Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print HUMANE SOCIETY OF WESTERN MONTANA 81-0290933 File by the Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1059 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MISSOULA, MT 59806-1059 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 06 Form 8870 12 Form 990-T (trust other than above) Form 990-T (corporation) THE ORGANIZATION The books are in the care of ▶ P.O. BOX 1059 - MISSOULA, MT 59806-1059 Telephone No. ► 406-549-3934 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A I	For the	e 2022 calendar year, or tax year beginning and e	ending		
	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		81-02909	33
	Initial return Final return/	P O BOX 1059	Room/suite	E Telephone numbe 406-549-	
	termin ated			G Gross receipts \$	1,858,582.
	Ameno			H(a) Is this a group re	
	Applic tion	F name and address of principal officer: MAKIA FIERFOINI		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	n number
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1963 N	⚠ State of legal domicile; MT
		Briefly describe the organization's mission or most significant activities: THE H	IUMANE	SOCIETY OF	WESTERN
Se	'	MONTANA BUILDS OPPORTUNITIES FOR PETS AND			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Ver	3	•		3	8
		Number of independent voting members of the governing body (Part VI, line 1b)			8
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			39
/itie	6	Total number of volunteers (estimate if necessary)			40
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,055,666.	649,566.
Revenue	9	Program service revenue (Part VIII, line 2g)		316,588.	432,160.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		328,741.	114,394.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,946.	21,764.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,725,941.	1,217,884.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		960,666.	1,045,602.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25) 120, 33		F00 020	F20 400
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		500,832.	530,409.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,461,498.	1,576,011.
		Revenue less expenses. Subtract line 18 from line 12	Po	264,443.	-358,127.
Net Assets or		T. I. J. (D. 1) (F. 10)	De	<u> </u>	End of Year
SSE	20	Total assets (Part X, line 16)		3,864,870. 246,833.	3,598,757. 728,216.
let A	21	Total liabilities (Part X, line 26)		3,618,037.	2,870,541.
P:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,010,037.	2,0/0,341.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			Knowledge and belief, it is
truo	, 001100	Gain complete. Decide and of property (other than officer) to be out an information of win	on propuror	nas any knowledge.	
Sig	n	Signature of officer		Date	
Her		MARTA PIERPOINT, EXECUTIVE DIRECTOR			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	SAM BRUNSON, CPA SAM BRUNSON, CPA	. 1	0/04/23 if self-employ	P01696998
	parer	Firm's name WIPFLI LLP	L		9-0758449
	Only	Firm's address 105 E. PINE ST, UPPER FLOOR			
		MISSOULA, MT 59802		Phone no. 40	6.728.1800
May	y the IF	RS discuss this return with the preparer shown above? See instructions		······································	X Yes No

Га	till otatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE HUMANE SOCIETY OF WESTERN MONTANA BUILDS OPPORTUNITIES FOR PETS
	AND PEOPLE TO THRIVE. WE DEVOTE ALL AVAILABLE RESOURCES TO NOURISH
	THE HUMAN-ANIMAL BOND.
	SEE SCHEDULE O FOR ADDITIONAL INFORMATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,334,872. including grants of \$ 0.) (Revenue \$ 431,388.)
	ALL AVAILABLE RESOURCES ARE DEVOTED TO NOURISH THE HUMAN-ANIMAL BOND.
	THE HUMANE SOCIETY OFFERS ADOPTION SERVICES, TRAINING CLASSES, HUMANE
	EDUCATION, BEHAVIOR CONSULTATION AND MEDICAL OUTREACH FOR DOGS AND
	CATS. THE HUMANE SOCIETY WORKS WITH VOLUNTEERS AND SUPPORTERS TO
	IMPROVE THE WELFARE OF PETS IN THE SHELTER AND BEYOND. APPROXIMATELY
	1,400 ANIMALS ARE ADOPTED INTO HOMES ANNUALLY. THOUSANDS MORE ARE
	SERVED THROUGH OUR FIELD MEDICAL SERVICES, PET FOOD, ADOPTIONS, AND
	BEHAVIOR HOT LINE. IN 2022, WE PROVIDED OVER 5,500 VACCINES AND OVER
	76,000 PET MEALS, MICROCHIPPED OVER 2,000 PETS, AND PROVIDED
	SPAY/NEUTER SERVICES TO OVER 1,600.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-t u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,334,872.
70	Form 990 (2022)
	Foilit 666 (2022)

Form 990 (2022) HUMANE SOCIETY OF WESTERN MONTANA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u>X</u>
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?			v
	If "Yes," complete Schedule D, Part IV	9_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		Х
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ـ ا	. ·	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ـ ا		v
00	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Fartix, column (A), line 1: If "Yes," complete Schedule I, Parts I and II	41		22

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HUMANE SOCIETY OF WESTERN MONTANA 81-0290933 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part 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	5				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х		

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Form 990 (2022) HUMANE SOCIETY OF WESTERN MONTANA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 39 39 39 39 39 39 39 39						Yes	No			
the for the calendary year ending with or within the year covered by this return	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	l			100	110			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR). 5ch Was the organization appropriate of the If was or is a party to a prohibitotic star. Provide the tax year? 5ch Did any textilenests for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Did any textilenests for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Did any textilenests for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Did any contributions that were not tax deductible as charitable contributions. 6ch If Yes, "did the organization file Form 88867? 6ch Different Yes," and the organization file Form 88867. 6ch Different Yes, "did the organization necessity apprint in excess of \$5° naids party is a contribution and party for good and services provided to the payor? 7ch Different Yes," and the organization necessity apprint in excess of \$5° naids party is a contribution on a pasticular provided to the payor of the year of year of			2a	39						
3a DK the organization have unrelated business gross income of \$1,000 or more during the year? 3b DK 1f Yeas*, That titled a Form 809 of the Year of Year	b			•	2b	х				
b If Yes, "Itasi if lied a Form 980-T for this year? If 'No' 10 files Stp. provide an explanation on Schedule O 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 accounts) 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 prohibitorle tax shelter transaction at any time during the tax year? 5a Was the circumstance of the organization file Form 8868-17 5b Did any stable party notify the organization file Form 8868-17 6c If 'Yes' to line Sa or 5b, did the organization file Form 8868-17 6c If 'Yes' to line Sa or 5b, did the organization file Form 8868-17 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170c). 8 Uniform the second party of the contributions of the value of the goods or services provided: 9 Uniform the second party of the contributions of the value of the goods or services provided to the payor? 7 A X 7 A X 7 B If If 'Yes,' did the organization necessary transport of the value of the goods or services provided to the payor? 9 Did the sorganization exceeds a contribution of care dispose of tampide personal property for which it was required to the foreign access to the second payor of the second pa	_						Х			
4a A 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 accounts? 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 (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time So or 5b, did the organization for Fino 1886 F1? 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 deductibles of scharable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and party for goods and services provided to the payer? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization receive a year, funds, directly or indirectly, to pay premiums on a personal banefit contract? 11 If yes, "Indicate the number of Forms 8282 filed during the year 12 If Did the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization file a Form 1088 C7 8 Sponsoring organizations maintaining donor advised funds. Did a chorn a chosed fund maintained by the sponsoring organizations maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organizations maintaining donor advised funds. 10 If the organization receive and contribution of the sponsoring organization make any taxabilities intelle										
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, 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 Dod any expansization party to the prohibited tax shelter transaction at any time during the tax year? 5b Did any expansization have annual gross receipts that was or is a party to a prohibited tax shelter transaction? 5b Did TYes, or the organization that was or is a party to a prohibited tax shelter transaction? 5c I Yes' to line Sa or Sb, did the organization file Form 8886 1? 6c Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible excharitable contributions? 6b If Yes, or did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If I Wes, or did the organization notify the donor of the value of the goods or services provided? 7 Deduction of the services provided to the payor? 7 Deduction of the services provided to the payor? 7 Deduction of the Form 88282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Deduction of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108e-07 8 Sponsoring organization have excess business holding as tany time during the year? 9 Sponsoring organization have excess business holding stary time during the year? 8 Sponsoring organization have excess business holding stary time during the year? 9 Section 501(c) 17 organizations. Erreff 9 In the organization received an contribution of a donor advised fund. During the year? 9 Sect										
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HUMANE SOCIETY OF WESTERN MONTANA Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		ı	ı
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_	v	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
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	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.5		
Ū	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) (1024 or 1024-A) (1024 or 1024-	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 406-549-3934			
	P.O. BOX 1059, MISSOULA, MT 59806-1059			

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	(C) Position (do not check more than one		(D) Reportable	(E) Reportable	(F) Estimated				
	hours per week (list any hours for related organizations below line)	stee or director		ss per di			tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
(1) MARTA PIERPOINT	50.00	드	드	JO.	Ke	= 5	8			
EXECUTIVE DIRECTOR				Х				74,341.	0.	3,039.
(2) ROBIN CHILDERS	1.00						И			-
PRESIDENT		Х		X		\	K	0.	0.	0.
(3) TONY CATANIA	1.00									_
VICE PRESIDENT		X		Х				0.	0.	0.
(4) JASON ERICKSON	1.00				/					_
TREASURER		X		Х				0.	0.	0.
(5) JESSICA WALRATH	1.00									
SECRETARY		Х		X				0.	0.	0.
(6) MORGAN EICHWALD	1.00									
DIRECTOR		X						0.	0.	0.
(7) DAN HANEY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LIZ MELLEM	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MADDIE STARKE	1.00									
DIRECTOR		Х						0.	0.	0.

Part	Geotion Ai Omocro, Birectoro, Trac	(B)	JIOY	ees,	and (C		gnes	si C		, ,	Т		(E)	
	(A) Name and title	Average			رر Posi	•	1		(D) Reportable	(E) Reportable			(F) imate	ч
	Name and title	hours per		not c	heck r ss per	more	than (compensation	compensation	n		ount c	
		week			id a di				from	from related	- 1		other	′'
		(list any	ector						the	organizations	s	comp	ensat	tion
		hours for	or dire	e e			ated		organization	(W-2/1099-MIS	iC/		m the	
		related organizations	stee	truste		Ф	bens		(W-2/1099-MISC/	1099-NEC)		•	nizatio	
		below	ual tr	ional		ploye	t com		1099-NEC)				relate nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	iizatio	1113
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								K						
1b :	Subtotal							. \	74,341.		0.	3	,03	<u> </u>
	Total from continuation sheets to Part VII								74,341.		0.	2	, 03	0.
	Total (add lines 1b and 1c) Total number of individuals (including but n		$\overline{}$						· · · · · · · · · · · · · · · · · · ·	000 of roportable			, 0 -	, , ,
	compensation from the organization	or invited to th	036	liste	u ab	ove	<i>y</i> vvii	016	cerved more than \$100,	ooo of reportable				0
					ightharpoons								Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	сеу е	emple	oye	e, or	hig	hest compensated emp	loyee on				
- 1	ine 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
	Did any person listed on line 1a receive or a					•			•	dual for services				37
	rendered to the organization? <i>If</i> "Yes." com on B. Independent Contractors	plete Schedule	9 <i>J f</i>	or su	ıch p	oers	on .					5		<u> </u>
1 (Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	acto	rs th	nat received more than \$	3100,000 of comp	ensati	on from	n	
1	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NO	ONE	7.				(B) Description of s	ervices	Co	(C) ompen		1
			140	7141					22211,2321121					
								\dashv						
	Total countries of to day 1	and the second		- 21					-h\h	11				
	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot IIr	nited	ı to t	thos (ted	above) who received mo	ore tnan				
,	+ 100,000 or compensation normalic organiz	-41011				_	-					orm 9	00 (-	

Form 990 (2022) HUMANE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		•	, , , , , , , , , , , , , , , , , , ,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
υs	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
چ <u>و</u>		Fundraising events 1c	50,958.				
fts,		Related organizations 1d	3073301				
is is		Government grants (contributions)					
Sin		All other contributions, gifts, grants, and					
uti Je	'	similar amounts not included above 1f	598,608.				
ĢË	_		330,000.				
ou				649,566.			
OB		Total. Add lines 1a-1f	Business Code	040,500.			
_		CREMATION	813312	238,548.	238,548.		
ice		ANIMAL ADOPTIONS	813312	117,088.	117,088.		
er ue		PETWORKS PROGRAM	813312	55,571.	55,571.		
n S		TRAINING & BEHAVIOR	813312	20,953.	20,953.		
Program Service Revenue			013312	20,933.	20,933.		
ľo	6						
ъ		All other program service revenue		122 160			
-		Total. Add lines 2a-2f		432,160.			
	3	Investment income (including dividends, intere		E2 700			53,798.
		other similar amounts)		53,798.			33,130.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real					
			(ii) Personal				
		Gross rents					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(i) Oth				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 662,078.					
	t	Less: cost or other basis					
une		and sales expenses 76 601, 482.					
her Revenue		Gain or (loss) 7c 60,596.		60 F06			60 F06
Ã.		Net gain or (loss)		60,596.			60,596.
	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See	F2 F00				
		Part IV, line 18					
		Less: direct expenses 8b	33,578.	10 000			10 000
		Net income or (loss) from fundraising events	 I	18,922.			18,922.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	 T				
	10 a	Gross sales of inventory, less returns	4 0.00				
		and allowances 10a					
		Less: cost of goods sold 10k	5,638.	770	770		
-		Net income or (loss) from sales of inventory	In	-772.	-772.		
S		MM CMAME EININ DITTING	Business Code	2 (14			2 614
eor Ie	11 a	MT STATE FUND DIVIDEND	900099	3,614.			3,614.
Miscellaneous Revenue	b						
Sev Sev	C						
Mis T	C	All other revenue		2 (14			
		Total. Add lines 11a-11d		3,614.	421 200	^	126 020
	12	Total revenue. See instructions		1,217,884.	431,388.	0.	136,930.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		·		<u> </u>				
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	77,380.	38,690.	15,476.	23,214.				
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	829,645.	745,896.	18,370.	65,379.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	66.000	F 7 0 0 0	1 212	1 100				
9	Other employee benefits	66,029.	57,880.	4,019.	4,130. 5,296.				
10	Payroll taxes	72,548.	62,391.	4,861.	5,296.				
11	Fees for services (nonemployees):								
а	Management								
b	Legal	40 000		40 000					
	Accounting	40,980.		40,980.					
	Lobbying								
e	Professional fundraising services. See Part IV, line 17	14,239.		14,239.					
f	Investment management fees	14,233.		14,239.					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	12,758.	12,758.						
10	Advertising and promotion	12,036.	9,781.		2,255.				
12 13	Office expenses	11,363.	1,288.	9,103.	972.				
14	Information technology	2,591.	2,391.	200.	7,21				
15	Royalties	7,0721							
16	Occupancy	63,807.	57,426.	6,381.					
17	Travel	7,351.	7,351.	,					
18	Payments of travel or entertainment expenses	•	,						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	18,870.	18,870.						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	90,742.	90,742.						
23	Insurance	30,136.	28,911.	1,225.					
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.)	CF 000	CF 000						
a	PETWORKS PROGRAM EXPENS	65,228.	65,228.						
b	VETERINARY CARE	41,738.	41,738.						
C	ANIMAL PLACEMENT	32,187.	32,187.						
d	CREMATION EXPENSE	19,241. 67,142.	19,241.	E 0/0	10 000				
	All other expenses Add lines 1 through 24s	1,576,011.	42,103. 1,334,872.	5,949.	19,090. 120,336.				
25	Total functional expenses. Add lines 1 through 24e	I, J/O, UII.	1,334,014.	140,003.	140,330.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								
	ii ioliowing 50P 98-2 (A5C 958-720)				E 000 (2222)				

Form 990 (2022)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	173,429.	1	152,598.
	2	Savings and temporary cash investments	439,255.	2	566,531.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,680.	4	23,885.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	3,671.	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,141,397. 10b 1,029,338.			
	b	Less: accumulated depreciation 10b 1,029,338.	1,199,604.		1,112,059. 1,736,889.
	11	Investments - publicly traded securities	2,037,774.	11	1,736,889.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	FAFF	14	6 805
	15	Other assets. See Part IV, line 11	5,457.	15	6,795.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,864,870.	16	3,598,757.
	17	Accounts payable and accrued expenses	15,777.	17	72,016.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
E.	00	controlled entity or family member of any of these persons	202,480.	22	656,200.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	202,400.	24	050,200.
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	28,576.	25	0.
	26	Total liabilities. Add lines 17 through 25	246,833.	26	728,216.
		Organizations that follow FASB ASC 958, check here	==0,000.		.= 0 / = = 0 ×
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	1,820,434.	27	1,063,783.
Bala	28	Net assets with donor restrictions	1,797,603.	28	1,806,758.
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,618,037.	32	2,870,541.
	33	Total liabilities and net assets/fund balances	3,864,870.	33	3,598,757.
_					Form 990 (202

Pa	t 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	1,21	7,8	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,57	6,0	<u>11.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-35	8,1	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,61	8,0	37.
5	Net unrealized gains (losses) on investments	5	-38	9,3	69.
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	2,87	0,5	<u>41.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	X	
	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

HUMANE SOCIETY OF WESTERN MONTANA 81-0290933 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	439,600.	571,553.	811,732.	1055666.	649,566.	3528117.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	439,600.	571,553.	811,732.	1055666.	649,566.	3528117.
	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)						276,945.
6	Public support. Subtract line 5 from line 4.						3251172.
	ction B. Total Support						0 0 0 0 0 0 0 0
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	439,600.	571,553.	811,732.	1055666.	649,566.	3528117.
	Gross income from interest,		0.12,0001			0 10 7 0 0 0 0	
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	61,441.	69,878.	48,398.	45,774.	53 798.	279,289.
9	Net income from unrelated business	01/111	03/0701	1073301	13 / / / 10	3377301	27372031
3	activities, whether or not the						
	business is regularly carried on					18,922.	18,922.
10	Other income. Do not include gain					10,522.	10,322.
10	or loss from the sale of capital						
	· · · · · · · · · · · · · · · · · · ·	4,867.			2,865.	3 614	11,346.
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10	4,007.	•		2,003.	3,014.	3837674.
	Gross receipts from related activities,	eta (see inetruetio	no)			12 1	,977,344.
	First 5 years. If the Form 990 is for the		,	fourth or fifth toy			, , , , , , , , , , , , , , , , , , , ,
13	organization, check this box and stop	-		•			
Sec	etion C. Computation of Publi				• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2022 (I			column (f))		14	84.72 %
	Public support percentage from 2021					15	91.78 %
	33 1/3% support test - 2022. If the d						
104	stop here. The organization qualifies	-			14 13 00 17070 01 111		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
h	33 1/3% support test - 2021. If the		~				
U	and stop here. The organization qual						
170							
17 a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact				•	_	
	meets the facts-and-circumstances te	-	•		-	70 and line 15 is:	
O	10% -facts-and-circumstances test	-					10% Of
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or 1/b	o, cneck this box ai		(Form 990) 2022

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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.)

Sed	etion A. Public Support	clow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,,				,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=) =		(-/	(-,/	(-,	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		,	•	() ()	· —
0	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021		•			16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from			and the second the second the second		18	%
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-		· · · · · ·		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see ins	structions	1 7

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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.)

_		Yes	No
	1		
	2		
	За		
	- Ju		
	3b		
L	3с		
	4a		
	4h		
	4b		
	4c		
	5a		
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	9b		
	9с		
	10a		
	10b		2000

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Par	rt 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		l
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

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3b

1	Check here if the organization satisfied the Integral Part Test as a qualifying the			Part VI). See instructions.
•	All other Type III non-functionally integrated supporting organizations must c			. a. t 11). 335 mon as as as as
Sect	ion A - Adjusted Net Income	<u>p.c.</u>	(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	,1а		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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-functionally		ted Type III supporting orga	nization (see
-	instructions).	3. 9	71	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	on 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of	organization			Emp	loyer identification number
	HUMANE	SOCIETY OF WESTE	RN MONTANA		81-0290933
Part I-	A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2 Polit	ical campaign activity expendit	ation's direct and indirect polition ures gn activities		9	£
Part I-	B Complete if the org	anization is exempt und	er section 501(c)(3).	
		incurred by the organization und			S
2 Fnte	er the amount of any excise tax	incurred by organization manag	ers under section 4955		<u> </u>
		n 4955 tax, did it file Form 4720			
b If "Y	es," describe in Part IV.				
Part I-	C Complete if the org	anization is exempt und	er section 501(c),	except section 501(d	c)(3).
1 Ente	er the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	\$
		ization's funds contributed to of	-		
					\$
		. Add lines 1 and 2. Enter here a			
line	17b			(
		1120-POL for this year?			
		nployer identification number (El	•	-	
	. ,	tion listed, enter the amount pai omptly and directly delivered to	9 9		·
		additional space is needed, prov			te segregated fulld of a
					(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
					· ·
_					

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

Schedule C (Form 990) 2022

LHA

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Schedule C (Form 990) 2022 Part II-A Complete if the or				ERN MONTANA		290933 P	age 2
section 501(h)).							
	A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,						
	expenses, and share of excess lobbying expenditures).						
Lin	nits on Lobbyi	ng Expei			(a) Filing organization's	(b) Affiliated g	roup
(The term "expe	nditures" mea	ns amou	ınts paid or incurred.)	totals		
1a Total lobbying expenditures to in	fluence public	opinion (g	grassroots lobbying)				
b Total lobbying expenditures to influence a legislative body (direct lobbying)							
c Total lobbying expenditures (add	lines 1a and 1	b)			0.		
d Other exempt purpose expenditu	ıres						
e Total exempt purpose expenditu	res (add lines 1	c and 1d)		0.		
f Lobbying nontaxable amount. En	nter the amount	t from the	e following table in bot	h columns.	0.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e				
Over \$500,000 but not over \$1,0	00,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.							
Over \$1,500,000 but not over \$1	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,	000.				
g Grassroots nontaxable amount (e	enter 25% of lin	ne 1f)			0.		
h Subtract line 1g from line 1a. If ze	ero or less, ente	er -0					
i Subtract line 1f from line 1c. If ze	•						
j If there is an amount other than z	zero on either li	ne 1h or l	line 1i, did the organiz	ation file Form 4720	г		_
reporting section 4911 tax for thi	•					Yes	No
			eraging Period Under				
(Some organizations			01(h) election do not ate instructions for li	have to complete all o	f the five columns be	elow.	
			nditures During 4-Ye				
	Lobbyi	ilg Exper	nultures During 4- re	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 20	19	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount				195,835.		195,8	35.
b Lobbying ceiling amount (150% of line 2a, column(e))						293,7	53.
c Total lobbying expenditures				5,000.		5,0	00.
d Grassroots nontaxable amount				48,959.		48,9	59.
e Grassroots ceiling amount (150% of line 2d, column (e))						73,4	39.
	1		1				

Schedule C (Form 990) 2022

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)	(b)	
of the	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements? Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i) or sec	rtion	
ı aı	501(c)(6).	1001(0)(0	,, or sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?) or sec	tion	
ı uı	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 political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		" <u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of th				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
	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	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANE SOCIETY OF WESTERN MONTANA

Employer identification number 81-0290933

Schedule D (Form 990) 2022

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accour	its. Complete if the
	organization answered Tes Sitt Offi 556,1 artiv, int	(a) Donor advis	ed funds	(b) Fur	nds 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 v	writing that the assets h	eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" 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, recreat	tion or education)	Preservation of	f a historically	important land area
	Protection of natural habitat		Preservation of	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contrib	oution in the form	of a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b		,.		۱ ۵۰	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and a	not on a		
				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas	_			
5	Does the organization have a written policy regarding the per		ction, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing cons	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and a	nforcing conserva	tion easemen	ts during the year
•	Amount of expenses incurred in monitoring, inspecting, mand	iiig or violations, and e	morcing conserva	LIOIT CASCITICIT	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremer	nts of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				id
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	· ·			
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Ot	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its rev	enue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education	n, or research in fu	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that de	scribes these item	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenu	ie statement and l	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, of	or research in furth	nerance of pu	blic 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				\$
2	If the organization received or held works of art, historical treatments				
	the following amounts required to be reported under FASB A	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

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

	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	Using the organization's acquisition, accessi								
	collection items (check all that apply):	•	,	Ü	Ü				
а	Public exhibition	d	Loan or exc	change progra	m				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organizatio	n's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit o	or receive donations of	of art, historical trea	sures, or othe	r similar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "	Yes" on Fo	orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	iary for contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	if the organization an	swered "Yes" on Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d	I) Three yea	ars back	(e) Four y	years back
1a	Beginning of year balance	2,469,006.	1,711,306.	1,711	,306.	1,71	1,306.	1,7	701,306.
b	Contributions	35,994.							10,000.
С	Net investment earnings, gains, and losses	-274,975.							
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	135,491.							
f	Administrative expenses								
g	End of year balance	2,094,534.	1,711,306.	1,711	,306.	1,71	1,306.	1,7	711,306.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	18.2966	_%						
b	Permanent endowment 81.7034	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administere	ed for the			_	
	organization by:							`	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, lin	ie 10.			
	Description of property	(a) Cost or o		t or other		umulated		(d) Book	value
		basis (investr	· ·	(other)	depre	eciation	\perp		
1a	Land			8,380.			_		,380.
b	Buildings			9,898.		32,60			<u>,290.</u>
С	Leasehold improvements			0,322.		77,82			,501.
d	Equipment		69	2,797.	31	L8,90	9.	373	<u>,888.</u>
	e Other								
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. column (B), line 1	Oc.)					,059.
						S	chedule	D (Form	990) 2022

Schedule D	(Form 990) 2022	HOMANE	SOCIETI	Or	MESIEVN	MONTANA		ОΤ
Part VII	Investments - C	ther Securit	ies.					
	Complete if the even	nization oncurer	ad "Vaa" an Far	m 000	Dort IV line 11	h Caa Farm 000	Dort V line 10	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (h) must equal Form 990, Part Y. col. (R) line 12.)	·	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
T-1-1 (O-1 (b)1 F 000 Dt V1 (D) E 40)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
T-4-1		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 HUMANE SOCIETY OF WESTERN MONTANA		0290933 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	825,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -8,257.		
е	Add lines 2a through 2d	2e	-397,626.
3	Subtract line 2e from line 1	3	1,223,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b -5,638.		
С	Add lines 4a and 4b	4c	-5,638.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,217,884.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,573,392.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 5,638.		
е	Add lines 2a through 2d	2e	5,638.
3	Subtract line 2e from line 1	3	1,567,754.
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		
b	Other (Describe in Part XIII.) 4b 8,257.		
c	Add lines 4a and 4b	4c	8,257.
-			4 556 044
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,576,011.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	5	1,576,011.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO BUILD CORPUS SO ENDOWMENT EARNINGS CAN SUPPLEMENT OPERATIONS AND SPECIAL PROJECTS AT THE SHELTER.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. MANAGEMENT DOES NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022.

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

2022

Open to Public Inspection

Name of the organization Employer identification number HUMANE SOCIETY OF WESTERN MONTANA 81-0290933 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С

d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

1016	.ai			
3	List all states in which the organization is registered or licensed to solicit contributions or lor licensing.	has been notified	it is exempt from req	gistration
		·	·	•

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

Schedule G (Form 990) 2022

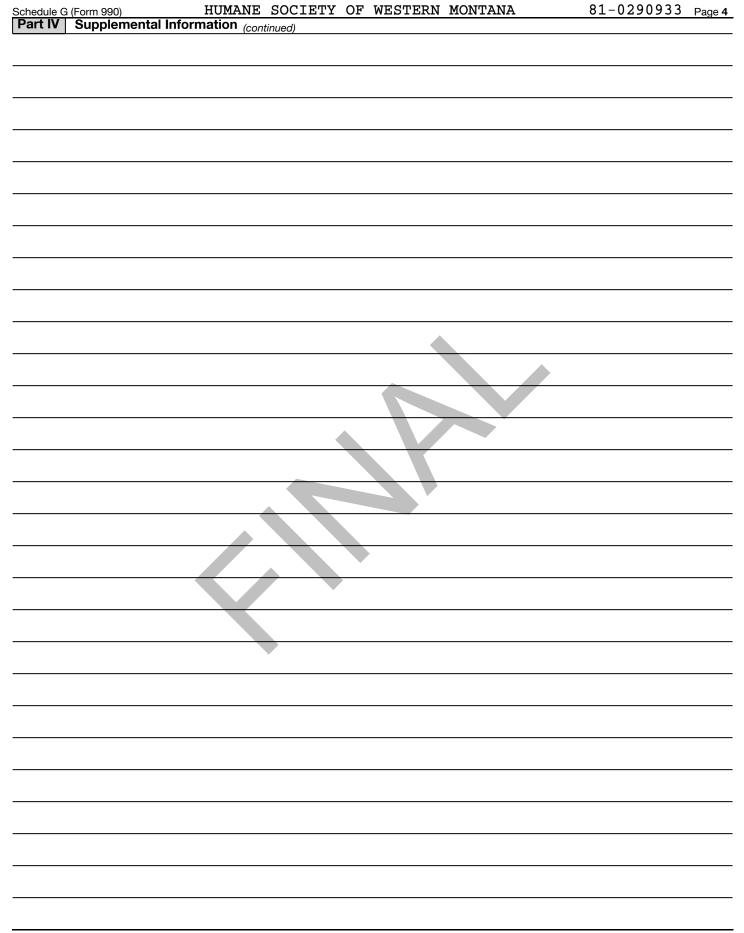
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal avanta
			PETS ARE		NONE	(d) Total events
			FAMILY		-,,-,-	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
æ			(overic type)	(ovoin typo)	(total Hambel)	
Revenue	_		102 450			102 450
Ŗ	1	Gross receipts	103,458.			103,458.
			F0 0F0			F0 0F0
	2	Less: Contributions	50,958.			50,958.
	3	Gross income (line 1 minus line 2)	52,500.			52,500.
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs	4,700.			4,700.
Direct Expenses						-
당	7	Food and beverages	10,791.			10,791.
ë	-		, -			
	8	Entertainment	3,000.			3,000.
	9	Other direct expenses	15,087.			15,087.
	10		2: (1)			33,578.
						18,922.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Port IV line 10 or i	rapartad mara than	10,922.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, 011	eported more than	
		\$13,000 011 F01111 990-EZ, III1e 0a.		(b) Pull tabs/instant		(I) Tatal manaina (a alal
þ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo, progressive billigo		con (a) through con (c)
Вè	_					
	1	Gross revenue				
Se	2	Cash prizes				
Expenses						
å	3	Noncash prizes				
#	4 Rent/facility costs					
Direct						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b If "No," explain:						
-	-					
10=	We	ere any of the organization's gaming licenses re	voked suspended orte	rminated during the tax v	vear?	Yes No
		Yes," explain:				
~		,				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 HUMANE SOCIETY OF WESTERN MONTANA 81-	<u>0290933</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o 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	cinter the name and address of the person who prepares the organization's gaming special events books and records.		
	Name		
	Address		
	Address		
45-		Yes	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	res	NO
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	□ No
	retain the state gaming license?	res	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.		01 401
Га		art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		



SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HUMANE SOCIETY OF WESTERN MONTANA

Employer identification number 81-0290933

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

WE OFFER ADOPTION SERVICES, TRAINING CLASSES, HUMANE EDUCATION,

BEHAVIOR CONSULTATIONS, AND VETERINARY CARE FOR CATS AND DOGS. WE WORK

WITH VOLUNTEERS AND SUPPORTERS TO IMPROVE THE WELFARE OF PETS IN OUR

CARE AND BEYOND. ON AVERAGE WE ADOPT OUT 1,400 PETS ANNUALLY. WE

PROVIDED OVER 5,500 VACCINES TO PETS IN 2022, SERVED OVER 1,600

SURGICAL PATIENTS IN OUR CLINICS, BOTH RURAL AND IN MISSOULA AND

PROVIDED OVER 76,000 PET MEALS.

THE CORE OF OUR SUCCESS IS OVER 60 YEARS OF RESOLVE TO LEARN, RESEARCH,

ADAPT, AND OFFER THE BEST WELFARE PRACTICES, INNOVATING WHENEVER

NECESSARY TO ACHIEVE OUR GOALS.

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

ANY PERSON OR ENTITY INTERESTED IN AND WILLING TO SUPPORT THE OBJECTS AND PURPOSES FOR WHICH THE SOCIETY HAS BEEN INCORPORATED MAY BECOME A MEMBER OF THE SOCIETY BY MAKING A CONTRIBUTION OF ANY SIZE DURING THE YEAR. THERE IS ONLY ONE CLASS OF MEMBERS. THE PRIVILEGE OF VOTING AT A MEMBERSHIP MEETING IS GRANTED TO ALL MEMBERS HAVING MADE A CONTRIBUTION OF ANY SIZE DURING THAT YEAR. MEMBERS ARE ENTITLED TO VOTE ON THE ELECTION OF DIRECTORS (BUT NOT OFFICERS) NOMINATED BY THE BOARD DEVELOPMENT COMMITTEE.

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

MEMBERS ARE ENTITLED TO VOTE ON THE ELECTION OF DIRECTORS (BUT NOT OFFICERS) NOMINATED BY THE BOARD DEVELOPMENT COMMITTEE.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** HUMANE SOCIETY OF WESTERN MONTANA 81-0290933 FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS FORM 990 AND ANY QUESTIONS ARE RESOLVED BEFORE SUBMITTING TO THE FULL BOARD FOR APPROVAL AND FILLING. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND EXECUTIVE DIRECTOR ARE COVERED UNDER THE POLICY. ALL DETERMINATIONS AND REVIEWS ARE MADE BY THE BOARD OF DIRECTORS. EXECUTIVE DIRECTOR IS EXPECTED TO ENSURE THERE ARE NO ETHICAL OR LEGAL CONFLICTS OF INTEREST ON THE STAFF LEVEL. IF THERE IS A CONFLICT OF INTEREST, THE BOARD CAN DECIDE TO SELECT A VENDOR WITH NO CONFLICT OR PROHIBIT THE BOARD MEMBER FROM PARTICIPATING IN DECISIONS REGARDING THE MATTER. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD MEETS IN AN EXECUTIVE SESSION TO REVIEW COMPENSATION OF THE THE BOARD REVIEWS THE MONTANA NONPROFIT ASSOCIATION EXECUTIVE DIRECTOR. COMPENSATION REPORT ANNUALLY, AND IN CONJUNCTION WITH THE ORGANIZATION'S BUDGET, DETERMINES EXECUTIVE DIRECTOR SALARY AND BENEFITS. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE OR UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.