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			١.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- 13	
	sponsoring organization have excess business holdings at any time during the year?	8	1000	
9	Sponsoring organizations maintaining donor advised funds.		. 0	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	177	-	
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1 58	38
11	Section 501(c)(12) organizations. Enter:	100	1	
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		1.00	1
	amounts due or received from them.)	40-	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	108		
	Note: See the instructions for additional information the organization must report on Schedule O.			13
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization to noorbox to issue quantos		Tre.	MI.
	Little the dinoditi of reserves of ritaria	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	13		
46	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		
	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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	·	<u> </u>		
	If "Yes," complete Form 6069.			_

18-38151

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

Se	ction A. Governing Body and Management	.,.,,,,,			
			Tv	es	No
18	a Enter the number of voting members of the governing body at the end of the tax year	9	1	65	NO
	If there are material differences in voting rights among members of the governing body, or if the governing	-			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
- 1	Enter the number of voting members included on line 1a, above, who are independent	او	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-			
	officer, director, trustee, or key employee?		2	7	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		+	+	**
	of officers, directors, trustees, or key employees to a management company or other namen?	1.	3	- 1	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 300 uses filed?			+	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			$\dashv$	X
6	Did the organization have members or stockholders?	-		7	<u></u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		+	+	_
	more members of the governing body?	7	a Z	.	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-		+	
	persons other than the governing body?	7	. 1		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				_
а		88	a X		
b	Each committee with authority to act on behalf of the governing body?	81		$\rightarrow$	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Ot	<del>'</del> <del>'</del> '	+	_
	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 Revenue Code.)	1 9			
	The state of the s		Ye		
10a	Did the organization have local chapters, branches, or affiliates?	10	_	_	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10	4	+	-
	and branches to ensure their operations are consistent with the organization's executions	101			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	111		+	-
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		a A	+	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12:	X		
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	121	1	_	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	121	<del>'  '`</del>	+	
	on Schedule O how this was done	120	$\mathbf{x}$		
13	Did the organization have a written whistleblower policy?	13	1 ==	$\rightarrow$	_
	Did the organization have a written document retention and destruction policy?	14			
	Did the process for determining compensation of the following persons include a review and approval by independent	14	123		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	1	+	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	1		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	118	131		
	taxable entity during the year?	16a		1 2	7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	102		Ť	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.40			
	exempt status with respect to such arrangements?	16b			
ect	ion C. Disclosure	100	_		_
7	List the states with which a copy of this Form 990 is required to be filed UT				_
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	ahle	_
	for public inspection, Indicate how you made these available. Check all that apply.	Çy)	a rune	1010	
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial		
:	statements available to the public during the tax year.		J14)		
) :	State the name, address, and telephone number of the person who possesses the organization's books and records				
-	CRAIG S. COOK - (801) 261-2919				
	4242 SOUTH 300 WEST, MURRAY, UT 84107				_

#### 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-NEĆ) 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 n (A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		i than (	one	Reportable	Reportable	Estimated
	hours per	box.	unle	ss per	rson i	is both or/trus	an	compensation	compensation	amount of
	week		JUI UI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			from the	from related organizations	other compensation
	(list any hours for	direct				Ļ			(W-2/1099-MISC/	from the
	related	10 ee	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tra		e e	E S		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Кеу втрюуве	Highest compensated employee	mer			organizations
	line)	=	<u>≅</u>	£	<u>\$</u>	三三	2			
(1) TIMNA FISCHBEIN	40.00	1				x		149,955.	0.	0.
MEDICAL DIRECTOR-MURRAY	40.00	$\vdash$	$\vdash$	-	$\vdash$	₽	H	143,333.	0.	- 0,
(2) KATHERINE GRAY	40.00	1				X		148,800.	0.	0.
MEDICAL DIRECTOR-ST.GEORGE	40.00	$\vdash$	$\vdash$	-	$\vdash$	Α.	H	140,000.	0.	-
(3) MAJDA SCOFIELD	40.00	1				x		125,808.	0.	0.
FINANCE AND STRATEGIC PLANNING DIREC  (4) JULIANNA PARSONS ULVESTAD	40.00	$\vdash$	$\vdash$	-	$\vdash$	1	$\vdash$	125,000.	· ·	
(4) JULIANNA PARSONS ULVESTAD PET RESOURCE DIRECTOR - MURRAY	#0.00	1				$ _{\mathbf{x}}$		101,635.	0.	0.
(5) CRAIG S COOK	1.00	$\vdash$	$\vdash$		$\vdash$	-	Т			
DIRECTOR/PRESIDENT		x		x				0.	0.	0.
(6) RANDY JOHN	1.00	İ					П			
DIRECTOR/TREASURER		x		x				0.	0.	0.
(7) STEVE STARLEY	1.00	Г					П			
DIRECTOR/EXECUTIVE COMMITT		X		X				0.	0.	0.
(8) TIM J WILLIAMS	1.00									_
DIRECTOR		X						0.	0.	0.
(9) MICHAEL BARKER	1.00									
DIRECTOR		X		_		_	L	0.	0.	0.
(10) DEVIN POPE	1.00									,
DIRECTOR	1	X	_		_	$\vdash$	L	0.	0.	0
(11) MOLLY SPAIN	1.00	ļ.,							0.	0.
DIRECTOR	1 00	Х		_	$\vdash$	⊢	H	0.	0.	0
(12) JOHN S. ZIEGLER	1.00	١.,,		,,		1		0.	0.	0
DIRECTOR/CO-VICE PRESIDENT	1 00	X	_	X	$\vdash$	⊢	H	0.	0.	- 0
(13) CATHERINE NELSON	1.00	<del> </del> ₹		x				0.	0.	0.
DIRECTOR/SECRETARY		X	H	_	$\vdash$	╁	H	· ·	0.	
		1								
			$\vdash$	$\vdash$		$\vdash$				
		1								
						T				
		1								
							Г			
		1								

Form 990 (2023)

Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	pioy	ees		<u>d Hi</u> C)	ghe	st C				_		
Name and title	Average hours per week	box	Position (do not check more than o box, unless person is both officer and a director/truste					(D) Reportable compensation	Reportable compensation		1	( <b>F)</b> stima moun	ted t of
	(list any hours for related organizations below	individual trustee or director	nstitutional trustee	Officer	employee	Highest compensated employee	her	from the organization (W-2/1099-MISC/ 1099-NEC)	from relati organizatic (W-2/1099-M 1099-NEC	ons IISC/	or	othe mpens from ti ganiza nd rela ganizat	ation he ation ated
	line)	Ē	lusi	990	Key	High	P.			_	$\vdash$		
		Н	Н	Н		Н					$\vdash$		
			$\neg$	$\neg$			П						
		$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$	-				_		
		$\perp$	_	$\perp$									
		$\exists$	$\exists$		T	T							
		+	+	$\dashv$	$\dashv$	$\dashv$	$\dashv$						_
			_	_	$\perp$	$\perp$							
				-									
1b Subtotal							7	526,198.		0.			0.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						-	526,198.		0.			0.
2 Total number of individuals (including but no	t limited to tho	se li	sted	abo	ove)	who	rec		00 of reportable				0.
compensation from the organization					_		_	, .					5
3 Did the organization list any former officer, o	lirector, trustee	e, ke	y en	olan	yee.	or h	iahe	est compensated emplo	ovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for suc	ch individual								-		3		Х
4 For any individual listed on line 1a, is the sum and related organizations greater than \$150,0	of reportable	com	ipen Diet	satio	on a	ind c	the	r compensation from the	e organization				X
bid any person listed on line 1a receive or ac	crue compens	atior	) fro	m ar	าy น	nrela	ated	organization or individu	al for services	····· }	4		Λ
rendered to the organization? If "Yes," compl Section B, Independent Contractors	lete Schedule .	J for	SUC	h pe	ersor	n					5		X
1 Complete this table for your five highest com	pensated inde	penc	lent	con	trac	tors	that	t received more than \$1	00,000 of comp	ensati	on fro		
the organization. Report compensation for the	e calendar yea	r end	ding	with	or or	with	in th	ne organization's tax yea	ar.				
(A) Name and business ad								(B) Description of ser	vices	Co	(C) ompen		1
WI VETERINARY SUPPLY CLIN 14659 COLLECTIONS CENTER D	IC ACCO	UN	Τ,	~~				ACCINATION,					
RKD GROUP, 7130 S 296TH ST	REET, S	TE.	B	,				EDICATION, AND RODUCTION OF			759	,51	.3.
LINCOLN, NE 86516					_			AIL AND DIGI			544	, 43	3.
							$\top$						
							+		-			-	
	11 (												
2 Total number of independent contractors (incli \$100,000 of compensation from the organization	uding but not l ion	imite	ed to	thc	se l	listed	da b	ove) who received more	than				
										F	orm 9	90 (21	023)

Form 990 (2023) HUMANE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
23 22	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1	Membership dues 1b					
98		: Fundraising events 1c	269,281.				
L A		Related organizations 1d			William St.		
S. J.		Government grants (contributions) 1e					New Street
E S	1	All other contributions, gifts, grants, and		THE PARTY OF			
her			288,088.				
- 9	ç	Noncash contributions included in lines 1a-1f 1g \$	80,927.				
Se	ŀ	Total. Add lines 1a-1f		3,557,369.			
			Business Code				
g	2 8	CLINIC FEES	459900	4,755,027.			
Program Service Revenue	k	ADOPTION FEES	900099	858,446.			
Se	c	OTHER SUPPORT	900099	55,404.	55,404.		
an eve	•						
59	€						
ል	f	All other program service revenue					
	9	Total. Add lines 2a-2f		5,668,877.		5-11/1/11	
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	,	218,588.			218,588.
	4	Income from investment of tax-exempt bond p	roceeds				
- 1	5	Royalties					
- 1		(i) Real	(ii) Personal				
- 1	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
- 1	b	Less: cost or other basis	4 000				
2		and sales expenses 7b	1,228.	1 2 3			
§		Gain or (loss) 7c	-1,228.	4 000			4 444
ther Revenue		Net gain or (loss)		-1,228.			-1,228.
l jë	8 a	Gross income from fundraising events (not					
٥		including \$ 269, 281. of					
- 1		contributions reported on line 1c). See				CAN PARTY OF	
		Part IV, line 18	0.		- 2016 - 1016		
- 1			93,901.	02 001			02 001
- 1		. ,		-93,901.			-93,901.
	9 a	Gross income from gaming activities. See		Aut and a			
		Part IV, line 19 9a Less: direct expenses 9b					
- 1		***************************************					
		Net income or (loss) from gaming activities		H II			
- 1	τυ a	Gross sales of inventory, less returns	65,223.	n (3)		LUIS TO	
			61,325.		. 1 to C. C.		
		-		3,898.	3,898.		
$\dashv$	C	Net income or (loss) from sales of inventory	Business Code	3,030.	3,030.		- (
SZ	44 -	ŀ	Duamess Code				
99	11 a						
Scellaneo	b	·					
Miscellaneous Revenue	Ç	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		9,353,603.	5.672.775.	0.	123,459.
		TERMITETURES, COURIGINATION		, ,	,	0.1	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) Program service (A) Do not include amounts reported on lines 6b, Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members Compensation of current officers, directors, 526,198. 526,198. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 78,011. 309,147. 3,690,186. 3,303,028. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,646. 48,361. 503,702. 440,695. Other employee benefits 9 22,996. 43,937. 373,516. 306,583. Payroll taxes Fees for services (nonemployees): Management Legal 4,586. 40,023. 1,668. 46,277. Accounting Lobbying 544,433. 544,433. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 240,723. 3,967. 244,690. Advertising and promotion 12 32,151. 260. 445,229. 412,818. Office expenses 13 Information technology 14 15 Royalties 16,089. 5,851. 177,746. 199,686. Occupancy 16 4,453. 32,496. 3,922. 40,871. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 29,941. 300,904. 260,075. 10,888. 22 Depreciation, depletion, and amortization ..... 3,032. 26,256. 1,102. 30,390. Insurance 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 718,064. 718,064. SURGICAL AND VACCINATIO 290,749. 2,841. 12,219. 305,809. SUPPLIES 51,921. 18,941. 194,245. OTHER MISCELLANEOUS EXP 265,107. 11,883. 6,563. 169,040. d REPAIRS AND MAINTENANCE 187,486. 259,757. 20,529. 280,286. e All other expenses 884,984. 419,354. 8,702,834. 7,398,496. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 12-21-23

Check here

if following SOP 98-2 (ASC 958-720)

ar	LX	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X		T	
					(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	,		2,150,525.	1	766,844
	2	Savings and temporary cash investments			1,105,640.	2	0
- 1	3	Pledges and grants receivable, net			2,853,446.	3	760,152
- 1	4	Accounts receivable, net				4	
- 1	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
- 1		controlled entity or family member of any of thes	e perso	ns		5	
- 1	6	Loans and other receivables from other disqualifi	ied pers	ons (as defined			
- 1		under section 4958(f)(1)), and persons described				6	
ایر	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			85,500.	8	64,006
₹	9				57,416.	9	49,334
- 1	10a	Land, buildings, and equipment: cost or other				- 1	
- 1		basis. Complete Part VI of Schedule D	10a	11,328,402.			
- 1	b	Less: accumulated depreciation	10b	5,303,996.	5,943,334.	-	6,024,406
- 1	11	Investments - publicly traded securities				11	5,332,200
- 1	12	Investments - other securities. See Part IV, line 1	1		2,558,892.	12	2,791,793
- 1	13	Investments - program-related. See Part IV, line 1	1			13	
- 1	14	Intangible assets				14	
- 1	15	Other assets. See Part IV, line 11			57,032.	15	19,110
	16	Total assets. Add lines 1 through 15 (must equa			14,811,785.	16	15,807,845
T	17	Accounts payable and accrued expenses	220,834.	17	305,928		
- 1	18	Grants payable		18			
- 1	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete F				21	
,	22	Loans and other payables to any current or former	er office	r, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	
دٌ	23	Secured mortgages and notes payable to unrelate				23	
- 1	24	Unsecured notes and loans payable to unrelated				24	
- 1	25	Other liabilities (including federal income tax, pay					
- 1		parties, and other liabilities not included on lines	17-24).	Complete Part X			
- 1		of Schedule D		1	379,538.	25	271,806
	26	Total llabilities. Add lines 17 through 25			600,372.	26	577,734
		Organizations that follow FASB ASC 958, chec	ck here	X		1000	
ě		and complete lines 27, 28, 32, and 33.				100	
Ĭ	27	Net assets without donor restrictions	11,519,433.	27	12,185,561		
	28	Net assets with donor restrictions	2,691,980.	28	3,044,550		
፱		Organizations that do not follow FASB ASC 95	8, chec	k here			
2		and complete lines 29 through 33.				1100	
5	29	Capital stock or trust principal, or current funds	.,		29		
	30	Paid-in or capital surplus, or land, building, or eq	uipment	t fund		30	
Net Assets of rund balances	31	Retained earnings, endowment, accumulated inc	ome, o	r other funds		31	4
⊭ II	32	Total net assets or fund balances			14,211,413.	32	15,230,111 15,807,845
۱ <u>چ</u>						33	

Form	990 (2023) HUMANE SOCIETY OF OTAH	<u> </u>	0230	, , ,	ra	90
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
						0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	- 8		2,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14			13.
5	Net unrealized gains (losses) on investments	5		15	/,0	53.
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		210	),8	76.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		4 -			4 4
	column (B))	10	15	230	),1:	11.
Pai	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			T	V	
					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	Ο.	- 1			v
2a				2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis				v	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1			
	consolidated basis, or both:				114	
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				х	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Δ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u> </u>	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it	_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	(2023)
				rom	ママひ (	(2023)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number HUMANE SOCIETY OF UTAH 87-0256350 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed in your governing document? (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions)) **Total** 

332021 12-21-23

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

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

Se	ction A. Public Support	to libitod bolow, piec	ase complete Fait				
_	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(4) 2022	(-) 0000	(n T.A.I
	Gifts, grants, contributions, and	(4) 2.010	(0) 2020	(6) 2021	(d) 2022	(e) 2023	(f) Total
•	membership fees received. (Do not		1	1			
	include any "unusual grants.")	3906551.	3013718.	2888663.	6078519.	2557260	19444820.
2	Tax revenues levied for the organ-	33003311	3013710.	2000000	0078319.	3337363.	13444020.
-	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	= ***	3906551.	2012710	2000562	6000000	2555060	
	Total. Add lines 1 through 3	3300331.	3013718.	2888663.	6078519.	3557369.	19444820.
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,	11 22 1 1 1					
	column (f)						3061596.
	Public support. Subtract line 5 from line 4.						16383224.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3906551.	3013718.	2888663.	6078519.	3557369.	19444820.
8	Gross income from interest,						
	dividends, payments received on			1			
	securities loans, rents, royalties,	00 500					
_	and income from similar sources	23,629.	28,316.	25,662.	26,164.	218,588.	322,359.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		ı				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						9767179.
	Gross receipts from related activities,					12 27,	257,338.
13	First 5 years. If the Form 990 is for the	e organization's firs	it, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1 (c)(3)	
	organization, check this box and stop			***************************************			
	tion C. Computation of Public						
14	Public support percentage for 2023 (lin	ne 6, column (f), div	rided by line 11, co	olumn (f))		14	82.88 %
15	Public support percentage from 2022	Schedule A, Part II,	line 14		L	15	83.48 %
109	33 1/3% support test - 2023. If the or	rganization did not	check the box on	line 13, and line 14	l is 33 1/3% or mo	re, check this box	and
h i	stop here. The organization qualifies a	is a publicly suppor	rted organization				X
10	33 1/3% support test - 2022. If the or	rganization did not	check a box on lin	e 13 or 16a, and li	ne 15 is 33 1/3% c	or more, check this	box
170	and stop here. The organization qualif	nes as a publicly su	pported organizati	on			
17 a	17a 10% -facts-and-circumstances test - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
<b>U</b>	nore and if the arresting the series	zuzz. If the organ	nization did not ch	eck a box on line 1	3, 16a, 16b, or 17	a, and line 15 is 10	)% or
	more, and if the organization meets the	acts-and-circums	tances test, check	this box and stop	p here. Explain in	Part VI how the	<b>,</b>
	organization meets the facts-and-circur						<u>-</u>
10 I	Private foundation. If the organization	uru not check a bo	x on line 13, 16a,	100, 17a, or 17b, o	cneck this box and		
						Schedule A (F	orm 990) 2023

Schedule A (Form 990) 2023 HUMANE SOCIETY OF UTAH

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	CIOTI PICADO OUTI	1000 1 011 111				
	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in)	10/2013	10/2020	10/2021	To a view	12/222	
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				<b>_</b>	1	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					ļ	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						1
or expended on its behalf						
					<u>†                                      </u>	
5 The value of services or facilities						l .
furnished by a governmental unit to						
the organization without charge				-		
6 Total. Add lines 1 through 5				-	-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					-	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)			De la			
Section B. Total Support						
	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in)	(8) 2013	107 2020	10,202,	1	1,54	
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						I
securities loans, rents, royalties,						
and income from similar sources					-	
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,					1	
whether or not the business is						
regularly carried on  12 Other income. Do not include gain					1	
or loss from the sale of capital						
assets (Explain in Part VI.)					h	
13 Total support. (Add lines 9, 10c, 11, and 12.)					F04(=)(0) c :: = = :: 1'	
14 First 5 years. If the Form 990 is for th						
check this box and stop here						
Section C. Computation of Publi					T . I	
15 Public support percentage for 2023 (li					15	
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	<u>%</u>
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2022. If the						and
line 18 is not more than 33 1/3%, che	ok this have and -*	on here. The orac	nization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	n uio noi check a	DOX OF HITE 14, 19	a or rap check ti	INS DUX AND SEC IN		A (Form 990) 2023
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#### 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.
- 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)
- 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?
- 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.
- 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).
- 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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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?	1 3	36	
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and		22	
а	-	elow, the governing body of a supported organization?	11a		
		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ç			11c		
Sac	detail i	in Part VI. B. Type I Supporting Organizations			
360	UOII D	r type t Supporting Significations		Yes	No
		the state of the s		163	140
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		10.	
	more s	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effecti	vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organia	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		Trans.	
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported		9.5	
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,	STATE		
	superv	rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			_
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors		i ux	
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		9.80	
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed	2010		
	the su	pported organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations		_	
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the	30		
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 11		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1000	
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a		EY.	
-		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sect	tion 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 in:	struction	s).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of		. 1	
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined	700	170	
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,		133	
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	I A		
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	lov. 20, 1970 ( explain in	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	ust complete:	Sections A through E.	
Section 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		
ection 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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
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-functional	lly integrated	Type III supporting organ	ization (can

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

(iii)

c Remainder. Subtract lines 4a and 4b from line 4.

than zero, explain in Part VI. See instructions.

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024, Add lines 3j

### Schedule A

## **Identification of Excess Contributions** Included on Part II, Line 5

2023

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
THE HAROLD C. ROMESBURG ESTATE FUND	789,447.	394,103.
NEIL E. LIPKE C/O PATTY MENZA	2,850,681.	2,455,337.
EFFREY SUTCLIFF DRENKER	607,500.	212,156.
		==
otal Excess Contributions to Schedule A, Part II, Line 5	•	3,061,596

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

HUMANE SOCIETY OF UTAH

Employer identification number

87-0256350

Organization type (check one):						
Filers of	<b>:</b>	Section:				
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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.					
I	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).				

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

Name of organization

Employer identification number

#### HUMANE SOCIETY OF UTAH

87-0256350

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEFFREY SUTCLIFF DRENKER  4242 S 300 W  MURRAY , UT 84107	\$607,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1101		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### HUMANE SOCIETY OF UTAH

87-0256350

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

Employer identification number

HUMANI	SOCIETY OF UTAH				87-0256350		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (a) and the following	an line entry. For or	nanizations			
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of 🧣	1,000 or less for th	e year. (Enter this info. or	nce.) \$		
(-) N- T	Use duplicate copies of Part III if additional s	pace is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
		) <del></del>		-			
				-			
		-					
Ì		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd 7IP + 4	R	elationship of tran	nsferor to transferee		
ı	Transferee a flame, address, at	TO SERT . I					
		-	-				
- 1			-	355			
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
Part I							
		lo					
		a					
		(e) Trans	for of aift				
- 1		(e) irans	ier or girt				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tran	nsferor to transferee		
- [							
- 1							
1	2	<del></del>	-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
Faiti				1200			
		8			<u> </u>		
- 1		-					
ŀ		(e) Trans	fer of gift				
- 1							
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trai	nsferor to transferee		
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
		N		,—————			
		r <del></del>					
- 1				\			
1		(e) Trans	fer of gift				
- 1			_				
ŀ	Transferee's name, address, at	nd ZIP + 4	R	elationship of trai	nsferor to transferee		
	-						

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

OMB No. 1545-0047 Inspection

Name of the organization

HUMANE SOCIETY OF UTAH

**Employer identification number** 87-0256350

Pai			milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		16 1	(b) Funds and other accounts
		(a) Donor advised	Itunds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pai			on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		n at d = let-A	and a thirt from a shouth lower areas
	Preservation of land for public use (for example, recreat	ion or education)		orically important land area
	Protection of natural habitat		Preservation of a cen	tified historic structure
	Preservation of open space			tion assertant on the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a co	Held at the End of the Tax Year
	day of the tax year.			
а	Total number of conservation easements			2a 2b
b				2c
C	Number of conservation easements on a certified historic stru			20
d	Number of conservation easements included on line 2c acquir			2d
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located	on handling of	
5	Does the organization have a written policy regarding the peri		on, nanding or	Yes No
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	andling of violations and	i enforcing conservation	
6	Start and volunteer hours devoted to monitoring, inspecting,	izildinig or violations, air	or maraning conservation	
-	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcina conservation ea	sements during the vear
7	Amount of expenses arcured in monitoring, aspecting, ratio	ing or violations, and on	oromig components	
0	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)(	(i)
8	and section 170(h)(4)(B)(ii)?			1 12 1 11-
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense stater	ment and
9	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	inancial statements th	nat describes the
	organization's accounting for conservation easements			
Pai		Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and bal	lance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan			
h	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balanc	e sheet works of
-	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	asures, or other similar as	sets for financial gain,	provide
-	the following amounts required to be reported under FASB AS			
a	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paparaurk Reduction Act Notice see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

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

	Provide the estimated per		year end b	
а	Board designated or quas	i-endowment		%
b	Permanent endowment	100	%	

c Term endowment

Contributions

and programs Administrative expenses

End of year balance

c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities

Schedule D (Form 990) 2023

collection items (check all that apply).

Preservation for future generations

Public exhibition

Scholarly research

Distributions during the year

1a Beginning of year balance

Part V

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? X 3a(ii) (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

#### Part VI Land, Buildings, and Equipment

Description of property	(a) Cost or other basis (investment)							
1a Land		2,210,834.	أستوري والمائة	2,210,834.				
b Buildings		7,460,994.	4,340,311.	3,120,683.				
c Leasehold improvements			0.50 .505	600 000				
d Equipment		1,656,574.	963,685.	692,889.				
e Other				6 004 406				
Total. Add lines 1a through 1e. (Column (d) must equa	I Form 990. Part X. line 1	0c. column (B))		6,024,406.				

4 VIII Invest			
rt VIII	Investm	ents - Other	Securities

Outspiece if are or grandered	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(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) BENEFICIAL INTERESTS	2,791,793.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.	2,791,793.	10 See Form 990 Part Y line 13
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(a) Description of investment	(D) DOOK VAIGE	(e) motion of relation. Observe of one of your market raise
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
Part IX Other Assets  Complete if the organization answered "Yes" o		
	lacarintian	I (b) Book value
With the second	escription	(b) Book value
(1)	escription	(b) Book value
(1) (2)	escription	(b) Book value
(1) (2) (3)	escription	(b) Book value
(1) (2) (3) (4)	escription	(b) Book value
(1) (2) (3) (4) (5)	escription	(b) Book value
(1) (2) (3) (4) (5)	escription	(b) Book Value
(1) (2) (3) (4) (5) (6) (7)	escription	(b) Book Value
(1) (2) (3) (4) (5) (6) (7)	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X   Other Liabilities	(B))	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" o	(B))	1e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	(B))	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) LEASE LIABILITY	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) ACCRUED LIABILITIES (3) LEASE LIABILITY (4)	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) LEASE LIABILITY (4) (5)	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) LEASE LIABILITY (4) (5) (6)	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) LEASE LIABILITY (4) (5) (6)	(B))	1e or 11f. See Form 990, Part X, line 25.  (b) Book value

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 ... X

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS FROM FUNCTIONAL EXPENSE TO FUNDRAISING EVENTS ON

332054 09-28-23

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.lrs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization						Employer ide	ntification number
HUMANE	SOCIETY OF UTAH					87-0256	350
Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answirt.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 17	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following with a Solicitary or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuant	ation of ation of I fundra (includerofessi	non-g gover aising ding of	government grants rnment grants events fficers, directors, trus undraising services?	itees, (	Yes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	have c	strol of	(Iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
RKD GROUP - 7130 S 29TH ST, STE B, LINCOLN, NE 68516	FRODUCTION OF DIRECT MAIL AND DIGITAL FUNDRAISING	Yes	No x	981,877.		544,433.	437,444.
<del></del>							
		_					
-							
-							
		Ш					
				981,877.		544,433.	437,444.
List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontribu	ıtions	or has been notified	it is ex	empt from reg	istration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

LHA 332081 09-13-23

_			SOCIETY OF U			0256350 Page 2
Pa	rt l		e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
_	_	of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			l ',	BARK AT THE	(o) outor overtice	(d) Total events
			GALA	MOON	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
a P						
Revenue	1	Gross receipts	217,856.	37,772.	13,652.	269,280.
ď		,				
	2	Less: Contributions	217,856.	37,772.	13,652.	269,280.
	3	Gross income (line 1 minus line 2)				
		Cook myizon				
	4	Cash prizes				
	5	Noncash prizes				
s S	Ĭ					
ens	6	Rent/facility costs		3,000.		3,000.
EX						
Direct Expenses	7	Food and beverages				
ä		Entutaionaut		500.		500.
	8	Entertainment Other direct expenses	69,551.		8,529.	90,401.
	10	Direct expense summary. Add lines 4 through				93,901.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)	,	.,.,,	-93,901.
Pa	rt l	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	F	6 1 5 H 1 1 1 5 1 1 1 1 1		(d) Tatal gaming (odd
<u>o</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				amgerpregressive amgr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Be Be	4	Gross revenue				
$\neg$		Gloss revenue				
,	2	Cash prizes				
ıse						
Expenses	3	Noncash prizes				
ᇄ		<b>-</b> 46 39				
Direc	4	Rent/facility costs				
	E	Other direct expenses				
$\exists$	<u> </u>	Other direct expenses	Yes%	Yes%	Yes %	
	6	Volunteer labor	No No	☐ No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	_	Net gaming income summary. Subtract line 7	from line 1 column (cl)			
_	8	iver gaming income summary. Subtract line 7	nom line i, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No,* explain:				
	_				uaari)	Yes No
		re any of the organization's gaming licenses re				I I A2 III MO
þ	H.	Yes," explain:				
	-					
	0.00	40.02			Sche	dule G (Form 990) 2023
33208	· · (19	-13-23				

Schedule G (Form 990) 2023	HUMANE SOCIETY OF UTAH	87	-0256350	Page 3
11 Does the organization conduct g	aming activities with nonmembers?		Yes	No
12 Is the organization a grantor, ber	neficiary or trustee of a trust, or a member of a pa	rtnership or other entity formed		
to administer charitable gaming?			Yes	No No
13 Indicate the percentage of gamir	g activity conducted in:		5 9	
			13a	%
•			401	%
	ne person who prepares the organization's gamin			
Name				
Address				
15a Does the organization have a cor	ntract with a third party from whom the organizati	on receives gaming revenue?	Yes	☐ No
		) Al		
	• •	and the amount		
of gaming revenue retained by th	-			
c If "Yes," enter name and address	of the third party:			
Name				
Address				
16 Gaming manager information:				
Name				
•				
Gaming manager compensation	\$			
Description of services provided	δ			
Director/officer	Employee Independent	contractor		
17 Mandatory distributions:				
	r state law to make charitable distributions from t	the gaming proceeds to		
retain the state gaming license?			Yes	No
	required under state law to be distributed to other			
organization's own exempt activi	ties during the tax year \$			
	mation. Provide the explanations required by		Part III, lines 9, 9t	o, 10b,
15b, 15c, 16, and 17b, a	s applicable. Also provide any additional informat	ion. See instructions,		
			20	
SCHEDULE G, PART I,	LINE 2B, LIST OF TEN HIG	HEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAI	SER: RKD GROUP			
/T) 1000000 00 00000	DATATO 7120 G 200H GM (	ME D IINGOIN NE	68516	
(I) ADDRESS OF FUND	RAISER: 7130 S 29TH ST, S	STE B, LINCOLN, NE	00310	
(II) ACTIVITY: PROD	UCTION OF DIRECT MAIL AND	DIGITAL FUNDRAISIN	G SOLUTIO	NS

Schedule G (Form 990) 2023

332083 09-13-23

Schedule G	(Form 990)	HUMANE	SOCIETY	OF	UTAH	87-0256350	Page 4
Part IV	(Form 990) Supplemental Info	mation (cont	inued)				
-							
				_			
						-	
				_			
-							

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

#### **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF UTAH

Employer Identification number 87-0256350

1 (4)	rt I Types of Property				- 1	19		_
		(a) Check if	(b) Number of	(c) Noncash contribution	(e Method of		na	
		applicable	contributions or	amounts reported on	noncash contril		_	5
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		LUNE REAL				_	
5	Clothing and household goods						_	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		80,927.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
29	for which the organization completed Form 828							
	for which the organization completed form ozd	,, , ui c v,	onoo monitoriio og				Yes	No
20-	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	h 28. that it			
30a	must hold for at least 3 years from the date of t	he initial co	ntribution and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p	olicy that re	auires the review	of any nonstandard contribut	ions?	31		Х
31	Does the organization have a girt acceptance p  Does the organization hire or use third parties of	only maile	ganizatione to ealic	eit nrocess or sell noncesh			$\neg$	
32a						32a		х
	contributions?					020		
b	If "Yes," describe in Part II.  If the organization didn't report an amount in co			for which adjuments is about	ykad			
	the the amponishment on didn't concert on amount in Co	Diumn (C) fol	a type of property	FIOR WINCH COLUMN (a) IS CHEC	NOU,			
33	describe in Part II.	.,	o)[   /				411	

Schedule M	(Form 990) 2023	HUMANE	SOCIETY	OF	UTAH			87-0256350	Page 2
Part II	Supplemental is reporting in Part this part for any ac	i, colultin (b),		inforr contril	nation requoutions, the	uired by Part e number of	t I, lines 30b, 32b, items received, or	and 33, and whether the organiz a combination of both. Also con	ation
		-							

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HUMANE SOCIETY OF UTAH

Employer identification number 87-0256350

HUMANE SOCIETI OF OTAR 0, 0230330
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ANIMALS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITHIN OUR COMMUNITY THROUGH OUR CLINICS, PET RETENTION, AND SHELTER
DIVERSION INITIATIVES. OUR RELENTLESS EFFORTS ADVOCATE FOR ENHANCING
COMPANION ANIMALS' LIVES AND OFFER EDUCATIONAL OPPORTUNITIES TO THE
NEXT GENERATION OF PET OWNERS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PREVENTATIVE CARE CLINICS IN MURRAY AND ST. GEORGE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOSTER CARE, TRANSFER PROGRAM, HUMANE EDUCATION, BEHAVIOR PROGRAM
FOSTER CARE PROGRAM: THE HUMANE SOCIETY OF UTAH PLAYS A CRUCIAL ROLE
IN CARING FOR ANIMALS THAT NEED EXTRA ATTENTION. OUR FOSTER VOLUNTEERS
CARE FOR ILL, SHY, INJURED, OR BABY ANIMALS UNTIL THEY CAN BE ADOPTED.
IN 2023, 411 FOSTER FAMILIES PROVIDED 1,438 ANIMALS WITH A TEMPORARY
HOME TO RECOVER IN UNTIL THEY WERE READY FOR ADOPTION. OUR VOLUNTEER
PROGRAM IS THE FOUNDATION OF OUR ORGANIZATION. IN 2023, AN EFFORT WAS
MADE TO CONDUCT 53 VOLUNTEER ORIENTATIONS TO EXPAND THE PROGRAM. THE
DEDICATION AND COMMITMENT OF OUR 1,312 VOLUNTEERS WERE INSTRUMENTAL IN
CONTRIBUTING AN IMPRESSIVE 25,689 HOURS OF INVALUABLE SERVICE,
ESTIMATED TO BE WORTH \$367,352.70. THESE VOLUNTEERS ARE OF GREAT VALUE
TO US AS THEY HELP US ADVANCE OUR PROGRAMS AND PROVIDE EXCELLENT CARE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  LHA 332211 11-14-23 Schedule O (Form 990) 2023

AND SUPPORT TO THE ANIMALS IN OUR PET RESOURCE CENTER.

TRANSFER PROGRAM: (CURRENTLY ON PAUSE): OUR ANIMAL TRANSFER PROGRAM HAD

TO BE TEMPORARILY PAUSED DUE TO A SIGNIFICANT INCREASE IN THE NUMBER OF

PETS BEING SURRENDERED BY THEIR OWNERS. AS A RESULT, WE STOPPED

BRINGING IN ANIMALS FROM OTHER STATES. HOWEVER, WE WERE STILL ABLE TO

WORK WITH VARIOUS ANIMAL SHELTERS IN UTAH TO TRANSFER 780 ANIMALS. THIS

PROGRAM AIDS IN REDUCING SHELTER OVERCROWDING THROUGHOUT WESTERN STATES

AND ENABLES HSU TO PROVIDE MEDICAL AND BEHAVIORAL CARE TO ANIMALS FROM

OVERBURDENED OR UNDER-RESOURCED AREAS.

HUMANE EDUCATION: IN 2023, EDUCATING YOUNGER GENERATIONS IS THE KEY TO

ENSURING BETTER LIVES FOR ANIMALS IN THE FUTURE. OUR PROACTIVE APPROACH

TO ENDING ANIMAL CRUELTY AND NEGLECT IS THROUGH OUR HUMANE EDUCATION

PROGRAM. HSU SERVES CHILDREN OF ALL AGES BY PROVIDING VARIOUS UNIQUE

LEARNING OPPORTUNITIES IN AND OUT OF THE CLASSROOM. IN 2023, WE VISITED

128 SCHOOLS ACROSS UTAH. TEACHING CHILDREN IN-PERSON AND VIRTUALLY,

REACHING 14,049 CHILDREN TOTAL. WE TEACH PROPER PET CARE, PET SAFETY,

GREETING A NEW DOG, SPAYING/NEUTERING A PET, AND OTHER AGE-APPROPRIATE

ANIMAL WELFARE ISSUES. IN ADDITION TO CLASSROOM VISITS THROUGHOUT THE

YEAR, OUR HUMANE EDUCATION TEAM ALSO HOSTS KIDS' CAMPS AT HSU FOR

HANDS-ON LEARNING.

BEHAVIOR PROGRAM: THIS PROGRAM WORKS HANDS-ON WITH 40% OF THE DOGS AND

CATS SURRENDERED OR TRANSFERRED TO THE HUMANE SOCIETY OF UTAH. WE

PROVIDE ENRICHMENT AND TRAINING NEEDED DURING THE ANIMALS' STAY AT OUR

CENTER AND ENSURE ADOPTERS HAVE THE INFORMATION THEY NEED TO HELP MAKE

A GOOD MATCH. WE ALSO PROVIDED 593 TRAINING AND BEHAVIOR CONSULTS, A

332212 11-14-23

10% INCREASE IN 2023 FOR COMMUNITY MEMBERS TO WORK WITH THEIR PETS AND

KEEP THEM IN HOMES WITH FAMILIES WHO ALREADY LOVE THEM.

EXPENSES \$ 1,509,734. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS MEMBERS WHO MAY ELECT MEMBERS OF THE GOVERNING BODY.

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

MANAGEMENT REVIEWS THE FORM FOR ACCURACY AND THEN DISTRIBUTES A ROUGH DRAFT

TO THE BOARD FOR REVIEW. AFTER THE BOARD REVIEWS THE DRAFT, MANAGEMENT ASKS

THAT THE FINAL VERSION BE COMPLETED AND ISSUED.

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

IT IS OUTLINED IN ARTICLE VI, SECTION 2, OF THE HSU BYLAWS THAT "NO

PERSONNEL SHALL BE ELIGIBLE FOR ELECTION AS DIRECTOR WHO IS EMPLOYED OR

RECEIVING REMUNERATION FOR SERVICES FROM THIS HUMANE SOCIETY, OR WHOSE

EMPLOYMENT OR USE OF ANIMALS IN HIS/HER OCCUPATION, OR OTHERWISE, IS IN ANY

MANNER IN CONFLICT WITH THE STATED POLICIES OR PRINCIPLES OF THIS

ORGANIZATION." THIS HAS ALSO BEEN BROUGHT UP AT OUR BOARD MEETINGS ON AN

ANNUAL BASIS.

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

COMPENSATION WAS DETERMINED BY THE HSU BOARD OF DIRECTORS AND CONSIDERATION

WAS ALSO GIVEN TO SALARY SURVEYS FROM THE UTAH NON-PROFITS ASSOCIATION. OUR

VETERINARIANS' SALARIES WERE LOOKED AT BY THE EXECUTIVE DIRECTOR, WHO IS IN

Schedule O (Form 990) 2023

# Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

990

2023

Attachment Sequence No. 179

Identifying number

OMB No. 1545-0172

HUMANE SOCIETY OF UTAH FORM 990 PAGE 10 87-0256350 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,160,000. ..... Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 2,890,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . 13 Carryover of disallowed deduction to 2024, Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during ..... 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 300,904. Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction in service only - see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L MM 27.5 yrs. S/I h Residential rental property MM 27.5 yrs. S/L MM S/I 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System Class life S/L b 12-year 12 yrs. S/L C 30-year 30 yrs. MM S/L 40-year d 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 300,904. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A	- Depreciatio	n and Othe	r Inform	nation (C	autio	n: See t	ne instru	ctions for	limits fo	or passe	nger aut	omobiles	. 1		
24a Do you have evidence to	support the bus	siness/investn	nent use	claimed?		Yes		24b If '					Yes		
(a) Type of property (list vehicles first)	Type of property (list vehicles first) Date placed in investme service use percer		nt age	(d) Cost or other bas	is	Basis for d (business/ use	e) epreciation investment only)	(f) ( Recovery Met		(g) Method/ Convention		(h) Depreciation deduction		(i) lected ction 179	
25 Special depreciation all	owance for qu	alified listed	prope	rty placed	in se	rvice dur	ing the t	ax year ar	nd		_		188	LUSI	
used more than 50% in	a qualified bu	siness use							*********	2	5				
26 Property used more that	in a qu	alified busin	ess use	θ:				-							
	1		%												
	1 1		%												
97 Proporti upped 5007 and	1 : : 1		%												
27 Property used 50% or le	ess in a qualifie	ad business			_										
			%		_				S/L-						
			%		$\neg$				S/L -		-				
28 Add amounts in column	(b) lines 25 th								S/L-				-		
28 Add amounts in column	(i) line 26 En	tor bara and	nter ne	ere and or	i line :	21, page	1			2	3				
29 Add amounts in column	IV, III e 20, Lit	ter isere and	On line	B - Info								. 29			
Complete this section for ve	hiolog upod by	, 	o contraction	i io - inioi	mau	on on Us	e or ver	iicies							
Complete this section for ve	worth a sugation	a sole prop	rietor, į	partner, o	r otne	r "more t	han 5%	owner," o	r related	d persor	i. If you p	provided	vehicles		
o your employees, first answ	wer the question	ons in Section	on C to	see if you	J mee	t an exce	ption to	completir	ng this s	ection 1	or those	vehicles			
				(a)	T	(h.)	1						_		
Total business/investment r	Total business/investment miles driven during the		(a) Vehicle 1			(b) 'ehicle 2	1 ,,,	(c)	1	(d)		(e)		(f)	
year (don't include commut				inoio s	<del>  </del>	enicie Z	Vehicle 3		ver	nicle 4	Vel	nicle 5	Veh	icle 6	
1 Total commuting miles d	riven during th	ne year					+		_		+		-		
2 Total other personal (nor							+		<del>                                     </del>	_	+	_	-		
driven											1		ŀ		
3 Total miles driven during	the year.						†			-					
Add lines 30 through 32											1				
4 Was the vehicle available	for personal (	use	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty hours?	• • • • • • • • • • • • • • • • • • • •						1	110	100	140	163	INO	168	No	
5 Was the vehicle used print	marily by a mo	re									†				
than 5% owner or related															
6 Is another vehicle availab	le for personal	1					1								
use?											1				
	Section C - C	uestions fo	r Emp	loyers WI	ho Pr	ovide Ve	hicles fo	r Use by	Their E	mplove	es				
nswer these questions to de	etermine if you	meet an ex	ception	to compl	leting	Section I	3 for vet	icles use	d by em	ployees	who a	ren't			
ore man 5% owners or relat	ea persons.														
7 Do you maintain a written										by your			Yes	No	
employees?										• • • • • • • • • • • • • • • • • • • •					
Do you maintain a written	policy statem	ent that pro	nibits p	ersonal u	se of	vehicles,	except o	ommutin	g, by yo	ur					
employees? See the instru	uctions for veh	ncies used t	y corp												
Do you treat all use of veh															
Do you provide more than the use of the vehicles, an	nive venicles t	o your emp	oyees,	_											
Do you meet the requirem	onts concerni	tormation re	ceivea	?				• • • • • • • • • • • • • • • • • • • •							
Do you meet the requirem	29 20 40 a	ng qualified	automo	obile dem	onstra	ation use	?								
Note: If your answer to 37	, 36, 39, 40, 0	r41 is "Yes	dont	complete	Sect	ion B for	the cove	ered vehic	les.						
(a) Description of co	sts		b)		(c)	h1-		(d)	Т	(e)			(f)		
		be	ortization gins		mortiza amour	idie it		Code section		Amortizat eriod or pero		Amo for	ortization this year		
Amortization of costs that	begins during	your 2023 t	ax year	":											
		:													

43 Amortization of costs that began before your 2023 tax year

43

44