

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OREGON HUMANE SOCIETY		D Employer identification number 93-0386880
	Doing business as		E Telephone number (503) 285-7722
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,720,124.
	1067 N.E. COLUMBIA BOULEVARD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97211-0364		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: SHARON HARMON SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW. OREGONHUMANE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1868	M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 739
	6 Total number of volunteers (estimate if necessary)	6 1583
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 22,653,926. Current Year: 22,075,204.
	9 Program service revenue (Part VIII, line 2g)	3,340,669. 6,016,362.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	664,831. 492,238.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	255,423. 304,023.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,914,849. 28,887,827.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,712,590. 22,723,511.
16a Professional fundraising fees (Part IX, column (A), line 11e)		419,207. 390,429.
b Total fundraising expenses (Part IX, column (D), line 25)		3,766,689.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,362,218. 10,889,504.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,494,015. 34,003,444.	
19 Revenue less expenses. Subtract line 18 from line 12	420,834. -5,115,617.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 110,811,037. End of Year: 107,866,330.
	21 Total liabilities (Part X, line 26)	7,107,092. 5,488,625.
	22 Net assets or fund balances. Subtract line 21 from line 20	103,703,945. 102,377,705.

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 Here	Signature of officer <i>Diane Rosenbaum</i>	Date 5-8-24			
	DIANE ROSENBAUM, CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARY MCGEE	Preparer's signature <i>Gary Mcgee</i>	Date 5/8/24	Check if self-employed <input type="checkbox"/>	PTIN P00743279
	Firm's name GARY MCGEE & CO. LLP	Firm's address 1000 S.W. BROADWAY, SUITE 1200 PORTLAND, OR 97205	Firm's EIN	Phone no. (503) 222-2515	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE OREGON HUMANE SOCIETY ("OHS") IS A PRIVATE ANIMAL WELFARE ORGANIZATION, FOUNDED IN 1868 AND INCORPORATED IN 1880, WHOSE MISSION IS TO CREATE A MORE HUMANE SOCIETY WITH THE VISION OF A WORLD WHERE ALL ANIMALS ARE TREATED WITH COMPASSION, KINDNESS AND RESPECT. OHS IS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,087,623. including grants of \$) (Revenue \$ 3,095,922.) SHELTERING AND ADOPTIONS - OHS MERGED WITH WILLAMETTE HUMANE SOCIETY ON JULY 1, 2022. THIS EXPANDED OHS'S ABILITY TO PROVIDE SERVICES TO MORE ANIMALS AND THEIR HUMANS IN OREGON, THE PACIFIC NORTHWEST AND OTHER AREAS OF THE COUNTRY. IN 2023, OHS PLACED 11,595 PETS INTO NEW FAMILIES. THE ANIMALS THAT FOUND NEW HOMES CONSTITUTE AN OVERALL 97% SAVE RATE. THROUGH THE SECOND CHANCE PROGRAM, OHS SAVES MORE LIVES BY ACCEPTING ANIMALS FROM SHELTERS AND ANIMAL CONTROL AGENCIES IN OREGON, CALIFORNIA, WASHINGTON, TEXAS, HAWAII, NEW MEXICO AND LOUISIANA.

CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 5,690,495. including grants of \$) (Revenue \$ 2,632,233.) COMMUNITY VETERINARY SERVICES - DURING THE YEAR ENDED DECEMBER 31, 2023, OHS PERFORMED 16,807 SURGERIES IN THE COMMUNITY VETERINARY HOSPITAL ("CVH") INCLUDING 3,082 SPAY AND NEUTER SURGERIES AND 642 OTHER ESSENTIAL AND EMERGENCY SURGERIES. IN ADDITION, THE CVH PROVIDED 23,651 MEDICAL EXAMS FOR PETS AND HELPED TRAIN 6 OREGON STATE UNIVERSITY VETERINARY STUDENTS AND 28 PORTLAND COMMUNITY COLLEGE CERTIFIED VETERINARY TECHNICIAN STUDENTS.

CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 2,608,264. including grants of \$) (Revenue \$ 326,696.) BEHAVIOR CONSULTATION AND TRAINING - OHS'S EXPERIENCED BEHAVIOR CONSULTATION AND TRAINING TEAM OFFERS A VARIETY OF DOG, PUPPY, CAT AND KITTEN TRAININGS SERVICES AND ARE SUMMARIZED AS FOLLOWS:

- * PROVIDED 541 PRIVATE CONSULTATIONS IN PORTLAND AND 38 IN SALEM
* PUBLIC TRAINING CLASSES OFFERED NUMBERED 330 IN PORTLAND AND 74 IN SALEM
* PEOPLE NUMBERING 2,301 IN PORTLAND AND 250 IN SALEM ATTENDED OHS TRAINING CLASSES AND WORKSHOPS

CONTINUED ON SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,434,943. including grants of \$) (Revenue \$ 168,687.)

4e Total program service expenses 26,821,325.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	383
1b	0
1c	

Part 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 739		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against 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 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	N/A		
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		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	N/A		
	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OR
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (503) 285-7722
1067 N.E. COLUMBIA BOULEVARD, PORTLAND, OR 97211

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 week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON M. HARMON PRESIDENT & CEO	40.00			X			355,305.	0.	71,953.	
(2) GARY KISH VP, LEGACY GIFTS	40.00				X		185,814.	0.	69,150.	
(3) DR. STEPHEN KOCHIS CHIEF MEDICAL OFFICER	40.00				X		202,028.	0.	47,654.	
(4) JENNIFER BAUMANN VP, DEVELOPMENT & CAPITAL	40.00				X		194,121.	0.	27,768.	
(5) JESSICA ANN CARL CHIEF PEOPLE & CULTURE OFFICER	40.00				X		186,930.	0.	21,490.	
(6) CHASE PATTERSON VP, SHELTER OPERATIONS	40.00				X		165,201.	0.	27,777.	
(7) BRIAN AUGUST CHIEF OPERATING OFFICER	40.00			X			136,292.	0.	49,207.	
(8) DIANE ROSENBAUM CHAIR	8.00	X		X			0.	0.	0.	
(9) DAVID H. ANGELI VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) DR. JOHN E. GUSTAVSSON SECRETARY	2.00	X		X			0.	0.	0.	
(11) STEVEN L. GISH TREASURER	3.00	X		X			0.	0.	0.	
(12) MARVEITA REDDING IMMEDIATE PAST CHAIR	1.00	X					0.	0.	0.	
(13) STEVE BLOOM DIRECTOR	1.00	X					0.	0.	0.	
(14) TRACY CRANDALL DIRECTOR	1.00	X					0.	0.	0.	
(15) DEV DION DIRECTOR	1.00	X					0.	0.	0.	
(16) REGINALD R. EKLUND DIRECTOR	1.00	X					0.	0.	0.	
(17) LINDSAY FORD DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN C. GOMEZ DIRECTOR	1.00	X						0.	0.	0.
(19) MARC F. GRIGNON DIRECTOR	1.00	X						0.	0.	0.
(20) DAVE S. HANSEN DIRECTOR	1.00	X						0.	0.	0.
(21) PETER A. JENSEN DIRECTOR	1.00	X						0.	0.	0.
(22) GORDON KEANE DIRECTOR	1.00	X						0.	0.	0.
(23) ADENA LONG DIRECTOR	1.00	X						0.	0.	0.
(24) ROBERT E. MACK, DVM, DACVIM DIRECTOR	1.00	X						0.	0.	0.
(25) ELIZABETH J. MEHREN DIRECTOR	1.00	X						0.	0.	0.
(26) PATTI M. MILES DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,425,691.	0.	314,999.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,425,691.	0.	314,999.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEASE CRUTCHER LEWIS, LLC 550 S.W. 12TH AVENUE, PORTLAND, OR 97205	CONSTRUCTION SERVICES	3,807,244.
AINSWORTH (DELTA CONNECTS), 17400 S.W. UPPER BOONES FERRY RD., STE 230, DURHAM, DVCANVASS, LLC, 11710 PLAZA AMERICA DR., STE 2000, RESTON, VA 20190	TECHNICAL TRADE SERVICES	617,120.
MOREL INK HOLDINGS	FUNDRAISING SERVICES	335,675.
4824 N.E. 42ND AVENUE, PORTLAND, OR 97218	PROMOTIONAL PRODUCTS & PRINTING	314,710.
INNOVATIVE SECURITY SOLUTIONS 795 N. MARINE DRIVE, PORTLAND, OR 97217	SECURITY SERVICES	232,488.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,600,762.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,474,442.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,901,497.				
	h Total. Add lines 1a-1f			22,075,204.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code					
		900099	6,016,362.	6,016,362.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			6,016,362.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		492,238.			492,238.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	503,962.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	503,962.				
	d Net rental income or (loss)			503,962.		503,962.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 1,600,762. of contributions reported on line 1c). See Part IV, line 18	8a		129,468.				
			652,175.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-522,707.		-522,707.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		387,298.				
			180,122.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			207,176.	207,176.			
Miscellaneous Revenue	11 a OTHER	Business Code					
		900099	115,592.			115,592.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			115,592.				
12 Total revenue. See instructions			28,887,827.	6,223,538.	0.	589,085.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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, trustees, and key employees	612,756.	307,274.	232,117.	73,365.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,177,912.	13,063,764.	3,136,803.	1,977,345.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	667,866.	453,275.	149,018.	65,573.
9 Other employee benefits	1,733,071.	1,141,339.	419,172.	172,560.
10 Payroll taxes	1,531,906.	1,006,756.	372,459.	152,691.
11 Fees for services (nonemployees):				
a Management				
b Legal	129,797.	7,981.	94,285.	27,531.
c Accounting	233,146.		233,146.	
d Lobbying	40,870.		40,870.	
e Professional fundraising services. See Part IV, line 17	390,429.			390,429.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	701,435.	40,752.	655,683.	5,000.
12 Advertising and promotion	499,359.	353,960.		145,399.
13 Office expenses	661,257.	12,521.	327,706.	321,030.
14 Information technology	647,618.		647,618.	
15 Royalties				
16 Occupancy	873,069.	32,928.	837,267.	2,874.
17 Travel	278,198.	91,716.	172,664.	13,818.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,270,578.	2,183,050.	48,913.	38,615.
23 Insurance	414,521.	44,292.	370,229.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	2,150,879.	2,148,321.		2,558.
b REPAIRS & MAINTENANCE	888,101.	29,491.	858,610.	
c OTHER	494,351.	136,638.	349,496.	8,217.
d BANK FEES	350,729.	223,547.	4,889.	122,293.
e All other expenses	255,596.	5,543,720.	-5,535,515.	247,391.
25 Total functional expenses. Add lines 1 through 24e	34,003,444.	26,821,325.	3,415,430.	3,766,689.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,128,074.	1	4,432,538.
	2 Savings and temporary cash investments	1,728,041.	2	177,702.
	3 Pledges and grants receivable, net	4,838,175.	3	5,926,729.
	4 Accounts receivable, net	70,876.	4	218,031.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,494,739.	7	1,426,931.
	8 Inventories for sale or use	118,882.	8	147,901.
	9 Prepaid expenses and deferred charges	548,399.	9	694,376.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,535,742.		
	b Less: accumulated depreciation	10b 14,375,348.	61,400,778.	10c 63,160,394.
	11 Investments - publicly traded securities	34,232,535.	11	28,280,104.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,250,538.	15	3,401,624.
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,811,037.	16	107,866,330.	
Liabilities	17 Accounts payable and accrued expenses	4,553,667.	17	2,754,851.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	200,000.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,353,425.	25	2,733,774.
	26 Total liabilities. Add lines 17 through 25	7,107,092.	26	5,488,625.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	89,523,140.	27	83,963,184.
	28 Net assets with donor restrictions	14,180,805.	28	18,414,521.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	103,703,945.	32	102,377,705.
33 Total liabilities and net assets/fund balances	110,811,037.	33	107,866,330.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,887,827.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,003,444.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,115,617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,703,945.
5	Net unrealized gains (losses) on investments	5	3,736,359.
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	53,018.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,377,705.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 _____		

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.)

Section A. Public Support

Calendar 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.")	18,795,812.	18,941,943.	20,939,040.	22,653,926.	22,075,204.	103,405,925.
2 Tax revenues levied for the organization'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	18,795,812.	18,941,943.	20,939,040.	22,653,926.	22,075,204.	103,405,925.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						103,405,925.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18,795,812.	18,941,943.	20,939,040.	22,653,926.	22,075,204.	103,405,925.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,400,367.	1,186,047.	1,245,765.	1,157,972.	996,200.	5,986,351.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	125,463.	14,633.	15,864.	22,409.	115,592.	293,961.
11 Total support. Add lines 7 through 10						109,686,237.
12 Gross receipts from related activities, etc. (see instructions)					12	18,571,451.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.27 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	90.02 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c 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 .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
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.		Yes	No
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.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2019 AMOUNT: \$ 125,463.

2020 AMOUNT: \$ 14,633.

2021 AMOUNT: \$ 15,864.

2022 AMOUNT: \$ 22,409.

2023 AMOUNT: \$ 115,592.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

OREGON HUMANE SOCIETY

Employer identification number

93-0386880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>915,242.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>876,651.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>695,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>641,724.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

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

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

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

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

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

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

Name of organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	40,870.													
c	Total lobbying expenditures (add lines 1a and 1b)	40,870.													
d	Other exempt purpose expenditures	30,195,885.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	30,236,755.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess 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,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess 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,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2 a	Lobbying nontaxable amount	896,739.	930,633.	1,000,000.	1,000,000.	3,827,372.
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,741,058.
c	Total lobbying expenditures	40,800.	40,800.	40,897.	40,870.	163,367.
d	Grassroots nontaxable amount	224,185.	232,658.	250,000.	250,000.	956,843.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,435,265.
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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization OREGON HUMANE SOCIETY Employer identification number 93-0386880

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for each easement.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,953,644.	20,061,379.	20,502,628.	18,189,307.	13,976,680.
b Contributions	70,050.	1,785,051.	1,834,854.	607,566.	1,924,199.
c Net investment earnings, gains, and losses	2,935,203.	-3,082,472.	2,109,144.	2,898,510.	2,916,994.
d Grants or scholarships					
e Other expenditures for facilities and programs	884,195.	810,314.	4,385,247.	1,192,755.	628,566.
f Administrative expenses					
g End of year balance	20,074,702.	17,953,644.	20,061,379.	20,502,628.	18,189,307.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 57.8461 %
 - b** Permanent endowment 42.1539 %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,778,205.		10,778,205.
b Buildings		58,359,076.	10,587,563.	47,771,513.
c Leasehold improvements				
d Equipment		5,969,667.	2,515,171.	3,454,496.
e Other		2,428,794.	1,272,614.	1,156,180.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				63,160,394.

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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) CHARITABLE GIFT ANNUITIES	799,182.
(3) DEFERRED COMPENSATION	1,934,592.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,733,774.

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

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	Total revenue, gains, and other support per audited financial statements	1	32,987,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,736,359.
b	Donated services and use of facilities	2b	310,262.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	53,018.
e	Add lines 2a through 2d	2e	4,099,639.
3	Subtract line 2e from line 1	3	28,887,827.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,887,827.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	34,313,706.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	310,262.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	310,262.
3	Subtract line 2e from line 1	3	34,003,444.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,003,444.

Part XIII Supplemental Information

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

PART V, LINE 4:

DONOR RESTRICTED AND BOARD DESIGNATED FUNDS ARE HELD FOR LONG TERM INVESTMENT. THE ORGANIZATION'S GOAL IS TO CONTINUE TO GROW THE ENDOWMENT TO SUPPORT FUTURE OPERATIONS. THE ENDOWMENT IS MANAGED SIMILAR TO A FOUNDATION. ALTHOUGH MOST FOUNDATIONS DISTRIBUTE 5% ANNUALLY TO SUPPORT PROGRAMS, THE ORGANIZATION USES A RATE OF 4.5% TO PROMOTE THE GROWTH OF THE FUNDS AS WELL AS THE PRESERVATION OF PRINCIPAL WHILE CONTINUING DISTRIBUTIONS TO SUPPORT PROGRAMS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN VALUE OF LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS

-48,920.

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	(b) Event #2	(c) Other events	(d) Total events
		DOGGIE DASH (event type)	TAIL WAG (event type)	9 (total number)	(add col. (a) through col. (c))
Revenue	1	624,328.	376,070.	729,832.	1,730,230.
	2	564,070.	338,095.	698,597.	1,600,762.
	3	60,258.	37,975.	31,235.	129,468.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	311,071.	164,929.	176,175.	652,175.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-522,707.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DONOR VOICE, LLC

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DRIVE, SUITE 2000, RESTON, VA 20190

(I) NAME OF FUNDRAISER: DVCANVASS, LLC

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DRIVE, SUITE 2000, RESTON, VA 20190

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **OREGON HUMANE SOCIETY** Employer identification number **93-0386880**

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b X									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 X									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a X									
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b X									
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7 X									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARON M. HARMON PRESIDENT & CEO	(i)	293,828.	61,477.	0.	61,685.	10,268.	427,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GARY KISH VP, LEGACY GIFTS	(i)	178,164.	7,650.	0.	61,271.	7,879.	254,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. STEPHEN KOCHIS CHIEF MEDICAL OFFICER	(i)	191,878.	10,150.	0.	39,754.	7,900.	249,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER BAUMANN VP, DEVELOPMENT & CAPITAL	(i)	154,909.	7,500.	31,712.	20,689.	7,079.	221,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA ANN CARL CHIEF PEOPLE & CULTURE OFFICER	(i)	179,280.	7,650.	0.	19,863.	1,627.	208,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHASE PATTERSON VP, SHELTER OPERATIONS	(i)	157,551.	7,650.	0.	27,007.	770.	192,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN AUGUST CHIEF OPERATING OFFICER	(i)	70,381.	15,000.	50,911.	42,453.	6,754.	185,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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Part III Supplemental Information

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

PART I, LINE 1A:

OREGON HUMANE SOCIETY (OHS) COVERS SHARON HARMON'S MEMBERSHIP AT THE ARLINGTON CLUB, WHICH IS USED EXCLUSIVELY FOR OHS BUSINESS. THE CLUB IS UTILIZED SEVERAL TIMES A MONTH FOR VARIOUS BOARD COMMITTEE MEETINGS (E.G., BOARD NOMINATING COMMITTEE). MS. HARMON ALSO CONDUCTS DONOR MEETINGS AND OTHER PROFESSIONAL MEETINGS AT THE CLUB, AS ITS CENTRAL DOWNTOWN LOCATION IS MORE CONVENIENT FOR MANY OF OUR WORKING BOARD MEMBERS. THE ARLINGTON CLUB MEMBERSHIP ALSO FACILITATES DONOR PROSPECTING FOR OHS.

PART I, LINES 4A-B:

JENNIFER BAUMANN, VP, DEVELOPMENT & CAPITAL, RECEIVED A SEVERANCE PAYMENT OF \$31,712 IN 2023.

BRIAN AUGUST, CHIEF OPERATING OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$50,911 IN 2023.

OHS SHALL PROVIDE CERTAIN EXECUTIVES WITH THE FOLLOWING EXECUTIVE-LEVEL BENEFITS:

(I) EXECUTIVES ARE PERMITTED TO ALLOCATE A PORTION OF THEIR ELIGIBLE

Part III Supplemental Information

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

EARNINGS INTO OREGON HUMANE SOCIETY'S KEY EXECUTIVES' 457(B) DEFERRED
COMPENSATION PLAN. PARTICIPATION AND ELIGIBILITY FOR THE PLAN ARE GOVERNED
BY THE PLANS OPERATING DOCUMENTS AND MAY BE AMENDED FROM TIME TO TIME.

(II) SHARON HARMON, PRESIDENT AND CEO, CONTINUES TO HAVE DEFERRED
COMPENSATION BENEFITS IN THE FOLLOWING PLANS, INTO WHICH NO ADDITIONAL
AMOUNT MAY BE DEFERRED:

(A) DEFERRED COMPENSATION AGREEMENT, DATED, DECEMBER 22, 1993, AND

(B) OREGON HUMANE SOCIETY DEFERRED COMPENSATION PLAN DATED OCTOBER 4,
2005.

PART I, LINE 7:

(A) PERFORMANCE BONUS. AN ANNUAL PERFORMANCE BONUS MAY BE AWARDED TO THE
PRESIDENT AND CEO FOR PROVIDING EXEMPLARY SERVICE TO AND ON BEHALF OF
OREGON HUMANE SOCIETY. THE PERFORMANCE BONUS MAY NOT EXCEED 10% OF THE
CONTRACT YEAR'S BASE SALARY FOR WHICH THE PERFORMANCE BONUS RELATES.
DETERMINING THE VALUE OF THE BONUS IS BASED ON PERFORMANCE IN THREE KEY
AREAS, OPERATIONS, REVENUE AND NET OPERATING INCOME.

Part III Supplemental Information

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

(B) THE PRESIDENT AND CEO HAS THE ABILITY TO AWARD BONUSES TO KEY
CONTRIBUTORS ANNUALLY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **OREGON HUMANE SOCIETY** Employer identification number **93-0386880**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	477	651,824.	SALES PRICE/COMPARAB
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	38	378,876.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>SUPPLIES</u>)	X	7,042	810,045.	FMV
26	Other (<u>SPECIAL EVENTS</u>)	X	104	60,752.	FMV
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION WORKS WITH A TOWING COMPANY TO SELL VEHICLES DONATED TO THE ORGANIZATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

OREGON HUMANE SOCIETY

Employer identification number

93-0386880

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

THE OREGON HUMANE SOCIETY ("OHS") IS A PRIVATE ANIMAL WELFARE ORGANIZATION, FOUNDED IN 1868 AND INCORPORATED IN 1880, WHOSE MISSION IS TO CREATE A MORE HUMANE SOCIETY WITH THE VISION OF A WORLD WHERE ALL ANIMALS ARE TREATED WITH COMPASSION, KINDNESS AND RESPECT. OHS IS A STAND-ALONE, NONPROFIT ORGANIZATION, OPERATING WITH CAMPUSES IN PORTLAND AND SALEM, OREGON. OHS IS SUPPORTED PRIMARILY BY PRIVATE DONATIONS AND REVENUES GENERATED FROM SERVICES PROVIDED TO CARE AND FIND HOMES FOR HOMELESS ANIMALS, PROTECT ANIMALS FROM CRUELTY AND NEGLECT, PROVIDE ACCESSIBLE VETERINARY CARE AND TRAINING SERVICE, AND EDUCATE THE COMMUNITY ON THE HUMANE TREATMENT OF ANIMALS. NOTABLY, OHS IS NOT AN AFFILIATE OF NATIONAL ANIMAL WELFARE ORGANIZATIONS.

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

A STAND-ALONE, NONPROFIT ORGANIZATION, OPERATING WITH CAMPUSES IN PORTLAND AND SALEM, OREGON. OHS IS SUPPORTED PRIMARILY BY PRIVATE DONATIONS AND REVENUES GENERATED FROM SERVICES PROVIDED TO CARE AND FIND HOMES FOR HOMELESS ANIMALS, PROTECT ANIMALS FROM CRUELTY AND NEGLECT, PROVIDE ACCESSIBLE VETERINARY CARE AND TRAINING SERVICE, AND EDUCATE THE COMMUNITY ON THE HUMANE TREATMENT OF ANIMALS. NOTABLY, OHS IS NOT AN AFFILIATE OF NATIONAL ANIMAL WELFARE ORGANIZATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MANY OF THESE SHELTERS ARE OFTEN OVERWHELMED BY TOO MANY ABANDONED ANIMALS AND TOO FEW ADOPTERS. IN 2023, 6,083 ANIMALS WERE ACCEPTED FROM 59 ORGANIZATIONS.

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

Schedule O (Form 990) 2023

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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LIVE RELEASE RATES FOR 2023

OHS USES LIVE RELEASE RATE (LRR) TO TRACK THE OUTCOME OF ANIMALS THAT ARE BROUGHT INTO ITS SHELTERS. THE LRR ACCURATELY REFLECTS THE MANY OPTIONS FOR PETS THAT COME TO THE SHELTER IN ADDITION TO ADOPTIONS - FOR EXAMPLE, ANIMAL TRANSFERS TO OTHER RESCUE ORGANIZATIONS AND ANIMALS THAT ARE RETURNED TO THEIR OWNERS. THE LRR DOES NOT INCLUDE END-OF-LIFE SERVICES.

- * OHS SAVED A TOTAL OF 11,595 ANIMALS
- * OHS SAVED 3,223 DOGS
- * OHS SAVED 8,123 CATS
- * OHS SAVED 249 SMALL ANIMALS
- * OHS PORTLAND CAMPUS LIVE RELEASE RATE 98%
- * OHS SALEM CAMPUS LIVE RELEASE RATE 95%

LENGTH OF STAY FOR 2023

OHS CALCULATES THE AVERAGE LENGTH OF STAY ("LOS") BY INCLUDING THE DAY OF ARRIVAL THROUGH THE DAY OF DISPOSITION (ADOPTION, TRANSFER, EUTHANASIA OR RETURN TO OWNER). THE LOS REFLECTS THE ENTIRETY OF THE TIME THE ANIMAL WAS IN THE CARE OF THE ORGANIZATION, INCLUDING STRAY ANIMAL HOLDING PERIODS, TIME IN FOSTER CARE, BEHAVIORAL REHABILITATION, AND PROTECTIVE CUSTODY IN CRIMINAL CASES.

- * PORTLAND CAMPUS - DOG LOS AVERAGED 18.3 DAYS (PUPPIES AVERAGED 12.3 DAYS) AND CAT LOS AVERAGED 20.1 DAYS (KITTENS AVERAGED 18.3 DAYS)
- * SALEM CAMPUS - DOG LOS AVERAGED 11.8 DAYS (PUPPIES AVERAGED 9.3 DAYS) AND CAT LOS AVERAGED 14.5 DAYS (KITTENS AVERAGED 17.6 DAYS)

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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ADOPTION OUTREACH

BRINGING PETS OUT INTO THE COMMUNITY FOR ADOPTION IS ANOTHER WAY THAT OHS MAINTAINS A HIGH SAVE RATE. A TOTAL OF 451 ANIMALS FOUND HOMES DIRECTLY THROUGH OUR OUTREACH PROGRAMS.

MEDICAL SERVICES (SHELTER-OWNED PETS AND PETS FROM OTHER RESCUE GROUPS) DURING THE YEAR ENDED DECEMBER 31, 2023, OHS PERFORMED 7,409 SURGERIES IN THE HOLMAN ANIMAL MEDICAL LEARNING CENTER (THE "AMLC") ON THE PORTLAND CAMPUS, INCLUDING 6,833 SPAY AND NEUTER SURGERIES AND 576 OTHER ESSENTIAL AND EMERGENCY SURGERIES. IN ADDITION, THE AMLC PROVIDED 10,575 MEDICAL EXAMS FOR PETS, AND HELPED TRAIN 91 OREGON STATE UNIVERSITY VETERINARY STUDENTS. ON THE SALEM CAMPUS, OHS PERFORMED 6,251 SURGERIES FOR SHELTER PETS, COMMUNITY PETS AND PETS FROM OTHER RESCUE GROUPS.

BEST FRIENDS' CORNER

OHS OPERATES A RETAIL STORE LOCATED IN THE LOBBY OF THE PORTLAND SHELTER. THE STORE STOCKS A VARIETY OF GOODS THAT A NEW ADOPTER MAY NEED TO MAKE THEIR NEW PET FEEL AT HOME. IT ALSO HAS NUMEROUS TRAINING BOOKS AND TOOLS TO IMPROVE PET AND OWNER BEHAVIOR AND TO KEEP THE ANIMAL IN THE HOME.

IN 2023:

* GROSS SALES: \$373,385

* NET LOSS: \$75,338

* PERCENTAGE OF OVERALL SALES ATTRIBUTED TO NEW ADOPTER SALES: 49%

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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VOLUNTEERS

OHS'S VOLUNTEER TEAM CHANGES THE WORLD FOR EACH DOG, CAT, RABBIT, RODENT, OR BIRD THEY HELPED ON A DAILY BASIS. OHS'S VOLUNTEERS MAKE OUR WORK POSSIBLE AND THE LIVES OF OUR ANIMALS AND TEAM BETTER THROUGH SO MANY KIND AND COMPASSIONATE ACTIONS, FROM OFFERING DAILY WALKS, ACCLIMATING ANIMALS TO HUMANS, GETTING ANIMALS SETTLED IN THE SHELTER TO PROVIDING A HELPING HAND TO OUR TEAM. FOSTER CARE HAS CONTRIBUTED SIGNIFICANT TIME TO OHS'S VOLUNTEER HOURS. DONATING 285,135 HOURS OF SERVICE TO ALL PROGRAMS OFFERED AT OHS IN 2023, VOLUNTEERS PROVIDED SERVICES EQUIVALENT TO 137 FULL-TIME EMPLOYEES.

ADULT VOLUNTEERS

* TOTAL VOLUNTEER HOURS - 278,857 (INCLUDING FOSTER VOLUNTEER HOURS)

* TOTAL NUMBER OF INDIVIDUALS VOLUNTEERING THEIR TIME TO OHS WAS 3,244

* VOLUNTEER HOURS FOR GENERAL CARE, BEHAVIOR, AND ENRICHMENT TOTALED 30,318

* OHS HAD 44 TEAMS DEPLOY IN 2023 TO HELP OTHER AGENCIES FOR EMERGENCY ANIMAL SHELTERING

YOUTH AND COMMUNITY GROUPS PROGRAM

* INDIVIDUALS WHO PARTICIPATED IN THE YOUTH VOLUNTEER PROGRAM NUMBERED 127, PROVIDING 6,278 VOLUNTEER HOURS

FOSTER CARE

* THERE WERE 580 FOSTER CARE VOLUNTEER FAMILIES, VOLUNTEERING 199,178 HOURS

* ANIMALS FOSTERED TOTALED 2,811

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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PRIMARY REASONS FOR FOSTER CARE

- * THEY WERE TOO YOUNG FOR ADOPTION
- * THEY WERE NURSING BABY ANIMALS
- * THEY HAD A MEDICAL CONDITION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SALEM CAMPUS - COMMUNITY VETERINARY SERVICES

OHS PROVIDES MEDICAL SERVICES PRIMARILY FOR SHELTER ANIMALS AND SPAY AND NEUTER FOR PETS OF MEMBERS OF THE COMMUNITY AT ITS SALEM CAMPUS. IN 2023, OHS'S SALEM CAMPUS PROVIDED 6,251 SPAY/NEUTER SURGERIES.

- * 2,057 SHELTER PETS
- * 1,294 COMMUNITY CATS
- * 412 PETS FROM OTHER RESCUE GROUPS
- * 2,488 OWNED PETS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

* VOLUNTEER TRAININGS TOTALING 84 INCLUDED 254 VOLUNTEERS WHO ATTENDED THOSE TRAININGS

* 71 DOGS AND 78 CATS WERE HELPED THROUGH THE BEHAVIOR MODIFICATION PROGRAM

* 68 DOGS AND 69 CATS WERE ADOPTED THROUGH THE BEHAVIOR MODIFICATION PROGRAM

* A VOLUME OF 1,675 PHONE CALLS AND EMAILS WERE HANDLED BY THE BEHAVIOR HELP LINE, A FREE SERVICE PROVIDED TO THE COMMUNITY BY OHS

* TOP ISSUES FOR CAT OWNERS: RESIDENT PET INCOMPATIBILITY AND LITTER BOX ISSUES

* TOP ISSUES FOR DOG OWNERS: LEASH REACTIVITY ISSUES, ANXIOUS/FEARFUL

Name of the organization

OREGON HUMANE SOCIETY

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BEHAVIOR, AND ROUGH PLAY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY AND EDUCATION SERVICES - EDUCATING THE COMMUNITY AND PROMOTING ANIMALS AND PROGRAMS ARE CRUCIAL TO HELPING OHS ACHIEVE ITS MISSION OF FINDING A HOME FOR EVERY ANIMAL. IN ADDITION TO A VIBRANT EDUCATION DEPARTMENT, OHS'S COMMUNICATIONS AND MARKETING DEPARTMENT STRIVES TO PROMOTE CRITICAL AND HELPFUL INFORMATION TO THE COMMUNITY THROUGH THE MEDIA, SPECIAL EVENTS, AND REAL-TIME PHOTOS OF ANIMALS AVAILABLE FOR ADOPTION ON OHS'S WEBSITE.

IN 2023:

- * VISITORS TO THE PORTLAND CAMPUS TOTALED 70,185 (ON AVERAGE, 187 PEOPLE VISITED THE OHS PORTLAND CAMPUS EACH DAY - OPEN 357 DAYS)
- * VISITORS TO THE SALEM CAMPUS TOTALED 44,421 (ON AVERAGE, 124 PEOPLE VISITED OHS SALEM CAMPUS EACH DAY - OPEN 358 DAYS)
- * ADOPTIONS AT THE PORTLAND CAMPUS AVERAGED 24 PER DAY
- * ADOPTIONS AT THE SALEM CAMPUS AVERAGED 8.4 PER DAY
- * OHS ISSUED 50 PRESS RELEASES
- * OHS HAD 3,006 TELEVISION, RADIO AND WEB NEWS STORIES
- * OHS HOSTED OR PARTICIPATED IN 55 TOTAL EVENTS
- * OHS'S MAGAZINE REACHED 32,500 READERS EACH QUARTER
- * OHS'S WEBSITE AVERAGED 4,334 DAILY VISITORS AND TOTAL NEW VISITORS TO THE SITE WERE APPROXIMATELY 1,532,472 FOR THE YEAR
- * THE AVERAGE TIME SPENT ON OHS'S WEBSITE WAS FOUR MINUTES

HUMANE EDUCATION

SOMETIMES THE MOST SIGNIFICANT LESSONS ARE LEARNED THROUGH COMPASSION,

Name of the organization

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EMPATHY, AND FIRST HAND EXPERIENCE. OHS STRIVES TO REACH THE HEARTS AND MINDS OF CHILDREN, TEENS, AND ADULTS OHS HAS THE OPPORTUNITY TO MEET.

* HUMANE EDUCATION REACHED 101,396 PEOPLE, INCLUDING 12,811 CHILDREN AND 88,585 ADULTS, OF WHICH 955 OF THOSE PEOPLE BEING REACHED THROUGH VIRTUAL EDUCATION

* HUMANE EDUCATION MADE 38 NON-SCHOOL, OFF-SITE PRESENTATIONS REACHING 1,516 INDIVIDUALS

* SCHOOL VISITS INCLUDED 75 SCHOOLS - 3 VIRTUAL VISITS AND 330 CLASSROOMS VISITED WITH 6,672 INDIVIDUALS REACHED

* ELEVEN WEEKS OF SUMMER CAMP SESSIONS WERE ATTENDED BY 337 TOTAL CAMPERS

* SIXTEEN AFTER-SCHOOL CLUBS HAD 274 POINTS OF IMPACT

* 74 IN-SHELTER TOURS REACHED 2,094 INDIVIDUALS

EXPENSES \$ 2,292,445. INCLUDING GRANTS OF \$ 0. REVENUE \$ 160,110.

HUMANE LAW ENFORCEMENT AND RESCUE - OHS HAS TWO HUMANE SPECIAL AGENTS WHO ARE COMMISSIONED BY THE SUPERINTENDENT OF OREGON STATE POLICE TO ENFORCE OREGON'S TOUGH ANIMAL CRUELTY LAWS STATEWIDE. OHS HAS OFFICERS IN THE COMMUNITY HANDLING A VARIETY OF ANIMAL WELFARE COMPLAINTS. IN 2023, THERE WERE 3,886 CALLS AND E-MAIL MESSAGES TO OHS'S CRUELTY COMPLAINT LINE AND WEBSITE. HUMANE SPECIAL AGENTS TRAVELED ACROSS OREGON TO INVESTIGATE 542 NEW CASES OF ANIMAL CRUELTY LEADING TO 466 ANIMALS BEING SEIZED OR REMOVED FROM HARM'S WAY AND 12 CRIMINAL CASES. THE HUMANE LAW ENFORCEMENT DEPARTMENT ALSO ASSISTED CRIMINAL JUSTICE PARTNERS 191 TIMES AND PROVIDED 89 VETERINARY FORENSIC SERVICES FOR CASES INVESTIGATED BY OHS AND OTHER LAW ENFORCEMENT AGENCIES. IN

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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TOTAL, 1,911 ANIMALS WERE HELPED BY OHS'S HUMANE LAW ENFORCEMENT DEPARTMENT IN 2023. OHS'S GOAL IS TO SAVE LIVES AND ENHANCE THE RELATIONSHIP BETWEEN PEOPLE AND THEIR PETS, WHILE ENSURING THAT THE ROUGHLY TWO MILLION PETS IN THE REGION ARE PROTECTED FROM ABUSE OR NEGLECT.

RESCUE

OHS TECHNICAL ANIMAL RESCUE ("OHSTAR") MEMBERS WITH ANIMAL FIRST-AID AND RESCUE TRAINING ARE AVAILABLE TO RESPOND TO ANIMAL RESCUE SITUATIONS THAT REQUIRE CRITICAL TECHNICAL SKILLS. OHS STAFF AND VOLUNTEERS DEPLOYED 44 TIMES TO AID IN EMERGENCY SITUATIONS. THE OHSTAR TEAM ENRICHES OHS'S MISSION THROUGH SAVING LIVES AND ENHANCING THE RELATIONSHIP BETWEEN PEOPLE AND THEIR PETS.

EXPENSES \$ 1,142,498. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,577.

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

THE FINANCE COMMITTEE DISCUSSES THE DRAFT FORM 990 PRIOR TO FILING. A COPY IS THEN SENT TO EACH MEMBER OF THE FULL BOARD FOR COMMENT AT THE NEXT REGULARLY SCHEDULED BOARD MEETING BEFORE FILING THE FORM.

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

BOARD OFFICERS, EXECUTIVES, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AT THE TIME THE CONFLICT OCCURS OR THROUGH THE ANNUAL DISCLOSURE PROCESS. SHOULD BOARD MEMBERS HAVE A CONFLICT OF INTEREST, THEY WOULD BE REMOVED FROM BOARD OR THE CONFLICT WOULD BE DISCLOSED TO THE BOARD FOR DISCUSSION AND RESOLUTION. A SIMILAR PROCESS OCCURS FOR EXECUTIVES, DIRECTORS AND KEY EMPLOYEES.

Name of the organization

OREGON HUMANE SOCIETY

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

THE PRESIDENT & CEO'S COMPENSATION IS FIXED BY CONTRACT. THE ORGANIZATION BENCHMARKS COMPENSATION INFORMATION FROM A VARIETY OF SOURCES, INCLUDING ANIMAL SHELTERS THROUGHOUT THE UNITED STATES. THE COMPENSATION COMMITTEE IN PARTNERSHIP WITH THE VP - PEOPLE & CULTURE MAKES RECOMMENDATIONS FOR THE PRESIDENT & CEO'S COMPENSATION TO THE EXECUTIVE COMMITTEE. IMPORTANT FACTORS THAT ARE CONSIDERED INCLUDE PERFORMANCE METRICS SET BY THE COMMITTEE RELATED TO MISSION BASED ACCOMPLISHMENTS. AFTER APPROVAL BY THE EXECUTIVE COMMITTEE, THE BOARD CHAIR SIGNS THE CONTRACT WITH THE PRESIDENT & CEO, ON BEHALF OF THE BOARD OF DIRECTORS UPON APPROVAL BY THE BOARD.

MS. SHARON HARMON, PRESIDENT & CEO, IS PRESENTLY UNDER CONTRACT UNTIL DECEMBER 31, 2026. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, IN COLLABORATION WITH LEGAL COUNSEL AND THE BOARD COMPENSATION COMMITTEE, NEGOTIATED AND AGREED UPON A FOUR-YEAR CONTRACT. THIS CONTRACT IS IN EFFECT FROM JANUARY 1, 2023, THROUGH DECEMBER 31, 2026.

THE ORGANIZATION REVIEWS OVERALL COMPENSATION STRATEGY FOR ALL EMPLOYEES. BASED ON MARKET SALARY INFORMATION, THE ORGANIZATION ESTABLISHES COMPETITIVE SALARY RANGES FOR ALL EMPLOYEES, INCLUDING THE EXECUTIVE TEAM. ALL SALARIES ARE APPROVED BY THE VP, PEOPLE & CULTURE, WITHIN THE APPROVED RANGES. THE FINANCE COMMITTEE AND BOARD APPROVE COMPENSATION IN CONJUNCTION WITH THE ANNUAL BUDGET APPROVAL. ALL EMPLOYEES ARE GIVEN ANNUAL PERFORMANCE REVIEWS; DOCUMENTATION IS MAINTAINED IN EACH EMPLOYEE'S PERSONNEL FILE.

IN 2022, CHIEF PEOPLE & CULTURE OFFICER ENLISTED AN OUTSIDE CONSULTANT TO CREATE NEW SALARY BANDS AND STRUCTURE FOR ALL POSITIONS WITHIN OHS. AS PART

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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OF THE PROCESS, WE DEFINED OUR "MARKET FOR TALENT" AS NONPROFIT, FOR-PROFIT, HIGHER EDUCATION, VETERINARY MEDICINE, AND ANIMAL WELFARE. OHS USED COMPETITIVE MARKET SALARY DATA FROM COMPARABLE SECTORS AS AVAILABLE TO DETERMINE BASE SALARIES FOR SPECIFIC ROLES AND FUNCTIONS. THE PEOPLE & CULTURE TEAM WORKS WITH AN OUTSIDE CONSULTANT TO REVIEW BANDS AND ENSURE THEY REMAIN COMPETITIVE FOR ATTRACTING AND RETAINING TALENT.

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

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. FINANCIAL INFORMATION IS ALSO PUBLISHED IN THE ANNUAL REPORT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET CHANGE IN THE VALUE OF LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	-48,920.
NET CHANGE IN THE VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	101,938.
TOTAL TO FORM 990, PART XI, LINE 9	53,018.