(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
<u>Part I - Io</u>	lentification			r		
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN)				
Print						
File by the	HUMANE SOCIETY OF WESTERN M	IONTAN	IA		81-02909	33
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so P.O. BOX 1059	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for MISSOULA, MT 59806-1059	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
	ou enter your Return Code, complete either Part II or Part	t III. Part II	L including signature, is applicable of	only for an	extension of	
	e Form 5330.		, 5,5,,11	,		
	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	n Name		8			
	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
	ooks are in the care of THE ORGANIZATION					
		IISSOU	JLA, MT 59806-1059			
Teleph	one No. 406-549-3934		Fax No.			
	organization does not have an office or place of business	in the Uni				
	is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box				÷ .	
	quest an automatic 6-month extension of time until					
	organization named above. The extension is for the orga					
X						
	tax year beginning	. 20	and ending			20
		,	,		,	
2 If th	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		¢	Δ
	nonrefundable credits. See instructions.		e un feux al a la la casa al ta de la	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069				•	0
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	-			•	Δ
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	30	\$	0.

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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



A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change HUMANE SOCIETY OF WESTERN MONTANA Name change 81-0290933 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. BOX 1059 406-549-3934 2,558,878. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 59806-1059 MISSOULA, MT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARTA PIERPOINT for subordinates? Yes X No SAME AS C ABOVE Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MYHSWM.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1963 M State of legal domicile: MT Part I Summary Briefly describe the organization's mission or most significant activities: THE HUMANE SOCIETY OF WESTERN 1 Activities & Governance MONTANA BUILDS OPPORTUNITIES FOR PETS AND PEOPLE TO THRIVE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 4 43 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 55 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 649,566. 1,216,865. Contributions and grants (Part VIII, line 1h) 8 Revenue 432,160. 506,561. 9 Program service revenue (Part VIII, line 2g) 114,394. 109,195. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 21,764. 35,737. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,217,884. 1,868,358. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,045,602. 1,210,291. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 139,327. b Total fundraising expenses (Part IX, column (D), line 25) 530,409. 700,627. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,576,011. 1,910,918. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -358, 127. -42,560. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 3,598,757. 3,653,520. 20 Total assets (Part X, line 16) 728,216. 706,733. 21 Total liabilities (Part X, line 26) El det 2. 870,541. 2,946,787 Net assets or fund balances. Subtract line 21 from line 20 22

Part II Signature Block

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

Sign	Signature of officer				Date			
-	MARTA PIERPOINT, EXECUTIV	E DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	SAM BRUNSON, CPA	SAM BRUNSON,	CPA	05/20/	/24 self-employed	₽01696998		
Preparer	Firm's name WIPFLI LLP				Firm's EIN 39-	0758449		
Use Only	Firm's address 105 E. PINE ST, U	PPER FLOOR						
	MISSOULA, MT 5980	2			Phone no. 406 .	728.1800		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

	990 (2023) HUMANE SOCIETY OF WESTERN MONTANA 81-0290933 Page 2 t III Statement of Program Service Accomplishments
Par	
	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.
	Did the exception undertake any eignificant program convices during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	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 \$ 1,627,227. including grants of \$ 0.) (Revenue \$ 506,213.)
	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 2023, WE PROVIDED NEARLY 6,000 VACCINES,
	MICROCHIPPED OVER 2,000 PETS, AND PROVIDED LOW OR NO COST SPAY/NEUTER
	SERVICES TO 2,190 PETS IN OUR COMMUNITY AND BEYOND.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A!	Other pression convince (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,627,227.
4e	Total program service expenses 1, 627, 227. Form 990 (2023)
333000	FORM 555 (2023)
002002	3

12470520 147695 534826

Form 990 (OF	WESTERN	MONTANA
Part IV	Checklist of R	equired Sc	hedules			

1 the organization described in section 501(k)0 or 4947(q)11 (bither than a private foundation)? 1 X 2 the organization engage in direct in index political campage activities on behalf of or in oppositon to candidates for public office? If "Yes," complete Schedule 0, Part I 3 X 3 Section 501(k)0 organization. Did the organization aspage in (bobying activities, or have a section 501(k)) election in effect 4 X 4 Section 501(k)0 organization. Did the organization associan 501(k)0 organization that receives membership due, assessments, or similar analytics or any donor adviced lunds or any similar funds or accounts? If "Yes," complete Schedule 0, Part I 6 X 5 Did the organization nearing any donor adviced lunds or any similar bases on those which donors have the right to provide advice on the distribution or investment of amounts in such funds or associant? If "Yes," complete Schedule 0, Part I 6 X 9 Did the organization nearing order donor dono				Yes	No
2 Is the organization required to complete Schedule 0, Centrulutors? See instructions 2 X 3 Did the organization require in direct or inderce oblightical campaign activities on buhal of or in opposition to candidates for public office? If Y'ss, "complete Schedule C, Part I 3 X 4 Section 501(b) alloction to C, Part I 4 X 5 Is the organization as admost in Repuise Schedule C, Part I 4 X 6 Did the organization assets in S01(b) (S) or 501(c)(S) or 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in clinet or indirect political campaign activities on bahal of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part I 3 X 4 Section 501(k)0 organizations. Did the organization ingage in koblying activities, or have a section 501(h) election in effect of the veganization astends of 101(k)0 organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. B1197 ("Yes," complete Schedule C, Part II 4 X 5 Did the organization markina and yound avised time 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution to investment or amounts and effections of works of at, historical trassures, or other similar assets? ("Yes," complete Schedule D, Part II 6 X 9 Did the organization marking and the veganization, hold assets in donorrestricted endowments or in lasted in Part X, line 17, lor escore or custodial account liability, serve as a custodian for amounts or intrody a related organization, hold assets in donorrestricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 10 X 10 X 10 X 11 If the organization report an amount for investments - orbin reaccuritis in Part X, line 17, line 18, line 18, fixe 18, fixe 1		If "Yes," complete Schedule A			
public office // trys: "complete Schedule C, Part / 3 X 4 Sectors 05(16)3 organizations. Do the organization engage in lobbying activities, or have a section 50(16) electron in effect during the taxy year? // trys: "complete Schedule C, Part II." 4 X 5 Is the organization a section 50(16)(4), 50(16)(6) or 5012(4) organization that receives membership dues, assessments, or aimilar amounts as defined in Park X. Inc 917 (**e), "complete Schedule C, Part II. 6 X 6 Did the organization markatin any doma advised funds or accounts for which domons have the right to provide advised on the distribution or investment of amounts in solut funds or accounts? If **es," complete Schedule D, Part II. 6 X 7 X Did the organization receive or hold a conservation easements, including easements to preserve open space, the environment, historic lateras, or historic attrustwars II **es," complete Schedule D, Part II. 7 X 8 Did the organization receiver provide cerific conservation easements, or did respination service? 9 X 9 Did the organization service? 9 X 10 Did the organization service? 9 X 11 H* programization service? 9 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12?, If *es, *complete Sc	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? (I 'Yes,' complete Schedule C, Part II 5 Is the organization a section 501(h)(h), 501(c)(b), or 501(c)(b	3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section S(16(4), 501(6)(5) or 501(6)(5) o			3		<u> </u>
5 Is the organization a sector 501(cl/6, 001(cl/6), or 501(cl/6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 901(9) <i>If "Yes," complete Schedule C, Part II</i> . 5 X 6 Did the organization marked and on orary similar binds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account liability, serve as a cutodian in to amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? 7 X 10 Did the organization report an amount in Part X, line 21, for accrew or cutodial account liability, serve as a cutodian in to an orquasiendowments? <i>If Yes,</i> 'complete Schedule D, Part V 8 X 10 Did the organization report an amount for rinvestments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% <i>If Yes,</i> 'complete Schedule D, Part V 10 X 11 Did the organization report an amount for rinvestments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% <i>If Yes,</i> 'complete Schedule D, Part V 11 X 11 Did the organization n	4			37	
eminal amounts as defined in Rev. Proc. 98-197. #*xs ⁺ , complete Schedule Q, Part II 5 X 6 Did the organization maintain any domer advised funds or any similar funds or accounts? If **xs ⁺ , complete Schedule D, Part II 6 X 7 Did the organization releave or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If *Ycs,* complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Ycs,* complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasiendowments? If *Ycs,* complete Schedule D, Part IV 8 X 10 Did the organization answer to any of the following questions is *Ycs,* then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Ycs,* complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If *Ycs,* complete Schedule D, Part V 11a X 13 X Did the organization report an amount for investments - program related in Part X, line 10? If *Ycs,* complete Schedule D, Part V <td< td=""><td></td><td></td><td>4</td><td>X</td><td></td></td<>			4	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // Tes,' complete Schedule D, Part //	5				77
provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, vire, "complete Schedule D, Part IV. 10 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi anowort to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11a X 12 Did the organization	•		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assest? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It we organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - porgam related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for investments - porgam related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 15 Did the organization schoot described in Part X,	6				v
the environment, historic at areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide crafts counseling, debt management, craft repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide crafts counseling, debt management, craft repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 11 It he organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X b Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete	-		6		
8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? // 'Yes,' complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, cor provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization is ported a manual time Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, cor provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Ut the organization is never to any of the following questions is "Yes," then complete Schedule D, Part XI If the organization report an amount for index buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes, "complete Schedule D, Part XI 11a X 11a X Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // Yes, "complete Schedule D, Part XI 11a X 11d X Did the organization subpart to reconsolidated financial statements for the tax year include a foothost that addresses the organization subpart to runcetina tax positions under FIN 48 (SC 740?) // Yes, "complete Schedule D, Part XI 11d X 12a Did the organization neopton anamount for the 12a, then c	'		<u>_</u>		v
Schedula D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasiendowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for inductions, sorted assets reported in Part X, line 160 // Ir Yes,' complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - orber securities in Part X, line 10? // Ir Yes,' complete Schedule D, Part VI 11 X 13 X Did the organization report an amount for investments - orber securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part VIII 11 X 14 X Did the organization report an amount for threassets in Part X, line 157, this is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part X 11e X 14 Did the organization robot an amount for ther tabilities in Part X, line 27, if Yes,' complete Schedule D, Part X 11e X 15 Did the organization oncluded in consolidated, independent audited financial statemem	~				
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VIII, VIIII, VIII, VIIII, VIIIII, VIIIIIIII	8				v
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If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization guestions is "Yes," then complete Schedule D, Part VI. 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other ascurities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11c X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part X 11c X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11 Z Did the organization included in consolidated financial statements for the tax year? If	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VII, VII, VI, VI			•		x
or in quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b X b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X e Did the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization is beparte or consolidated financial statements for the tax year? 11f X 13 It he organization included in consolidated, independent audited financial statements for the tax year? 11b X 14a Did the organization as achool described in section 170b(h(1)A(ii)? If "Yes," complete Schedule D, Part X 12a X 14a Did the organization as ach	10		9		- 23
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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 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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 H 20a X	b				
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			206		<u> </u>
	21				v
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
06	Schedule L, Part I	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? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Natas All Forms 000 films are used to complete Ochastula O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
				(2023)

Form	990 (2023) HUMANE SOCIETY OF WESTERN MONTANA	81-0290	933	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			v
_	•		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
			7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				v
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, did the organization of cars, boats, airplanes, airplanes, airplanes, did the organization of cars, boats, airplanes, airplanes, did the organization of cars, boats, airplanes, did the organ		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
•			8		
9	Sponsoring organizations maintaining donor advised funds.		0.0		
a h			9a 9b		<u> </u>
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		30		
10 а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	-		
11	Section 501(c)(12) organizations. Enter:		-		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
, D	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a		· · ·	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form 990	(2023)
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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				A
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5		

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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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			
	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			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	oda)
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			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
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	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X X					
14								
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					
b	Other officers or key employees of the organization	15b		X				
	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		X				
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 NONE							
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)-	s only)	availat	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 financial
	statements available to the public during the tax year.

7

	THE ORGANIZATION -	406-549-3934	
			the organization's books and records
20	State the name address and talenhe	one number of the person who possesses	the organization's books and records

P.O. BOX 1059, MISSOULA, MT 59806-1059

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2023.03050 HUMANE SOCIETY OF WESTERN 534826_1

Form **990** (2023)

Form 990 (
Part VII	Coi

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

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

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

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

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

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

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

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

(A) Name and title	(B) Average hours per	age Posit					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated Shirt		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARTA PIERPOINT	50.00								0	C 210
EXECUTIVE DIRECTOR (2) ROBIN CHILDERS	1 00		<u> </u>	X				96,500.	0.	6,318.
	1.00			37					0	
PRESIDENT THRU 8/2023	1 00	Х		X				0.	0.	0.
(3) MADDIE STARKE PRESIDENT	1.00	x		x				0.	0.	0.
(4) TONY CATANIA	1.00									
VICE PRESIDENT		х		x				0.	0.	0.
(5) AMY CRISTALDI	1.00									
TREASURER		х		x				0.	0.	0.
(6) JESSICA WALRATH	1.00									
SECRETARY		х		x				0.	0.	0.
(7) EMILY ADAMSON-KOEMANS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JASON ERICKSON	1.00									
DIRECTOR THRU 8/2023		Х						0.	0.	0.
(9) LIZ MELLEM	1.00									
DIRECTOR THRU 8/2023		Х						0.	0.	0.
		-								
		-								
		-								
										Farm 990 (0000)

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Form 990 (2023)

Form 990 (2023) HUMANE SC	CIETY O	F	WE	ST	ER	N	MC	DNTANA	81-02	9093	3 р	age 8	
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) (C) Average hours per week							(D) Reportable compensation from	(E) Reportable compensatior from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS) 1099-NEC)	C/ 0	from th rganizat ganizat	ation e tion ted	
										_	<u> </u>	10	
1b Subtotal								96,500.		0.	6,3	<u>18.</u> 0.	
c Total from continuation sheets to Part VI								96,500.		0.	6,3		
d Total (add lines 1b and 1c)								-		0.	0,5	10.	
2 Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	o ap	ove) wn	o re	eceived more than \$100,	UUU of reportable			0	
u											Yes	No	
3 Did the organization list any former officer,	,				,	,	0		5				
line 1a? If "Yes," complete Schedule J for su										3		X	
4 For any individual listed on line 1a, is the su												x	
and related organizations greater than \$150Did any person listed on line 1a receive or a										4		- 23	
rendered to the organization? If "Yes," com	-				-			-		5		x	
Section B. Independent Contractors													
1 Complete this table for your five highest cor										ensation	from		
the organization. Report compensation for t (A)	ne calendar ye	ear e	nain	g w	ith c	or wit	nin	i the organization's tax ye	ear.		(C)		
Name and business	address	NC	ONE	2				Description of s	ervices		pensatio	'n	
							\dashv						
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	l to t	thos C		ted	above) who received mo	ore than				
										For	m 990 (2023)	

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ar	t VII	Statement of Re	venue						
		Check if Schedule O d	contains a	response	or note to any line	e in this Part VIII	(B)		[
						(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ω	1 a	Federated campaigns		1a					
and Other Similar Amounts				1b					
õ		Fundraising events		10 1c	43,000.				
ΓA		Related organizations		1d					
nila		Government grants (contri		1e					
Sin		All other contributions, gifts,	,						
Jer	•	similar amounts not included			173,865.				
ö	n	Noncash contributions included in		1g \$	7,000.				
nd	-					1,216,865.			
0		I Utal. Add lines faith			Business Code	1,210,005.			
	0.0	CREMATION			813312	244,016.	244,016.		
			D M		813312	148,045.			
ne		ANIMAL ADOPTI			813312	106,955.	106,955.		
ven	ر ر	TRAINING & BE		R	813312	7,545.	7,545.		
Revenue	d	TIVITING & DE	IIA V LO		01012	1,545.	1,545.		
	e 4	All other program service							
		Total. Add lines 2a-2f				506,561.			
	3	Investment income (includ				,			
	Ũ					59,990.			59,99
	4	Income from investment of							
	5	Royalties		•					
	Ũ			i) Real	(ii) Personal				
	6 a	Gross rents		.7					
		Gross rents Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
		Gross amount from sales of		Securities	(ii) Other				
	<i>i</i> a	assets other than inventory		,223.	7,860.				
	h	Less: cost or other basis	74052	,225.	7,0001				
,	D.	and sales expenses	7647	,034.	3,844.				
	~	Gain or (loss)		,189.					
		Net gain or (loss)	·	-		49,205.			49,20
		Gross income from fundraisin				49,2030			15,20
	0 a	including \$43							
1		contributions reported on							
		Part IV, line 18	-		66,138.				
	h	Less: direct expenses			36,451.				
		Net income or (loss) from			50,4510	29,687.			29,68
						25,007			25,00
	9 a	Gross income from gamin							
	h	Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	iu a	Gross sales of inventory, l			2,843.				
	h	and allowances Less: cost of goods sold							
					5,1511	-348.	-348.		
╉	C	Net income or (loss) from	Jaito UI II	ventory	Business Code	510.	540.		
	11 -	MT STATE FUND	DTVT	DEND	900099	6,398.			6,39
anc	b	0 11111 1 011D							5,55
ver	c								
Revenue		All other revenue							
		Total. Add lines 11a-11d			L	6,398.			
	<u>е</u> 12	Total revenue. See instruction				1,868,358.	506,213.	0.	145,28
	14	I JULAI I GVEIIUE. OCC IIISUUCUU	פות			-,,	, JJJJ, <u>J</u> J,	U • 1	/40

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HUMANE SOCIETY OF WESTERN MONTANA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Section 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		his Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	100 010		2 2 2 1	0 001
trustees, and key employees	102,818.	89,026.	3,971.	9,821.
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	951,159.	823,930.	34,973.	92,256.
7 Other salaries and wages	951,159.	023,930.	54,973.	92,230.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	71,280.	61,301.	4,775.	5,204.
10 Payroll taxes	85,034.	73,129.	5,698.	5,204. 6,207.
11 Fees for services (nonemployees):	,	,		• / = • · · ·
a Management				
b Legal	1,976.		1,976.	
c Accounting	57,878.		57,878.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,350.		13,350.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	25,155.	25,155.		
12 Advertising and promotion	6,873.	5,585.		1,288.
13 Office expenses	11,870.	3,683.	8,050.	137.
14 Information technology	6,924.	6,844.	80.	
15 Royalties	62 740	E7 266	6 274	
16 Occupancy	63,740. 6,031.	57,366. 6,031.	6,374.	
17 Travel	0,031.	0,031.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10 405	10 405		
20 Interest	19,405.	19,405.		
21 Payments to affiliates	02 251	02 251		
22 Depreciation, depletion, and amortization	93,251. 36,757.	93,251. 35,263.	1,494.	
 23 Insurance 24 Other expenses. Itemize expenses not covered 	50,757.	55,205.	1,494.	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a PETWORKS PROGRAM EXPENS	133,691.	133,691.		
b CREMATION EXPENSE	65,299.	65,299.		
c VETERINARY CARE	43,079.	43,079.		
d REPAIRS AND MAINTENANCE	33,756.	33,756.		
e All other expenses	81,592.	51,433.	5,745.	24,414.
25 Total functional expenses. Add lines 1 through 24e	1,910,918.	1,627,227.	144,364.	139,327.
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)				~~~
332010 12-21-23	11			Form 990 (2023

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		Chack if Schodula O contains a reasonable or pat	a to opy li	ing in this Dart V			
		Check if Schedule O contains a response or note	e to any n		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			152,598.	1	244,719.
	2	Savings and temporary cash investments			566,531.	2	394,979.
	3	Pledges and grants receivable, net		,	3		
	4	Accounts receivable, net	23,885.	4	35,279.		
	5	Loans and other receivables from any current or		-			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,225,278.			
	b	Less: accumulated depreciation	10b	1,118,313.	1,112,059.	10c	1,106,965.
	11	Investments - publicly traded securities			1,736,889.	11	1,855,976.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets		0.	14	9,494.	
	15	Other assets. See Part IV, line 11		····· -	6,795.	15	6,108.
	16	Total assets. Add lines 1 through 15 (must equa			3,598,757.	16	3,653,520.
	17	Accounts payable and accrued expenses	72,016.	17	97,749.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst					
Liabilities	00	controlled entity or family member of any of thes			656,200.	22 23	608,984.
	23	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		' ······	050,200.	23 24	000,004.
	24 25	Other liabilities (including federal income tax, pay	•	·····		24	
	25	parties, and other liabilities not included on lines					
		of Cohodula D				25	
	26	Total liabilities. Add lines 17 through 25			728,216.	26	706,733.
		Organizations that follow FASB ASC 958, che	ck here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,063,783.	27	1,207,632.
Bal	28	Net assets with donor restrictions			1,806,758.	28	1,739,155.
pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances		L	2,870,541.	32	2,946,787.
	33	Total liabilities and net assets/fund balances			3,598,757.	33	3,653,520.

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,868 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,910 2 Descrete lang and expenses (with equal Part IX, column (A), line 1 1 1,868	,918. ,560.
1Total revenue (must equal Part VIII, column (A), line 12)11,8682Total expenses (must equal Part IX, column (A), line 25)21,910	,918. ,560. ,541.
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,910	,918. ,560. ,541.
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,910	,918. ,560. ,541.
	,560. ,541.
a Devenue less summers Cultures time 0 from time 1 -12	,541.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,870	,806.
5 Net unrealized gains (losses) on investments 5 118	
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 2,946	<u>,787.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	<u>X</u>
	es 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	X
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?	x
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	
c 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?	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?3a	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name o	f the	organization
--------	-------	--------------

Name of	the organization							identification number		
- · ·			OF WESTERN 1					1-0290933		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The orga	nization is not a private found		e .	•	,					
1	A church, convention of ch				n 170(b)(1	l)(A)(i).				
2	A school described in sect									
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
	university:									
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
	See section 509(a)(2). (Cor	mplete Part III.)								
11 🔛	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box on		
_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting		
_	organization. You must o	-								
b _	Type II. A supporting org	-				-		-		
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported		
_	organization(s). You mus	-								
c 🗌	Type III functionally inte	• • • •					ly integrate	d with,		
	its supported organization		-							
d 🗌	_ Type III non-functionally						-			
	that is not functionally int			•		-	an attentiv	reness		
_	requirement (see instructi		•							
e 🗋	Check this box if the orga					Type I, Type	II, Type III			
6 E.	functionally integrated, or	<i>.</i>	nally integrated supportil	ng organiz	ation.					
	er the number of supported on wide the following information	•	d organization(c)							
y Fic	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization	. ,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	structions)	support (see instructions)		
			above (see instructions))	163						
Total										
TOTAL						1				

Schedule A (Form 990) 2023

HUMANE SOCIETY OF WESTERN MONTANA

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	571,553.	811,732.	1055666.	649,566.	1216865.	4305382.
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	571,553.	811,732.	1055666.	649,566.	1216865.	4305382.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						312,124.
	Public support. Subtract line 5 from line 4.						3993258.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	571,553.	811,732.	1055666.	649,566.	1216865.	4305382.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	69,878.	48,398.	45,774.	53,798.	59,990.	277,838.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				18,922.	29,687.	48,609.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,865.	3,614.	6,398.	12,877.
11	Total support. Add lines 7 through 10						4644706.
12		•	,				<u>,044,775.</u>
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop		-				
	ction C. Computation of Publi					I I	
	Public support percentage for 2023 (I					14	85.97 %
	Public support percentage from 2022					15	84.72 %
16a	33 1/3% support test - 2023. If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						[]
40	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	en ula not check a	box on line 13, 16a	a, 100, 17a, or 17b	o, check this dox a		
						Schedule A	(Form 990) 2023

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Se	qualify under the tests listed b ction A. Public Support	elow, please comp	blete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	0		-	year as a section 5		· —
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022		-			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2023. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins		
3320	23 12-21-23					Schedule A	A (Form 990) 2023

(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

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1

Yes No

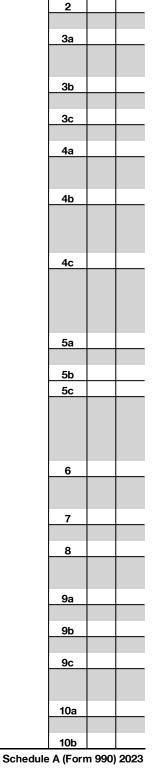
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023 HUMANE SOCIETY OF WESTERN MONTANA Part IV Supporting Organizations (continued)

2

		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, or trustees were allocated among the powers of appoint and/or remove officers, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocated among the powers of appoint and or trustees were allocat		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.	
Section 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
 Image: Control of the organization of the support of the suport of the support of the

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a 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 <u>s).</u>
---	--	---	--

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

		Y OF WESTERN MO			1-0290933	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	<u>r</u>
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	Γ	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 20	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023		SOCIETY O			81-0290933 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Sectio Section D, lines 5, 6,	es 1, 2, 3b, 3c, 4b, n D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 90 Part IV, Section E, lir	c, 11a, 11b, and 1 nes 1c, 2a, 2b, 3a,	and 3b; Part V, Section B,	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
	(See instructions.)					
332029 10 01 0	2					Schedule A (Form 990) 2023
332028 12-21-2	0			21		Schedule A (FUIII 330) 2023

SCHEDULE C	;
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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nan	lame of organization Emplo						yer identification number
			SOCIETY OF WESTER				81-0290933
Pa	art I-A	Complete if the org	anization is exempt under	[•] section 501(c) o	r is a section 527	7 org	anization.
1 2 3	Political	a description of the organiz campaign activity expendit er hours for political campai					
Pa	art I-B	Complete if the org	anization is exempt under	' section 501(c)(3).		
1	Enter th	e amount of any excise tax	incurred by the organization under	section 4955		\$_	
2			incurred by organization managers				
3			n 4955 tax, did it file Form 4720 fo	r this year?			
							Yes No
_	o If "Yes," art I-C	describe in Part IV.	anization is exempt under	$c_{\rm contion} 501(o)$	waant coation 50		(2)
					-		
		• •	I by the filing organization for secti ization's funds contributed to othe			Þ_	
2		5 5		5		¢	
3			. Add lines 1 and 2. Enter here and			·· Ψ_	
Ŭ		1		,		\$	
4	Did the	filing organization file Form	1120-POL for this year?			· • -	Yes No
5	Enter th made pa contribu	e names, addresses, and er ayments. For each organiza itions received that were pro	nployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provide	of all section 527 poli rom the filing organiza separate political orgar	tical organizations to tion's funds. Also ent nization, such as a sep	which er the	the filing organization amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	ı's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_							

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

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OMB No. 1545-0047

2023 Open to Public Inspection

	ule C (Form 990) 2023	HUMAN	<u>E SOCI</u>	ETY OF WEST	ERN MONTANA	81-0	290933 Page 2
Part	II-A Complete if the org	anizatio	n is exer	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
A Ch	expenses, and shar	e of exces	s lobbying e	• •		group member's name	e, address, EIN,
<u>B Cr</u>	Limi	ts on Lobi	oying Expe	nd "limited control" pro nditures nts paid or incurred.)	visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influ Total lobbying expenditures to influ Total lobbying expenditures (add li	uence a leg	jislative boo	ly (direct lobbying)		0.	
e	Other exempt purpose expenditure Total exempt purpose expenditure	s (add line	s 1c and 1d			0.	
Г	Lobbying nontaxable amount. Ente If the amount on line 1e, column (a) o			e following table in both bying nontaxable amo		0.	
	not over \$500,000, over \$500,000 but not over \$1,000	,000,		the amount on line 1e. 00 plus 15% of the exce	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 \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.						
	over \$17,000,000, Grassroots nontaxable amount (en	ter 25% of	\$1,000, line 1f)	000.		0.	
	Subtract line 1g from line 1a. If zero Subtract line 1f from line 1c. If zero						
j I	f there is an amount other than ze reporting section 4911 tax for this	ro on eithe	r line 1h or	line 1i, did the organiza		[Yes No
	(Some organizations th	nat made a	a section 5	eraging Period Under D1(h) election do not l ate instructions for lin	nave to complete all o	f the five columns be	
		Lobi	oying Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
	_obbying nontaxable amount			195,835.			195,835.
	Lobbying ceiling amount (150% of line 2a, column(e))						293,753.
C	Total lobbying expenditures			5,000.			5,000.
d (Grassroots nontaxable amount			48,959.			48,959.
	Grassroots ceiling amount (150% of line 2d, column (e))						73,439.

Schedule C (Form 990) 2023

332042 11-06-23

f Grassroots lobbying expenditures

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)	
	lobbying activity.	Yes	No	Amo	ount
1 a	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 c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	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?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be 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?	n 501(c)(5)	or sec	tion	
1 41	501(c)(6).		, 01 300		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
-	t III-B Complete if the organization is exempt under section 501(c)(4), section), or sec	tion	I
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3, is
	answered "Yes."		-		
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A. line 1: Part I-B. line 4: Part I-C. line 5: Part II-A (affiliated group	list): Part II-A	lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

(Form	990)
-------	------

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,



De Int

Department of the Treasury Attach to Form 990.					Open to Public
-	I Revenue Service		0 for instructions and the latest informa		Inspection
Nam	e of the organizati		AECHEDN MONMANA		identification number
Pa	rt I Organiza	HUMANE SOCIETY OF Nations Maintaining Donor Advise			<u>1-0290933</u>
ra		in answered "Yes" on Form 990, Part IV, lin		of Accounts.	Complete if the
	organizatio		(a) Donor advised funds	(b) Funds and	d other accounts
4	Total number at a	ad of year			
1		nd of year			
2 3		f contributions to (during year) f grants from (during year)			
4					
4 5		t end of year		od funde	
5	Yes No				
6		on's property, subject to the organization's on inform all grantees, donors, and donor a			
Ŭ		poses and not for the benefit of the donor o			
		ate benefit?		e e	Yes No
Pa		ation Easements. Complete if the or			
1		servation easements held by the organization		,	
		n of land for public use (for example, recrea		a historically impor	tant land area
		of natural habitat		a certified historic	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation ea	asement on the last
	day of the tax year				at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a	2c	
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic struc	ture listed in the National Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
	,	forcement of the conservation easements it			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements	during the year
_		<u> </u>			
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion easements duri	ng the year
•					
0		vation easement reported on line 2d above			Yes No
9)(4)(B)(ii)? be how the organization reports conservati			Yes No
9		d include, if applicable, the text of the footr			the
		counting for conservation easements.			
Pa		ations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Ass	ets.
		f the organization answered "Yes" on Form			
1a		elected, as permitted under FASB ASC 95		nd balance sheet w	orks
		easures, or other similar assets held for put			
		Part XIII the text of the footnote to its finar		-	
b	· •	elected, as permitted under FASB ASC 95			of
		sures, or other similar assets held for public			
		ing amounts relating to these items.		,	,
	-	ided on Form 990, Part VIII, line 1		\$	
2		received or held works of art, historical tre			
		unts required to be reported under FASB A			
		on Form 990 Part VIII line 1	-	\$	

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b Assets included in Form 990, Part X

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

31 2023.03050 HUMANE SOCIETY OF WESTERN 534826_1

\$

Sche		SOCIETY OF					0290933	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other S	imilar Ass	ets _{(contin}	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that r	make signi	ificant use of	its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or ex	change prograr	n			
b	Scholarly research	е	Other	0.0				
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further	the organization	n's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit o							
-	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pai		on the organizatio			in coo, i aiti	, 1110 0, 01	
1a	Is the organization an agent, trustee, custodi		iary for contributio	ins or other ass	ets not inc	luded		
iu	on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in Part XII							
D		and complete the lon	owing table.				Amount	
_							Amount	
	Beginning balance							
	Additions during the year					1d		
e	Distributions during the year					1e		
t	Ending balance					1f	<u> </u>	
	Did the organization include an amount on F					· ·····	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds Complete if						ali (-) Faur	
		(a) Current year	(b) Prior year	(c) Two years		Three years ba		years back
1a	Beginning of year balance	2,094,534.	2,469,006		,306.	1,711,30)6. 1,	711,306.
b	Contributions	51,907.	35,994					
С	Net investment earnings, gains, and losses	223,985.	-274,975	•				
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	148,547.	135,491					
f	Administrative expenses							
g	End of year balance	2,221,879.	2,094,534	. 1,711	,306.	1,711,30)6. 1,	711,306.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	22.9793	_%					
b	Permanent endowment 77.0207	%						
с		%						
	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	and administere	d for the			
	organization by:	0					ſ	Yes No
	(i) Unrelated organizations?						3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		. Part IV. line 11a.	See Form 990.	Part X. line	e 10.		
	Description of property	(a) Cost or of		st or other		umulated	(d) Bool	
	Description of property	basis (investm		s (other)	• •	ciation	(u) 500r	Value
4-	Land	· · · · ·	,	38,380.	Gopie		1 0 0	3,380.
	Land			49,898.	65	8,695.		L,203.
	Buildings		<u> </u>	10,322.		4,776.		5,546.
	Leasehold improvements			76,678.				
	Equipment		/	10,010.	57	4,842.	40.	L,836.
	Other						1 1 0 /	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	K. line 10c, colum	<u>п (В))</u>				5,965.
						Sched	dule D (Form	n 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	<u> </u>		
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 en	d-of-year market value
(1)			,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X 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)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<u>I. (B))</u>		
2. Liability for uncertain tax positions. In Part XIII, provide		o the organization's financial statements	that reports the
organization's liability for uncertain tax positions under			

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HUMANE SOCIETY OF WESTERN MONTANA					0290933 _{Page} 4	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1 .				
1	Total revenue, gains, and other support per audited financial statements			1	1,977,908.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	118,806.			
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		-12,447.			
е	Add lines 2a through 2d			2e	106,359.	
3	Subtract line 2e from line 1			3	1,871,549.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	-3,191.			
	Add lines 4a and 4b			4c	-3,191.	
					4 0 6 0 0 5 0	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,868,358.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		<u>1,868,358.</u> n	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		n	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents With	Expenses per F		1,868,358. n 1,901,662.	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n	
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		Expenses per F	Retur	n	
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2a	Expenses per F	Retur	n	
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a2	Expenses per F	Retur	n	
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Retur	n	
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Retur	n <u>1,901,662</u> . 3,191.	
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n <u>1,901,662</u> .	
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n <u>1,901,662</u> . 3,191.	
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n <u>1,901,662</u> . 3,191.	
1 2 3 4 2 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n <u>1,901,662</u> . 3,191.	
1 2 3 4 2 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F 3,191. 12,447.	1 2e	n <u>1,901,662.</u> <u>3,191.</u> <u>1,898,471.</u> 12,447.	
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 3,191. 12,447.	1 2e 3	n <u>1,901,662</u> . <u>3,191</u> . 1,898,471.	

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

PART V, LINE 4:

THE 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

34

TAX POSITIONS AS OF DECEMBER 31, 2023 AND 2022.

332054 09-28-23

Schedule D (Form 990) 2023 HUMANE SOCIETY OF WESTERN MONTANA 81 Part XIII Supplemental Information (continued) 81	L-0290933 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING CAMPAIGN EXPENSES	-12,447.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-3,191.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	3,191.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING CAMPAIGN EXPENSES	12,447.
PART V, LINE 1A:	
PRIOR TO 2022, ONLY THE CORPUS OF THE ENDOWMENT WAS REPORTED ON	I SCHEDULE
D. 2022 AND 2023 INCLUDE THE ENTIRE BALANCE OF THE ENDOWMENT FU	JNDS AND ALL
ACTIVITY DURING THE YEAR.	

332055 09-28-23

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2023	
Department of the Treasury	C	organization entered more than \$15 Attach to Form 990 c						Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection	
							r 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									
	complete this part			00 01					
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 									
•		or oral agreement with any individual art VII) or entity in connection with p		Ū		tees,	or Ye	s 🗌 No	
		viduals or entities (fundraisers) pursu			•	ne fur			
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

			(a) Event #1 PETS ARE FAMILY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	109,138.			109,138
	2	Less: Contributions	43,000.			43,000
	3	Gross income (line 1 minus line 2)	66,138.			66,138
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,275.			2,275
	7	Food and beverages	13,359.			13,359
	8	Entertainment	6,800.			6,800
		Other direct expenses				14,017
1		Direct expense summary. Add lines 4 throug				36,451
	t II			990, Part IV, line 19, or r		29,687
		\$15,000 on Form 990-EZ, line 6a.	1			
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	\$15,000 on Form 990-EZ, line 6a.			(c) Other gaming	
					(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
	2 3	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (d
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes%	
	2 3 4 5 6 7	Gross revenue	Yes%	bingo/progressive bingo	Yes% □No	
	2 3 4 5 7 8	Gross revenue	Yes% No from line 1, column (d)	bingo/progressive bingo	Yes%	
E	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% No 1 S in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (
E	2 3 4 5 6 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	Yes% No 1 S in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	HUMANE SC	CIETY OF	WESTERN MONT	ANA 81-	0290933	Page 3
11 Does the organization conduct	gaming activities with	nonmembers?			Yes	No
12 Is the organization a grantor, be						
to administer charitable gaming					Yes	No
13 Indicate the percentage of gam						
a The organization's facility					13a	%
b An outside facility						%
14 Enter the name and address of					· · · · ·	
		5	5 5 1			
Name						
Address						
15a Does the organization have a c	ontract with a third pa	rty from whom th	e organization receives g	aming revenue?	🗌 Yes	No
b If "Yes," enter the amount of ga	aming revenue receive	d by the organiza	tion \$	and the amount		
of gaming revenue retained by	the third party \$ _		_			
c If "Yes," enter name and addre	ess of the third party:					
Name						
Address						
16 Gaming manager information:						
Name						
Gaming manager compensatio	n \$					
Description of services provide	d					
	□ <u>-</u> .	— .				
Director/officer	Employee		dependent contractor			
<u> </u>						
17 Mandatory distributions:						
a Is the organization required uno						
retain the state gaming license					L Yes	No No
b Enter the amount of distribution	•		uted to other exempt or	ganizations or spent in the		
organization's own exempt act			convirad by Part L line 2b	o, columns (iii) and (v); and P	art III lines 0.0	b 10b
			nal information. See instr		art III, III es 9, s	<i>b</i> , 100,
100, 100, 10, and 170,	as applicable. Also pl	ovide any additio				
332083 09-13-23				Sche	dule G (Form	990) 2023
			38			

Schedule G	a (Form 990)
Dout IV	

Part IV	V Supplemental Information (continued)	
		Schedule G (Form 990)

332084 04-01-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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.



HUMANE SOCIETY OF WESTERN MONTANA

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 APPROXIMATELY 1,400 PETS

ANNUALLY. IN 2023 WE PROVIDED NEARLY 6,000 VACCINES TO PETS AND

SERVED OVER 2,190 SURGICAL PATIENTS IN OUR LOW AND NO COST CLINICS. WE

REGULARLY STOCK OUR LOCAL FOOD BANK AS WELL AS ON-SITE FOOD AND PET

SUPPLIES FOR PET OWNERS IN NEED OF SUPPORT.

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

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

Schedule O (Form 990) 2023

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Employer identification number 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. THE 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 EXECUTIVE DIRECTOR. THE BOARD REVIEWS THE MONTANA NONPROFIT ASSOCIATION 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 PRIOR YEAR.

332212 11-14-23

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