

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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending	_	
	heck if pplicable	C Name of organization			D Employer ident	ification number
	Addres	CONNECTICUT HUMANE SOCIETY				
	Name change	5			06-066760	5
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb	oer
	_ □Final □return/	701 RUSSELL ROAD	,		860-594-450	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	66,385,936.
	Amend	ed NEWINGTON, CT 06111	.		H(a) Is this a group	return
	Application	F Name and address of principal officer. 52.1111	S BIAS		for subordinat	es? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No
$\overline{\mathbf{L}}$	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
<u>J \</u>	Vebsit	e: WWW.CTHUMANE.ORG			H(c) Group exempt	tion number
KF	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 1881	M State of legal domicile: CT
Pa	rt I	Summary				
4	1	Briefly describe the organization's mission or most	significant activities: THE CO	NNECTICUT	HUMANE SOCIETY	·
Governance		IS THE LEADING RESOURCE IN THE STATE	FOR COMPANION ANIMAL WE	LFARE;		
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net a	assets.
o e	3	Number of voting members of the governing body	(Part VI, line 1a)		<u>[</u>	8
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			8
es &		Total number of individuals employed in calendar y				5 113
ŧ		Total number of volunteers (estimate if necessary)				6 431
Activities &		Total unrelated business revenue from Part VIII, co				
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		
				<u> </u>	Prior Year	Current Year
<u>o</u>	l	Contributions and grants (Part VIII, line 1h)		7,410,430	<u> </u>	
Revenue	ı			860,740		
ě		Investment income (Part VIII, column (A), lines 3, 4,			7,837,280	
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			19,606	
		Total revenue - add lines 8 through 11 (must equal			16,128,056	
	l	Grants and similar amounts paid (Part IX, column (0	`
	ı	Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		0	<u> </u>
es		Salaries, other compensation, employee benefits (F			6,314,913	
Expenses	ı	Professional fundraising fees (Part IX, column (A), I			702,300	513,567.
χ̈́	ı	Total fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		2 941 240	2 022 507
		Other expenses (Part IX, column (A), lines 11a-11d,			2,841,249	
		Total expenses. Add lines 13-17 (must equal Part I)			9,858,462	
	19	Revenue less expenses. Subtract line 18 from line	12	Po	6,269,594 ginning of Current Yea	
Net Assets or		Tatal accept (Dayt V. Bas 4.6)		De De	102,581,658	
SSe	20	Total assets (Part X, line 16)			1,290,044	
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from			101,291,614	
Pa	rt II	Signature Block	line 20		101,131,011	100,300,
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the hest of i	my knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				iny knowloago ana boliot, it io
	0000	, and complete Book attended to proper or (career than office	ny io zaoda en an información en in-	non proparor	That any interreage.	
Sigi	,	Signature of officer			Date	
Her		JAMES BIAS, EXECUTIVE DIRECTOR				
1101	~	Type or print name and title				
		Print/Type preparer's name	Preparer's signature] [Date Check	PTIN
Paid			LORI ROTHE YOKOBOSKY, C	PA 1	0/22/24 if self-emp	
	arer	Firm's name COHNREZNICK LLP	1	Firm's EIN	22-1478099	
	Only	Firm's address 350 CHURCH STREET, 12TH FI	LOOR		5 = 111	
	•	HARTFORD, CT 06103			Phone no.95	59-200-7000
May	the IF	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No

06-0667605

Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE CONNECTICUT HUMANE SOCIETY IS THE LEADING RESOURCE IN THE STATE		
	FOR COMPANION ANIMAL WELFARE; ENRICHING THE LIVES OF FAMILIES AND		
	COMMUNITIES THROUGH ADOPTION SERVICES, MEDICAL CARE, EDUCATION, AND		
	PREVENTION OF CRUELTY.		
2	Did the organization undertake any significant program services during the year which were not liste	d on the	77
	prior Form 990 or 990-EZ?		Yes X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s		• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the grant and allocations are required to the grant and allocati	ions to others, the tota	ı expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5 , 463 , 605 . including grants of \$	\ /	441,477.)
4a	IN 2023, THE CONNECTICUT HUMANE SOCIETY (CHS) RAN THREE ANIMAL CARE AND) (Revenue \$	
	ADOPTION CENTERS, SUCCESSFULLY FINDING HOMES FOR 1,792 ANIMALS. THESE		
	PETS CAME FROM VARIOUS SOURCES: OWNER SURRENDERS, LAW ENFORCEMENT, AND		
	PARTNER SHELTERS. EACH ANIMAL RECEIVED COMPREHENSIVE CARE: FOOD,		
	EXERCISE, SHELTER, MEDICAL TREATMENT, ENRICHMENT, AND ADOPTION		
	SERVICES. OUR DEDICATED STAFF VETERINARIANS CONDUCTED 11,489 MEDICAL		
	EXAMS, ADMINISTERED 4,506 VACCINES, AND PERFORMED 1,169 SPAY/NEUTER		
	SURGERIES. ADDITIONALLY, 412 PETS RECEIVED EXTRA BEHAVIOR SUPPORT. ON		
	AVERAGE, EACH ANIMAL STAYED IN CARE FOR 42.1 DAYS BEFORE BEING ADOPTED.		
	673 PETS WHO WERE NOT YET READY FOR ADOPTION RECEIVED FOSTER CARE.		
	NOTABLY, CHS NEVER EUTHANIZES ANIMALS DUE TO SPACE, BREED, AGE, OR TIME		
	CONSTRAINTS.		
4b) (Revenue \$	435,891.)
710	THE PUBLIC CLINIC PROGRAM OFFERS LOW-COST, DONOR-SUBSIDIZED VETERINARY) (Neverlue \$	
	CARE TO PETS WHO LACK ACCESS TO TRADITIONAL VETERINARY SERVICES. THE		
	FOX MEMORIAL CLINIC SUPPORTS PET OWNERS FACING FINANCIAL DIFFICULTIES,		
	PROVIDING BOTH TREATMENT FOR INJURIES AND ILLNESSES AS WELL AS WELLNESS		
	AND PREVENTIVE CARE. THE GOAL IS TO RELIEVE PAIN, EXTEND LIFE, AND KEEP		
	PETS IN THEIR HOMES RATHER THAN IN SHELTERS. IN 2023, THE FOX MEMORIAL		
	CLINIC SERVED 1,476 ANIMALS, ADMINISTERING 2,115 VACCINES AND		
	PERFORMING 20 SPAY/NEUTER SURGERIES. ADDITIONALLY, 10 MOBILE CLINICS		
	ACROSS THE STATE PROVIDED CARE TO 359 PETS, DELIVERING A TOTAL OF 448		
	VACCINES.		
4c	(Code:) (Expenses \$ 702,456. including grants of \$) (Revenue \$	84,798.
	CHS FIGHTS ANIMAL CRUELTY AND NEGLECT BY EDUCATING THE PUBLIC ON PROPER		
	ANIMAL CARE AND HUMANE TREATMENT. WE ALSO EXTEND OUR IMPACT THROUGH		
	ANIMAL WELFARE UNIVERSITY, WHERE THOUSANDS OF ANIMALS BENEFIT FROM		
	TRAINING PROVIDED TO ANIMAL CONTROL OFFICERS AND HUMAN SERVICES		
	PROFESSIONALS. ADDITIONALLY, WE OFFER ONE-ON-ONE CONSULTATIONS WITH PET		
	OWNERS AND WORK WITH GOVERNMENT AGENCIES ON ANIMAL-RELATED POLICIES.		
	OUR CRISIS FOSTERING AND EMERGENCY RESOURCES PLAY A CRUCIAL ROLE IN		
	KEEPING PETS IN THEIR HOMES. IN 2023, WE DISTRIBUTED 226,899 MEALS		
	THROUGH OUR PET FOOD PANTRY, ADDITIONALLY, CHS IMPACTED 7,361 CHILDREN		
	AND 1,807 ADULTS THROUGH 270 EDUCATIONAL PROGRAMS VIA SCHOOLS, CAMPS,		
	LIBRARIES, SHELTER TOURS AND ONLINE ENRICHMENT CLASSES.		
4d	Other program services (Describe on Schedule O.)		,
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 7,176,981.		E QQQ (0000)
			Form 990 (2023)

06-0667605

Part IV Checklist of Required Schedules

1 Is the organization described in section SDIT(K) or 4947(a)(1) (other than a private foundation)? 1 Yes, "complete Schedule C, Sendule B, Schedule of Contributions? See instructions 1 Dot the organization required to complete Schedule B, Schedule of Contributions? See instructions 1 Dot the organization engage in index or indirect or ind				Yes	No
b the organization required to complete Schedule 8, Schedule of Contributors? See instructions State organization required to complete Schedule 8, Schedule of Contributors? See instructions State organization required to complete Schedule P. Part 8, Associon 501(b(8) organizations. Did the organization engage in obbying activities, or have a section 501(b) election in effect during the tax year? If Yes, Complete Schedule P. Part 8, State organization as action 501(b(8), 501(b(8)), or 501(b(8)) or 501(b(8) organization that receives membership dues, assessments, or similar amounts as defined in Part V. (a) organization are section 501(b(8), 501(b(8)), or 501(b(8)) organization that receives membership dues, assessments, or similar amounts as defined in Part V. (a) organization amounts in such funds or accounts? If Yes, "Complete Schedule P. Part II. State organization maintain any donor advised funds or any similar funds or accounts? If Yes, "Complete Schedule P. Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assests? If Yes, "complete Schedule P. Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assests? If Yes, "complete Schedule P. Part II. Did the organization proprt an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts in class of in Part X, or provide condition consisting debit management, codif repair, or dobt registration services? If Yes, "complete Schedule P. Part II. Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule P. Part VII. Did the organization report an amount for investments - the securities in Part X, line 10? If Yes, "complete Schedule P. Part VIII. Did the organization report an amount for investments - program related in Part X, line 15? If Yes, "complete Schedule P. Part VIII. Did the organization report an amount for investments	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If 'Pres', complete Schedule C, Part I'. Section 501(R) granizations, Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If 'Pres', complete Schedule C, Part I'. Is the organization a section 501(R)4, 501(R)5, 501(R)5 (organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 591(R)5 (organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 591(R)5 (organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 591(R)5 (organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 591(R)5 (organization that receives memberahip dues, assessments, or assignment amounts as defined in Rev. Proc. 591(R)5 (organization that receives memberahip dues, assessments, or assignment assessments. Organization receives and assessment assessments assessments assessments assessments. Organization receives and amounts not listed in Reat X, or provide credit ocurseling, debt management, oredit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. If the organization assessment organization, hold assess in donor-restricted endowments or in quasierandowments? If 'Yes,' complete Schedule D, Part IV. If the organization sale assessments are assessments as in administration assessment assessments. Perciption related in Part X, line 10? Hart X, inc. 10. The section of the organiz		If "Yes," complete Schedule A	1	Х	
Section 50(16)(3) organizations, Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X X X X X X X X X	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization ascended in policy(4), 501(c)(6),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(c/3) election in effect during the tax year? // "yes, complete Schedule C, Part II" 5 Is the organization assessments of similar amounts as defined in New Proc. 98-19? if "yes," complete Schedule C, Part III" 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provible advise on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II Did the organization review or hold a conservation essement, including assements to preserve open space. the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part III Did the organization maintain collections of vorks of art, historical treasures, or other similar assessity "yes," complete Schedule D, Part III Did the organization maintain collections of vorks of art, historical treasures, or other similar assessity "yes," complete Schedule D, Part III Did the organization and intended organization. Including assements or other similar assessity "yes," complete Schedule D, Part III Did the organization and the part X, line 21, for accrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 17, yes," complete Schedule D, Part III II II the organization services? 9		public office? If "Yes," complete Schedule C, Part I	3		Х
during the fax year? If "Yes," complete Schedule C, Part II Is the organization a section Sol (10(8), 501 (16)8), or 501 (16)8, or 501 (16)8, or 501 (16)8), or 501 (16)8, or 501 (16)8, or 501 (16)8), or 501 (16)8, or	4				
5 Is the organization a section 5016(a)(8) 5016(s)(8) or 5016(s)(8) organization that receives membership diues, assessments, or similar amounts as defined in Rey. Proc., 98.1973 (**) "%", "complete Schedule D, Part III 5		during the tax year? If "Yes." complete Schedule C. Part II	4	Х	
similar amounts as defined in Rev. Proc. 98-197 // "yes," complete Schedule C, Part III of Did the organization maintain any doors 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?" // "yes," complete Schedule D, Part II of the organization maintain collections of works of art. historical treasures, or other similar assets? // "Yes," complete Schedule D, Part III of the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule D, Part IV organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? // "Yes," complete Schedule D, Part V organization, directly or through a related organization, hold assets in donor-restricted endowments are in quasi-endowments? // "Yes," complete Schedule D, Part V organization, directly or through a related organization, hold assets in donor-restricted endowments are in quasi-endowments? // "Yes," complete Schedule D, Part V organization, answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, VIII, V, or X, as applicable. a Did the organization report an amount for investments - organization and the organization report an amount for investments - organization and the organization report an amount for investments - organization and the organization report an amount for other liabilities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // "yes," complete Schedule D, Part X iii total assets reported in Part X, line 167 // "yes," complete Schedule D, Part X iii total assets reported in Part X, line 167 // "yes," complete Schedule D, Part X iii total asset reported in Part X, line 167 // "yes," complete Schedule D, Pa	5				
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 II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part III 8 Did the organization organization organization organization amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 Y "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? if "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,			5		х
provide advice on the distribution or investment of amounts in such funds or account? if "Yes," complete Schedule D, Part I is a complete Schedule D, Part II is a complete Schedule D, Part II is or an amount for investment in preserve open space, if yes, "complete Schedule D, Part II is or an amount for investment in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II If the organization in directly or through a related organization, hold assets in donorrestricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V is or in quasi-endowments? If "Yes," complete Schedule D, Part V is or in quasi-endowments? If "Yes," complete Schedule D, Part V is or in quasi-endowments? If "Yes," complete Schedule D, Part V is a spelicable. a Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V is a septicable. b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is 11 is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is 11 is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is 11 is 11 is 2 is 11 is 11 is 11 is 11 is 11 is 11 i	6				
7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historical arease, or historic structures? If "Yes," complete Schedule D, Part III			6		х
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? f 'Yes,' complete Schedule D, Part II 8	7	·			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Y 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part X V, VII, VIII, IX, or X, as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII III Did the organization report an amount for investments - program related in Part X, line 15% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII III Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII III Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple			7		х
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization in Service or organization in Control of the organization in Control organization as ensemble organization as chosen or organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII sophonal 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part IX and XII sophonal 13 Is th	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D, Part V			8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Yes, "complete Schedule D, Part IV	9	·			
M 'Yes," complete Schedule D, Part IV 10 10 10 10 10 10 10 1					
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answered to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V In the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V V In the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V V In the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V V In the Organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Int			9		x
or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 15 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 1	10				
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 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 3 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 4 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 4 Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X 5 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? 5 Did the organization included in consolidated, independent audited financial statements for the tax year? 6 Did the organization included in consolidated, independent audited financial statements for the tax year? 7 Did the organization as school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X and XII is optional 7 Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E, Parts II and IV 8 Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E, Parts II and IV 9 Did the organization as a chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E, Parts II and IV 10 Did the organization as a chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E, Parts II and IV 11 D			10	Х	
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII e Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III D Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional I be the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E I b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV D id the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV D id the organization report to Part IX, column (A), line	11				
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 16 the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 16 the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization bitaling separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional 12a					
Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? (f "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (f "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (f "Yes," complete Schedule D, Part VIII e Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (f "Yes," complete Schedule D, Part X III d Did the organization report an amount for other liabilities in Part X, line 25? (f "Yes," complete Schedule D, Part X III d Did the organization si liability for uncertain tax positions under FIN 48 (ASC 740)? (f "Yes," complete Schedule D, Part X IIII Did the organization obtain separate, independent audited financial statements for the tax year? (f "Yes," complete Schedule D, Part X IIII Did the organization included in consolidated, independent audited financial statements for the tax year? (f "Yes," complete Schedule D, Parts X I and X IIII B the organization aschool described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E IIII B the organization aschool described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E IIII B the organization aschool described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E IIII B the organization aschool described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E IIII C Did the organization aschool described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E IIII Did the organization aschool described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E IIII Did the organization report on Part IX, column (A), line 3, more than \$5,0	а				
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII			11a	Х	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other assets in Part X, line 155 If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 12 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 120 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 121 Did the organization included in consolidated, independent audited financial statements for the tax year? 122 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 123 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 124 Ida Did the organization an anoffice, employees, or agents outside of the United States? 125 Did the organization and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 126 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 126 Did the organization report a total of more than \$15,000 of express for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals?	b				
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e			11b		х
assets reported in Part X, line 16? f * *yes," complete Schedule D, Part Vill d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? f * *yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? f * *yes," complete Schedule D, Part X	С	·			
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part IX		assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VIII	11c		х
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 127 128 129 130 140 140 150 150 150 150 150 15	d	·			
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Part X, line 16? If "Yes." complete Schedule D. Part IX	11d	Х	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 116 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13d bit to organization maintain an office, employees, or agents outside of the United States? 13d X 14d Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14d X 14d	е		11e		х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? f "yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? ff "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? ff "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b		·			
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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 Is 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 Complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	12a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,	12a	Х	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 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 17 Did the organization report at old 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization organization organization report more than \$5,000 of grants or other assistance to any domestic organization organization organization report more than \$5,000 of grants or other assistance to any domestic organization organization organization report more than \$5,000 of grants or o	b				
13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report an 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 17 Did the organization report and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization organization report more than \$5,000 of grants or other assistance to any domestic organization organization organization report more than \$5,000 of grants or other assistance to any domestic organization organiz		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 17 Did the organization report at otal 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 II. See instructions 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III. 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	13		13		Х
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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 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. 17 Did the organization report a total of more than \$15,000 of expenses of professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	14a		14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15		or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	15				
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 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 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 Y 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	16				
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17				
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18	·			
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			18		Х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a		20a		х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2023)	CONNECTICUT HUMANE SOCIETY	06-0667605	Pa	age 4
Part IV Che	ecklist of Required Schedules (continued)			
,				

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

332004 12-21-23

Form	990 (2023) CONNECTICUT HUMANE SOCIETY 06-066760)5	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Form **990** (2023)

15

16

17

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records GREGORY JANDREAU, CFO - 860-594-4502

Form **990** (2023)

701 RUSSELL ROAD, NEWINGTON, CT

06111

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box	not c	((Pos heck ss pe	c) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMES BIAS	40.00							001 160		24 222
EXECUTIVE DIRECTOR	40.00			Х				221,468.	0.	31,209.
(2) THERESA GEARY	40.00	1				,,		150 104		20 003
OIRECTOR OF OPERATIONS (3) GREGORY JANDREAU, CPA	40.00		_			Х		159,124.	0.	20,083.
CHIEF FINANCIAL OFFICER	40.00	1		x				141,762.	0.	32,522.
(4) LORI BUTLER	40.00			<u> </u>				141,702.	,	32,322.
VETERINARIAN	10.00	1				x		136,054.	0.	20,949.
(5) AMARPREET KAUR	40.00					 		100,001.	•	
VETERINARIAN		1				x		131,118.	0.	25,010.
(6) BARBARA NAUGLE	40.00							, .		, <u> </u>
DIRECTOR OF DEVELOPMENT		1				x		141,895.	0.	12,108.
(7) CHRISTINA DELGADO	40.00									-
VETERINARIAN						x		125,750.	0.	20,484.
(8) ELLEN SHARON	2.00									
PRESIDENT		Х		х				0.	0.	0.
(9) ERIC LOPKIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) GRETCHEN DALE	2.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(11) JO ANN ROBERTS, ESQ.	2.00									
TREASURER		Х		Х				0.	0.	0.
(12) LOU ANN GIUNTA	2.00	ļ								
VICE PRESIDENT		Х		Х				0.	0.	0.
(13) NORA SWEENEY	2.00	ł								
BOARD MEMBER	0.00	Х				_		0.	0.	0.
(14) STEVE PARKER	2.00	١								
CO-SECRETARY	2.00	Х		Х	_			0.	0.	0.
(15) WILLIAM A. HAINES, DVM	2.00	x		x				0.	0.	_
CO-SECRETARY		_		├^	_	\vdash		1	<u> </u>	0.
		1								
-		T								
		1								
										Earm 990 (2022)

Form 990 (2023) CONNECTICUT	HUMANE SOCI	ETY							06-066760	5 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<mark>)</mark> than c	nno.	Reportab l e	Reportab l e	Estimated
	hours per	box,	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trust	ee)	from	from related	other
	(list any	rector						the	organizations	compensation
	related	or di	ee			ated		organization	(W-2/1099-M I SC/	from the
	organizations	ustee	trust		<u>۾</u>	suadı		(W-2/1099-M I SC/ 1099-NEC)	1099-NEC)	organization and re l ated
	below	ual tr	tiona		ploye	t con	L	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
					<u>x</u>					
					_					
1b Subtotal								1,057,171.	0.	162,365.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,057,171.	0.	162,365.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										9

Yes No 3 4

line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

\$100,000 of compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tay year

(A) Name and business address	(B) Description of services	(C) Compensation
AMENTA EMMA ARCHITECTS, P.C.		
242 TRUMBULL ST, HARTFORD, CT 06103	ARCHITECTURAL SERVICES	827,031.
NEWPORT ONE	DIRECT MAIL, DIG. MARKETING &	
21 RAILROAD AVE, DUXBURY, MA 02332	EDU MATERI	517,536.
COLUMBIA MAGMT INVESTMENT ADVISORS, LLC,		
NW #7702 P.O. BOX 1450, MINNEAPOLIS, MN	INVESTMENT ADVISORY SERVICES	202,247.
2 Total number of independent contractors (including but not limited to the	nose listed above) who received more than	

06-0667605

Form 990 (2023) CONNECTICU

Part VIII Statement of Revenue

			Check if Schedule O contains a res	sponse (or note to any lin	e in this Part VIII			
					j	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
ပ္ ပ	1	а	Federated campaigns 1	а	81,155.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1	b					
॒ ब्रै		С	Fundraising events 1	c					
ifts			Related organizations 1						
5, 등,			Government grants (contributions)		589,290.				
Si Si			All other contributions, gifts, grants, and		·				
ber			similar amounts not included above 1	f	7,596,258.				
ĕ₽		a		g \$	121,547.				
Sor		_	Total. Add lines 1a-1f	31.	·	8,266,703.			
<u> </u>					Business Code				
o l	2	а	ANIMAL SHELTER SERVICE		900099	438,794.	438,794.		
ķ		b	VETERINARY CLINIC SERV		900099	435,891.	435,891.		
Program Service Revenue		c	COMMUNITY AND EDUCATIO		900099	84,798.	84,798.		
E S		d				,	,		
Beg		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f			959,483.			
	3		Investment income (including dividends			·			
					····	2,580,233.			2,580,233.
	4		Income from investment of tax-exempt						
	5		Royalties	-					
			(i) R		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Sec	urities	(ii) Other				
			assets other than inventory 7a 54,576	,834.					
		b	Less: cost or other basis						
e l			and sales expenses	1,454.					
len		С		2,380.					
her Revenue			Net gain or (loss)			962,380.			962,380.
ē	8	а	Gross income from fundraising events (not						
₹			including \$ o	f					
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses						
		С	Net income or (loss) from fundraising e	vent <u>s</u>					
	9	а	Gross income from gaming activities. S	See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming activi	ties					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	2,483.				
		b	Less: cost of goods sold	10b	0.				
\blacksquare		С	Net income or (loss) from sales of inver	ntory		2,483.	2,483.		
ွ					Business Code				
noe e	11	а							
lan		b							
Miscellaneous Revenue		С			000000		202		
Ξ Z			All other revenue		900099	200.	200.		
		e	Total. Add lines 11a-11d			200.	060 166		2 540 612
	12		Total revenue. See instructions	<u></u>		12,771,482.	962,166.	0.	3,542,613.

332009 12-21-23

06-0667605

Part IX Statement of Functional Expenses

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 respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	426,961.	329,244.	45,674.	52,043
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,647,705.	3,583,997.	497,192.	566,516
8 Pension plan accruals and contributions (include	485 040	40= 404	40	64 65
section 401(k) and 403(b) employer contributions)	175,319.	135,194.	18,755.	21,370
9 Other employee benefits	956,643.	737,699.	102,337.	116,607
10 Payroll taxes	382,319.	294,819.	40,899.	46,601
11 Fees for services (nonemployees):				
a Management	5,808.		5,808.	
b Legal	39,970.		39,970.	
c Accounting	30,750.	30,750.	33,370.	
d Lobbyinge Professional fundraising services. See Part IV, line 17	513,567.	30,730.		513,567
Professional fundraising services. See Part IV, line 17 Investment management fees	220,210.		220,210.	313,307
g Other. (If line 11g amount exceeds 10% of line 25,	220,220.		220,220	
column (A), amount, list line 11g expenses on Sch O.)	452,888.	359,506.	11,980.	81,402
12 Advertising and promotion	183,776.	147,662.	26,058.	10,056
13 Office expenses	181,224.	40,565.	18,576.	122,083
14 Information technology	171,405.	98,501.	26,942.	45,962
15 Royalties	·	·		·
16 Occupancy	410,144.	355,324.	34,330.	20,490
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,285.	21,285.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	346,806.	294,438.	35,374.	16,994
23 Insurance	115,052.	75,083.	39,969.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES AND DI	391,154.	391,154.		
b ANIMAL CARE AND TRANSPO	227,170.	227,170.		
c STAFF EXPENSE	44,253.	35,256.	5,367.	3,630
d SPECIAL EVENTS	38,537.	6,944.		31,593
e All other expenses	52,075.	12,390.	31,421.	8,264
25 Total functional expenses. Add lines 1 through 24e	10,035,021.	7,176,981.	1,200,862.	1,657,178
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

Par	τλ	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			612,295.	1	1,011,430
	2	Savings and temporary cash investments			660,355.	2	461,136
	3	Pledges and grants receivable, net		1,068,715.	3	654,281	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B) L		6	
உ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			26,703.	8	22,418
۲	9	Prepaid expenses and deferred charges			81,766.	9	118,529
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	14,737,033.			
	b	Less: accumulated depreciation	. 10b	6,577,708.	7,218,370.	10c	8,159,325
	11	Investments - publicly traded securities	77,340,986.	11	82,327,680		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		L	15,572,468.	15	17,313,136
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	102,581,658.	16	110,067,935
	17	Accounts payable and accrued expenses		1,286,235.	17	1,130,566	
	18	Grants payable		18			
	19	Deferred revenue		3,809.	19	3,809	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
န္မ	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
						25	
	26	Total liabilities. Add lines 17 through 25			1,290,044.	26	1,134,375
ړ		Organizations that follow FASB ASC 958, ch	neck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			00 405 405		04 456 040
<u>aa</u>	27			·····	80,427,405.	27	84,456,942
ğ	28	Net assets with donor restrictions		20,864,209.	28	24,476,618	
<u>,</u>		Organizations that do not follow FASB ASC	958, che	eck here			
览		and complete lines 29 through 33.					
ا ئۇ	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			101 001 614	31	100 022 560
ž	32	Total net assets or fund balances			101,291,614.	32	108,933,560
	33	Total liabilities and net assets/fund balances			102,581,658.	33	110,067,935

06-0667605

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,771,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,035,	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,736,	461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101	,291,	614.
5	Net unrealized gains (losses) on investments	5	4	,905,	485.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	108	,933,	560.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONNECTICUT HUMANE SOCIETY

Employer identification number

		CONNEC	TICUT HUMANE SO	CIETY					06-0667605	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omp l ete th	nis part.) S	ee instruction	s.		
Γhe	orgar	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck on l y	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmenta l ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma	Ily receives a substar	ntia l part of its support fr	om a gove	ernmental ı	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omp l ete Part II.)							
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A) (ix) operate	ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	ip fees, and	d gross receipts from	
		activities related to its exem	•	•					-	t
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Co	•							
11	Н	An organization organized a	•		•					
12	Ш	An organization organized a	*	=	•			-		
		more publicly supported or							Check the box on	
		lines 12a through 12d that						-		
а		Type I. A supporting orga	·			-			= =	
		the supported organization		• • • • •	majority o	or the direc	tors or trustee	es of the su	apporting	
		organization. You must o	- ·		الما المانات المانات			-(-) le : le e :	vi an an	
b		Type II. A supporting org	•				=		=	
		control or management o organization(s). You mus			arrie perso	ns mai coi	ntrol or manag	je ine supp	oortea	
_		Type III functionally inte			in connect	tion with a	and functional	ly integrate	ad with	
Ū		its supported organization	-					iy iirtograto	with,	
d		Type III non-functionally	, , ,	•	•		•	ted organiz	zation(s)	
		that is not functionally int	-					_		
		requirement (see instructi	-		-		-			
е		Check this box if the orga	•	-				I, Type III		
		functionally integrated, or								
f	Ent	ter the number of supported o	organizations							
g		ovide the following information								
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ing document?	(v) Amount of	•	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instruction	s)
										—
										—
										_
F - 4	-1									

332021 12-21-23

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

(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.)

Sed	ction A. Public Support	7.1	· ·	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(5.)	(4) = - = -	(4) === :	(-,	(3) = = = =	(-)
•	membership fees received. (Do not						
	include any "unusual grants.")	6,981,695.	5,117,272.	10,811,272.	7,410,430.	8,266,703.	38,587,372.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its beha l f						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,981,695.	5,117,272.	10,811,272.	7,410,430.	8,266,703.	38,587,372.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,404,723.
6	Public support. Subtract line 5 from line 4.						32,182,649.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6,981,695.	5,117,272.	10,811,272.	7,410,430.	8,266,703.	38,587,372.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,539,859.	2,507,964.	2,781,248.	3,687,865.	2,580,233.	14,097,169.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		7,078.	26,403.	19,407.		52,888.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	879.			199.	200.	1,278.
11	Total support. Add lines 7 through 10						52,738,707.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	4,916,583.
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ne 6, co l umn (f), di	vided by line 11, c	olumn (f))		14	61.02 %
15	Public support percentage from 2022	Schedule A, Part I	l, l ine 14			15	57.53 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the c	organization did not	t check a box on l i	ne 13 or 16a, and l i	ne 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	s test, check this	box and stop here	Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qua l ifies as a pul	olicly supported org	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and l ine 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	p here. Exp l ain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
				· · · · · · · · · · · · · · · · · · ·		Schedule A (Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			o l umn (f))		15	<u>%</u>
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves					 	
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar						Ш
k	33 1/3% support tests - 2022. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No Yes 1 2 За 3b Зс 4a 4b 4c 5a 5b 5с 6 7 8 9a 9b 9с 10a 10b

	adio 7 (i offi oco) 2020	0667605	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			ı .
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non D. All Type III Supporting Organizations		l.,	·
	Did the constitution would be seen of the constitution of the fifth would of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b			\	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	Instruction	Yes	No
			res	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	Zā		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ols		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Dia the organization have the power to regularly appoint of elect a majority of the officers, directors, of			

Schedule A (Form 990) 2023

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
_1	Net short-term capital gain	1					
_2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionall		ted Type III supporting organ	nization (see			
	instructions).			·			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	-	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2023 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
c	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
88	Breakdown of line 7:					
<u>a</u>	Excess from 2019					
<u>b</u>	Excess from 2020					
<u> </u>	Excess from 2021					
<u>d</u>	Excess from 2022					
_	Evenes from 2023					

Schedule A (Form 990) 2023

chedule A	(Form 990) 2023 CONNECTICUT HUMANE SOCIETY	06-0667605	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectio V, Section B, line 1e; P	on C, art V,
CHEDULE	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
ISCELLAN	EOUS		
019 AMOU	NT: \$ 879.		
022 AMOU	NT: \$ 199.		
023 AMOU	NT: \$ 200.		

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 06-0667605 CONNECTICUT HUMANE SOCIETY Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$____\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Nο Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organiz	ation is exer	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)). A Check if the filing organization be expenses, and share of expenses.	•	•	Part IV each affiliated (group member's nam	e, address, EIN,
B Check if the filing organization of	hecked box A a	nd "limited control" pro	visions apply.		
Limits on (The term "expenditure	Lobbying Expe s" means amo			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence		alon Callina a to I a la la codoa act			
c Total lobbying expenditures (add lines 1	J	, , , , , , ,			
			T T		
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b) i		bying nontaxable am	11		
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000,000,		00 plus 15% of the exc	ess over \$500.000.		
over \$1,000,000 but not over \$1,500,00		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exce			
over \$17,000,000,	\$1,000				
g Grassroots nontaxable amount (enter 25					
· ·	h Subtract line 1g from line 1a. If zero or less, enter -0-				
•	i Subtract line 1f from line 1c. If zero or less, enter -0-				
j If there is an amount other than zero on	,				•
reporting section 4911 tax for this year?					Yes No
(Some organizations that m	4-Year Av	eraging Period Under	Section 501(h)		elow.
, ,		ate instructions for li	•		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
-	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	х			
b		Х			
С	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?	Х			30,750.
	Total. Add lines 1c through 1i				30,750.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F01/o\//	<u> </u>	tion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 50 1 (6)(o), or sec	uon	
	301(0)(0).			Yes	No
_	Mare as betantially all (000) as many diseases in all manded stills by manulages			163	140
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2 3	Did the organization make only inflouse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."			·	·
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		•		
	Total		- 1		
3	4				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	'II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	CONNECTICUT HUMANE SOCIETY LOBBIES IN ORDER TO INFLUENCE STATE AND				
LOCA	L LEGISLATURES ON ANIMAL WELFARE ISSUES, AS WELL AS TO EDUCATE				
munc	T INDIVIDUAL CAND MUD DUDI TO ADOUT MUD WIGGION OF OUR GUARTERNIA				
THES	E INDIVIDUALS AND THE PUBLIC ABOUT THE MISSION OF OUR CHARITABLE				
พดอะ	. INCLUDED WITHIN THE LOBBYING ACTIVITIES ARE MAILINGS THAT PROVIDE				
WOKN	. INCLOSED WITHIN THE ECODITING ACTIVITIES ARE MAILINGS THAT PROVIDE				
INFO	RMATION ON SPECIFIC LEGISLATION, MEETINGS TO SHARE INFORMATION ON				
			Schedu	lle C (Form	990) 2023

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

Name of the organization

CONNECTICUT HUMANE SOCIETY

Employer identification number 06 - 0667605

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets he l d in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easements during the year
_			(A.) (A.) (D.) (D.)
8	Does each conservation easement reported on line 2d above		
_			
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial state	ments that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	· Δrt Historical Treasures or (Other Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		other olimiai Assetsi
	If the organization elected, as permitted under FASB ASC 95		t and halance about works
ıa	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar		•
L			
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtherance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X	gauras, or other similar assets for financial	
2	the following amounts required to be reported under FASB A		nai gain, provide
_	·	<u> </u>	\$
a	Revenue included on Form 990, Part VIII, line 1		
<u> </u>	Assets included in Form 990, Part X		Φ

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

Sche	dule D (Form 990) 2023 CONNECTICUT	HUMANE SOCIETY	•			06-066	7605	P	age 2
	t III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contir		
3	Using the organization's acquisition, accession	, and other records	s, check any of the f	ollowing that make	significant	use of its	•		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further th	e organization's ex	cempt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations o	f art, historical treas	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be main	tained as part of th	ne organization's col	lection?			Yes		No
Pai	t IV Escrow and Custodial Arrange	ements Complet	e if the organization				ne 9, or		
	reported an amount on Form 990, Part >	K, line 21.							
1a	Is the organization an agent, trustee, custodian	, or other intermed	iary for contribution	s or other assets r	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII an								
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year								
f	Ending balance				1f				
2a					bility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the exp	olanation has been	provided in Part XI	II				
Pai	TY Endowment Funds Complete if the	e organization ans	wered "Yes" on For	m 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	72,530,449.	80,118,207.	71,744,817	69,1	144,924.	60,	273,	774.
b	Contributions	2,528,046.	3,158,903.	1,331,819					
С	Net investment earnings, gains, and losses	6,422,333.	-7,097,204.	10,505,370	. 5,9	970,686.	12,	136,	814.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	3,588,532.	3,419,584.	3,239,458	3,1	159,846.	3,	052,	286.
f	Administrative expenses	220,210.	229,873.	224,341	. 2	210,947.		213,	378.
g	End of year balance	77,672,086.	72,530,449.	80,118,207	71,7	744,817.	69,	144,	924.
2	Provide the estimated percentage of the curren	t vear end balance	(line 1g. column (a)) he l d as:					
а	Board designated or quasi-endowment	98.4000	%	,					
b	Permanent endowment 1.6000	%	_						
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.							
За	Are there endowment funds not in the possessi	ion of the organiza	tion that are held an	nd administered for	the				
	organization by:	· ·					ſ	Yes	No
	(i) Unrelated organizations?						3a(i)	Х	
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the or								
Pai	t VI Land, Buildings, and Equipmer								
	Complete if the organization answered "	Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) Accumulat	.ed	(d) Boo	k valu	<u> </u>
		basis (investm	I		depreciation		.,	-	
	Land		1	,736,395.			1,	736,	395.
b	Buildings			,043,222.	5,421	017.		622,	
c	Leasehold improvements								
d	Equipment			713,029.	619	,649.		93,	380.
	Other	l l	2	,244,387.	537	,042.	1,	707,	345.

Schedule D (Form 990) 2023

8,159,325.

e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

Schedule D (Form 990) 2023 CONNECTICUT HUMA	NE SOCIETY	0	06-0667605	Page 3
Part VII Investments - Other Securities	on Form COO Death / P	11h Coo Form COO Dart V Pro 10		
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	t value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
(1) DIVIDENDS AND INTEREST RECEIVABLE				237,299
(2) INVESTMENTS HELD IN TRUST BY OTHERS			17,	075,837
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			1	
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (R))		17.	313,136
Part X Other Liabilities	(<i>D</i>))		.L	,
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.	
(a) Description of liability			(b) Book	value
(1) Federal income taxes			+ (3) = 3 : 1	
			+	
(2)			+	
(3)			+	
(4)			+	
(5)			 	
(6)			+	
(7)			+	
(8)			1	

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

Schedule D (Form 990) 2023

(9)

Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

06-0667605

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				17,456,757.
1				1	17,430,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	4,905,485.		
a	Net unrealized gains (losses) on investments		4,505,405.		
b	Donated services and use of facilities				
c C	Recoveries of prior year grants Other (Describe in Port VIII.)				
d	Other (Describe in Part XIII.) Add lines 2a through 2d			00	4,905,485.
e	9			2e 3	12,551,272.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	12,331,272.
-	Investment expenses not included on Form 990, Part VIII, line 7b	140	220,210.		
a			220,210.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			10	220,210.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	12,771,482.
	t XII Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,814,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 - 1			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,814,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	220,210.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	220,210.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	10,035,021.
Pai	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part X, l i	ne 2; Part X I ,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itiona l inform	ation.		
ם א סיד	V IINE 4.				
FARI	V, LINE 4:				
THE	PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE STABLE FUNDING FO	₹.			
OPER	ATIONS AND FOR CAPITAL IMPROVEMENTS THAT SUPPORT THE SOCIETY'S	5			
MISS	ION. THE SOCIETY FOLLOWS A SPENDING POLICY THAT ALLOWS AN AMOU	UNT NOT			
	5 00 05				
TO E	XCEED 5.0% OF THE ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER TH	E PRIOR			
TWET	VE CALENDAR QUARTERS TO BE USED ANNUALLY TO SUPPORT OPERATION:	s. IN			
	VE CHEENDIN QUINTERS TO BE OBED INNOVERE TO BOTTON OF ENTITION	J. 11			
ADDI	TION, WITH THE APPROVAL OF THE BOARD OF DIRECTORS, THE SOCIETY	Y MAY			
	,				
SPEN	D IN EXCESS OF SUCH 5.0% FOR OPERATING EXPENSES AND/OR CAPITAL	-			
PROJ	ECTS.				
РАВЛ	X, LINE 2:				
	·				
MANA	GEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SOCIETY AN	O HAS			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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			
CONNECTICU	T HUMANE SOCIETY			06-0667605					
Part I Fundraising Activities required to complete this part	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not		
Indicate whether the organization rais	sed funds through any of the following of the following with a Solicitate of the sol	ttion of ttion of I fundra (includ	non-g gover aising ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
NEWPORT ONE - 21 RAILROAD	SUPPORT OF MAIL	Yes	No						
AVE, DUXBURY, MA 02332	SOLICITATIONS		Х	1,507,494.		509,067.	998,427.		
THE ALFORD GROUP - 100 N. LASALLE ST, STE 910, CHICAGO,	CAPITAL CAMPAIGN CONSULTANTS		x	0.		22,500.	0.		
		_							
Total				1,507,494.		531,567.	998,427.		
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from req	gistration		
CT									

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

332081 09-13-23

Pa	ונו	Fundraising Events. Complete if the of fundraising event contributions and gro	=			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	coi. (c))
Revenue						
3eV	1	Gross receipts				
	2	Less: Contributions				
		Gross income (line 1 minus line 2)				
		Cash prizes				
	-	Gd5// p//250				
ű	5	Noncash prizes				
Sense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
回	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	-	Net income summary. Subtract line 10 from lin	. ,			
Pa						•
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	_	Other direct expenses				
\dashv	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	•	= '	year ?	Yes No
1000		D-13-23			O.L.	dule G (Form 990) 202

Sche	edule G (Form 990) 2023 CONNECTICUT HUMANE SOCIETY	06-06	67605	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
-	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	1	13a	%
	An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		100	
14	Effect the fiame and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
	Address			
150	Does the examination have a contract with a third party from whom the examination receives gaming revenue?		Yes	□No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		163	
L	If "Voc " enter the emount of gaming revenue received by the examination.	unt		
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization of	anı		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	···			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	ınd Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: NEWPORT ONE			
(I)	ADDRESS OF FUNDRAISER: 21 RAILROAD AVE, DUXBURY, MA 02332			
(I)	NAME OF FUNDRAISER: THE ALFORD GROUP			
(I)	ADDRESS OF FUNDRAISER: 100 N. LASALLE ST, STE 910, CHICAGO, IL 60602			

Schedule G	(Form 990)	CONNECTICUT HUMANE SOCIETY	06-0667605	Page 4
Part IV	(Form 990) Supplemental Infor	mation _(continued)		
	<u> </u>			

Schedule G (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

CONNECTICUT HUMANE SOCIETY

Part I Questions Regarding Compensation

Employer identification number 06-0667605

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of M	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES BIAS	(i)	211,468.	10,000.	0	19,677.	11,532.	252,677.	0
EXECUTIVE DIRECTOR	: <u>(</u>	0	0	0	0	0	0	• 0
(2) THERESA GEARY	(i)	153,124.	0000'9	0.	13,814.	6,269.	179,207.	• 0
DIRECTOR OF OPERATIONS	(ii)	0.	• 0	0 •	• 0	• 0	• 0	• 0
(3) GREGORY JANDREAU, CPA	(i)	135,762.	.000,9	0.	13,223.	19,299.	174,284.	0.
CHIEF FINANCIAL OFFICER	(ii)	• 0	• 0	• 0	•0	• 0	• 0	• 0
(4) LORI BUTLER	Ξ	136,054.	0	0	12,065.	8,884.	157,003.	0
VETERINARIAN	: <u>(</u>	0	0	0	0	0	0	• 0
(5) AMARPREET KAUR	Θ	131,118.	0	• 0	12,065.	12,945.	156,128.	0
VETERINARIAN	(E)	0	0	• 0	0	0	0	0
(6) BARBARA NAUGLE	Θ	141,895.	0	• 0	12,065.	43.	154,003.	0
DIRECTOR OF DEVELOPMENT	(0	0	• 0	0	0	0	0
	(i)							
	(E)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	CONNECTICUT HUMANI	E SOCIETY				06-1	066760	5	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d Method of d Incash contrib	, letermin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	8	119,312.	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 (GIFT CARDS)	Х	1	2,235.					
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, th	nat it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period	?					30a		х
b									
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	tions?		31	х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?		_	•			32a	Х	
b									
33	If the organization didn't report an amount in o	co l umn (c) fo	r a type of property	for which column (a) is chec	cked,				
	describe in Part II.			• •					

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.
SCHEDULE M, LINE 32B:
THE SOCIETY USES A THIRD PARTY VENDOR TO ACCEPT DONATED CARS AND SELL
THEM ON THE SOCIETY'S BEHALF. THE SOCIETY ALSO ACCEPTS STOCK GIFTS
PROCESSED BY A BROKER.

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.

2023 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number CONNECTICUT HUMANE SOCIETY 06-0667605 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENRICHING THE LIVES OF FAMILIES AND COMMUNITIES THROUGH ADOPTION SERVICES, MEDICAL CARE, EDUCATION AND PREVENTION OF CRUELTY, FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE REVIEWED THE FORM 990 AND PRESENTS IT TO THE FULL BOARD FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THEIR RESPONSIBILITY UNDER THE CONFLICT OF INTEREST POLICY BY SIGNING AN AGREEMENT UPON THE START OF THEIR TERM AS A BOARD MEMBER OR UPON EMPLOYMENT, WHICH IS UPDATED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: MEMBERS OF THE GOVERNING BOARD DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION USING INDEPENDENT SOURCE DATA WITH COMPARISONS TO OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY. THE EXECUTIVE DIRECTOR DETERMINES ALL OTHER EMPLOYEES AND KEY EMPLOYEES USING SIMILAR INDEPENDENT COMPENSATION DATA FOR THE STAFFING LEVEL AND AREA FORM 990, PART VI, SECTION C, LINE 19: THE CT HUMANE SOCIETY MAKES THE FORM 990 AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THIS WOULD INCLUDE CONFLICT OF INTEREST POLICIES AS WELL,

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

Schedule O (Form 990) 2023