

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1296
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2025
 Open to Public Inspection

A For the **2025** 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 OREGON HUMANE		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 \$ 47,522,028.
	1067 NE 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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JESSICA CARL SAME AS C ABOVE		If "No," attach a list. See instructions	
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: THE OREGON HUMANE SOCIETY ("OHS") IS A PRIVATE ANIMAL WELFARE ORGANIZATION, FOUNDED IN 1868
	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 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a) 5 877
	6 Total number of volunteers (estimate if necessary) 6 2769
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 30,069,497. Prior Year 27,366,687. Current Year
	9 Program service revenue (Part VIII, line 2g) 6,840,481. 6,840,481. 8,314,298.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,181,169. 2,181,169. 1,587,718.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 636,428. 636,428. 195,185.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,727,575. 39,727,575. 37,463,888.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,930,271. 24,930,271. 28,018,088.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 296,597. 296,597. 256,103.
	b Total fundraising expenses (Part IX, column (D), line 25) 4,151,818.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,288,977. 11,288,977. 12,384,009.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 36,515,845. 36,515,845. 40,658,200.	
19 Revenue less expenses. Subtract line 18 from line 12 3,211,730. 3,211,730. -3,194,312.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 112,776,068. Beginning of Current Year 113,761,647. End of Year
	21 Total liabilities (Part X, line 26) 6,387,331. 6,387,331. 6,549,532.
	22 Net assets or fund balances. Subtract line 21 from line 20 106,388,737. 106,388,737. 107,212,115.

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 DEVEREAUX DION, CHAIR		Date	
	Type or print name and title			
Paid Preparer Use Only	Preparer's name NICHOLAS MURRAY	Preparer's signature NICHOLAS MURRAY	Date 05/15/26	Check if self-employed <input type="checkbox"/> PTIN P01939612
	Firm's name PERKINS & COMPANY, PC	Firm's address 1211 SW FIFTH AVE, SUITE 1000 PORTLAND, OR 97204	Firm's EIN 93-0928924	Phone no. (503) 221-0336

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 \$ 18,698,818. including grants of \$) (Revenue \$ 4,053,417.) SHELTERING AND ADOPTIONS: IN 2025, OHS PLACED 12,478 PETS WITH NEW FAMILIES IN OREGON, THE PACIFIC NORTHWEST, AND BEYOND. THE ANIMALS THAT FOUND NEW HOMES CONSTITUTE AN OVERALL LIVE RELEASE RATE (LRR) OF 97%. THROUGH THE SECOND CHANCE PROGRAM, OHS SAVES MORE LIVES BY ACCEPTING ANIMALS FROM SHELTERS, NONPROFIT RESCUE GROUPS, AND ANIMAL SERVICE AGENCIES ACROSS OREGON AS WELL AS PARTNER SHELTERS IN OTHER STATES SUCH AS CALIFORNIA, WASHINGTON, HAWAII, LOUISIANA, AND TEXAS. MANY OF THESE SHELTERS ARE OFTEN UNDER-RESOURCED AND STRUGGLE WITH TOO MANY ANIMALS AND TOO FEW ADOPTERS. IN 2025, 7,017 ANIMALS WERE ACCEPTED FROM 62 PARTNER ORGANIZATIONS.

LIVE RELEASE RATES FOR 2025: OHS USES LIVE RELEASE RATE (LRR) TO TRACK

4b (Code:) (Expenses \$ 7,970,882. including grants of \$) (Revenue \$ 3,974,283.) COMMUNITY VETERINARY SERVICES: DURING THE YEAR ENDING DEC. 31, 2025, OHS HAD 18,448 PATIENT VISITS TO THE COMMUNITY VETERINARY HOSPITAL (CVH) INCLUDING 283 SPAY AND NEUTER SURGERIES, 339 DENTAL PROCEDURES AND 553 OTHER URGENT SURGERIES AND PROCEDURES. IN ADDITION, OHS PROVIDED \$2,007,773 IN FINANCIAL ASSISTANCE FOR VETERINARY CARE.

SALEM CAMPUS - VETERINARY SERVICES: OHS SALEM CAMPUS PROVIDES MEDICAL SERVICES PRIMARILY FOR SHELTER ANIMALS, PLUS SPAY/NEUTER FOR OWNED CATS, COMMUNITY CATS, AND PETS FROM OTHER RESCUE GROUPS. IN 2025, THE SALEM CAMPUS PROVIDED 5,842 SURGERIES. THIS INCLUDED SPAY/NEUTER SURGERY FOR 2,460 SHELTER PETS, 1,121 COMMUNITY CATS, 1,847 OWNED PETS, PLUS 232 PETS FROM OTHER RESCUE GROUPS.

4c (Code:) (Expenses \$ 2,726,092. including grants of \$) (Revenue \$ 130,555.) COMMUNITY AND EDUCATION SERVICES: FOSTERING SKILLS AND UNDERSTANDING THAT ENHANCE CONNECTION BETWEEN ANIMALS AND HUMANS IS CENTRAL TO OHS WORK. ADDITIONALLY, OHS 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 WWW.OREGONHUMANE.ORG.

IN 2025: VISITORS TO THE OHS PORTLAND CAMPUS TOTALED 64,786 (ON AVERAGE, 180 PEOPLE VISITED THE PORTLAND CAMPUS EACH DAY). VISITORS TO THE SALEM CAMPUS TOTALED 49,514. ADOPTIONS AT THE PORTLAND CAMPUS AVERAGED 25 PER DAY. ADOPTIONS AT THE SALEM CAMPUS AVERAGED 10 PER DAY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,310,134. including grants of \$) (Revenue \$ 393,735.)

4e Total program service expenses 32,705,926.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (877 employees), 2b (federal employment tax returns), 3a (unrelated business gross income), 4a (foreign financial accounts), 5a (prohibited tax shelter transactions), 6a (annual gross receipts), 7 (organizations receiving deductible contributions), 8 (sponsoring organizations), 9 (sponsoring organizations), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a (indoor tanning services), 15 (section 4960 tax), 16 (section 4968 excise tax), 17 (Section 501(c)(21) organizations).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... 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; 16b 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?

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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TIM GWYNN - 503-285-7722
1067 NE 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 THROUGH 03/2025	40.00			X				553,551.	0.	28,163.
(2) JESSICA ANN CARL CO-INTERIM CEO/CPCO	40.00			X				251,217.	0.	41,591.
(3) GARY KISH VP LEGACY GIFTS THROUGH 10/2025	40.00			X				262,072.	0.	21,297.
(4) STEPHEN KOCHIS, DVM CO-INTERIM CEO/CMO	40.00			X				250,666.	0.	28,290.
(5) TIM GWYNN CHIEF FINANCIAL OFFICER	40.00			X				190,040.	0.	49,963.
(6) TIFFINI MUELLER CHIEF ADVANCEMENT OFFICER	40.00			X				211,124.	0.	27,456.
(7) FRANCI FORMAN, DVM MEDICAL DIRECTOR, CVH	40.00					X		151,832.	0.	22,811.
(8) CHRISTOPHER ALLORI CHIEF OF HUMANE LAW ENFORCEMENT	40.00					X		152,571.	0.	8,801.
(9) SARA LIVESAY, DVM LEAD VETERINARIAN	40.00					X		134,255.	0.	26,140.
(10) MAIA TITCOMB, DVM VETERINARIAN	40.00					X		133,229.	0.	25,732.
(11) KANDACE HENRY, DVM LEAD VETERINARIAN	40.00					X		133,506.	0.	22,558.
(12) CHASE PATTERSON VP SHELTER OPS THROUGH 03/2025	40.00			X				82,101.	0.	4,355.
(13) DEV DION CHAIR	8.00	X		X				0.	0.	0.
(14) PATTI M MILES VICE CHAIR	1.00	X		X				0.	0.	0.
(15) ERIC PIESNER SECRETARY	2.00	X		X				0.	0.	0.
(16) STEVEN L GISH TREASURER	3.00	X		X				0.	0.	0.
(17) DAVID H ANGELI 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) TRACY CRANDALL DIRECTOR	1.00	X						0.	0.	0.
(19) LINNEA DINATALE DIRECTOR AS OF 04/2025	1.00	X						0.	0.	0.
(20) REGINALD R EKLUND DIRECTOR THROUGH 07/2025	1.00	X						0.	0.	0.
(21) KITTY FIRTH DIRECTOR AS OF 04/2025	1.00	X						0.	0.	0.
(22) RYAN FITZGERALD DIRECTOR AS OF 04/2025	1.00	X						0.	0.	0.
(23) JOHN C GOMEZ DIRECTOR THROUGH 04/2025	1.00	X						0.	0.	0.
(24) DR JOHN E GUSTAVSSON DIRECTOR THROUGH 01/2025	1.00	X						0.	0.	0.
(25) GLENNA HERBERT DIRECTOR AS OF 04/2025	1.00	X						0.	0.	0.
(26) ADENA LONG DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,506,164.	0.	307,157.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,506,164.	0.	307,157.

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 35

	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>		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>	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>		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
DMC MECHANICAL LLC PO BOX 7366, BEAVERTON, OR 97007	TECHNICAL TRADE SERVICES	770,239.
MOREL INK HOLDINGS 4824 NE 42ND AVENUE, PORTLAND, OR 97218	PROMOTIONAL PRODUCTS AND PRINTING	373,176.
PB& LLC 600 1ST AVENUE #600A, SEATTLE, WA 98104	BRAND STRATEGY AND DEVELOPMENT	250,000.
INNOVATIVE SECURITY SOLUTIONS 795 N. MARINE DRIVE, PORTLAND, OR 97217	SECURITY SERVICES	213,119.
DVCANVASS, LLC, 11710 PLAZA AMERICA DRIVE, STE 2000, RESTON, VA 20190	FUNDRAISING SERVICES	157,625.

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 20

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	1,713,444.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,913,362.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	22,739,881.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,128,146.			
	h	Total. Add lines 1a-1f		27,366,687.			
	Program Service Revenue	2 a	SHELTERING & ADOPTIONS	Business Code			
			812910	4,053,417.	4,053,417.		
b		VETERINARY SERVICES	541940	3,974,283.	3,974,283.		
c		OTHER SERVICES	813312	156,043.	156,043.		
d		EDUCATION	813312	130,555.	130,555.		
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		8,314,298.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		986,490.		986,490.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				338,385.			
	b	Less: rental expenses ...	6b	120,612.			
	c	Rental income or (loss)	6c	217,773.			
	d	Net rental income or (loss)		217,773.		217,773.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				8,811,390.	788,550.		
	b	Less: cost or other basis and sales expenses	7b	8,096,585.	902,127.		
	c	Gain or (loss)	7c	714,805.	-113,577.		
	d	Net gain or (loss)		601,228.		601,228.	
8 a	Gross income from fundraising events (not including \$ 1,713,444. of contributions reported on line 1c). See Part IV, line 18						
			414,493.				
		8a					
b	Less: direct expenses	8b	734,061.				
c	Net income or (loss) from fundraising events		-319,568.		-319,568.		
9 a	Gross income from gaming activities. See Part IV, line 19						
			36,624.				
		9a					
b	Less: direct expenses	9b	22,755.				
c	Net income or (loss) from gaming activities		13,869.		13,869.		
10 a	Gross sales of inventory, less returns and allowances						
			419,692.				
		10a					
b	Less: cost of goods sold	10b	182,000.				
c	Net income or (loss) from sales of inventory		237,692.	237,692.			
Miscellaneous Revenue	11 a	OTHER	Business Code				
			900099	45,419.		45,419.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		45,419.				
12	Total revenue. See instructions		37,463,888.	8,551,990.	0.	1545211.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,001,887.	918,537.	470,699.	612,651.
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	20,764,992.	17,191,713.	1,820,262.	1,753,017.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	914,205.	720,027.	119,959.	74,219.
9 Other employee benefits	2,583,106.	1,989,894.	357,028.	236,184.
10 Payroll taxes	1,753,898.	1,378,187.	146,283.	229,428.
11 Fees for services (nonemployees):				
a Management				
b Legal	98,650.	40,169.	58,481.	
c Accounting	68,214.	27,257.	39,863.	1,094.
d Lobbying	50,506.	20,510.	29,996.	
e Professional fundraising services. See Part IV, line 17	256,103.			256,103.
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.)	913,951.	637,434.	276,517.	
12 Advertising and promotion	661,068.	495,187.	3,402.	162,479.
13 Office expenses	1,308,520.	650,635.	95,582.	562,303.
14 Information technology	770,227.	743,740.	26,487.	
15 Royalties				
16 Occupancy	1,339,711.	1,235,376.	75,088.	29,247.
17 Travel	376,903.	328,704.	26,602.	21,597.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	55,745.	43,214.	9,659.	2,872.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,588,332.	2,280,680.	147,094.	160,558.
23 Insurance	310,422.	261,614.	41,400.	7,408.
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	2,562,508.	2,553,566.	8,234.	708.
b REPAIRS & MAINTENANCE	1,033,398.	1,004,066.	13,680.	15,652.
c MISCELLANEOUS	162,943.	121,142.	19,774.	22,027.
d LICENSES & FEES	82,911.	64,274.	14,366.	4,271.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	40,658,200.	32,705,926.	3,800,456.	4,151,818.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	240,803.	1	816,563.
	2 Savings and temporary cash investments	5,002,894.	2	5,373,254.
	3 Pledges and grants receivable, net	4,080,665.	3	4,308,043.
	4 Accounts receivable, net	507,983.	4	207,367.
	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	1,412,947.	7	1,371,617.
	8 Inventories for sale or use	47,664.	8	72,318.
	9 Prepaid expenses and deferred charges	765,675.	9	634,006.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,741,889.		
	b Less: accumulated depreciation	10b 19,447,376.		
	11 Investments - publicly traded securities	62,804,618.	10c	61,294,513.
	12 Investments - other securities. See Part IV, line 11	34,593,255.	11	36,080,298.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,319,564.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	112,776,068.	15	3,603,668.	
		16	113,761,647.	
Liabilities	17 Accounts payable and accrued expenses	2,704,306.	17	2,681,846.
	18 Grants payable		18	
	19 Deferred revenue	154,687.	19	178,052.
	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		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	3,528,338.	25	3,689,634.
	26 Total liabilities. Add lines 17 through 25	6,387,331.	26	6,549,532.
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	87,289,882.	27	85,630,985.
	28 Net assets with donor restrictions	19,098,855.	28	21,581,130.
	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	106,388,737.	32	107,212,115.
	33 Total liabilities and net assets/fund balances	112,776,068.	33	113,761,647.

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	37,463,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,658,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,194,312.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,388,737.
5	Net unrealized gains (losses) on investments	5	3,893,030.
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	124,660.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	107,212,115.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20939040.	22653926.	22075204.	30069497.	27366687.	123104354
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	20939040.	22653926.	22075204.	30069497.	27366687.	123104354
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)						2954792.
6 Public support. Subtract line 5 from line 4.						120149562

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	20939040.	22653926.	22075204.	30069497.	27366687.	123104354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1245765.	1157972.	996,200.	1957753.	1324875.	6682565.
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.)	15,864.	22,409.	115,592.	76,111.	45,419.	275,395.
11 Total support. Add lines 7 through 10						130062314
12 Gross receipts from related activities, etc. (see instructions)					12	28,301,169.
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 2025 (line 6, column (f), divided by line 11, column (f))	14	92.38	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	91.70	%
16a 33 1/3% support test - 2025. 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 - 2024. 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 - 2025. 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 - 2024. 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

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2025. 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 - 2024. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below. Sub-rows a, b, c.

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 (<i>explain in detail in Part VI</i>):		
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 - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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 INCOME

2021 AMOUNT: \$ 15,864.
 2022 AMOUNT: \$ 22,409.
 2023 AMOUNT: \$ 115,592.
 2024 AMOUNT: \$ 76,111.
 2025 AMOUNT: \$ 45,419.

Schedule B (Form 990)

(Rev. December 2024) 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

Table with 2 columns: Name of the organization (OREGON HUMANE SOCIETY) and Employer identification number (93-0386880)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

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

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>2,913,362.</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>1,240,694.</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>828,414.</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>706,000.</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>640,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <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
--	---

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
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>640,720.</u>	<u>03/05/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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 D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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	23,571,202.	20,074,702.	17,953,644.	20,061,379.	20,502,628.
b Contributions	1,367,599.	2,200,000.	70,050.	1,785,051.	1,834,854.
c Net investment earnings, gains, and losses	4,216,260.	2,209,636.	2,935,203.	-3,082,472.	2,109,144.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,648,106.	913,136.	884,195.	810,314.	4,385,247.
f Administrative expenses					
g End of year balance	27,506,955.	23,571,202.	20,074,702.	17,953,644.	20,061,379.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 52.3350 %
 - b Permanent endowment 47.6650 %
 - c Term endowment .0000 %
- 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? <input type="checkbox"/> | 3b | |
- 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		59,707,555.	14,160,300.	45,547,255.
c Leasehold improvements				
d Equipment		7,808,713.	3,667,478.	4,141,235.
e Other		2,447,416.	1,619,598.	827,818.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				61,294,513.

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) DEFERRED COMPENSATION	2,487,051.
(3) CHARITABLE GIFT ANNUITIES	1,202,583.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,689,634.

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	41,849,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	3,893,030.	
	b Donated services and use of facilities	2b	99,995.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	124,660.	
	e Add lines 2a through 2d	2e		4,117,685.
3	Subtract line 2e from line 1		3	37,731,841.
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	-267,953.	
	c Add lines 4a and 4b	4c		-267,953.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	37,463,888.

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	41,026,148.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	99,995.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	267,953.	
	e Add lines 2a through 2d	2e		367,948.
3	Subtract line 2e from line 1		3	40,658,200.
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	40,658,200.

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 X, LINE 2:

OHS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. OHS MAY BE SUBJECT TO TAX ON INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE. DURING THE YEARS ENDED DECEMBER 31, 2025 AND 2024, NO SUCH UNRELATED BUSINESS TAXABLE INCOME WAS REPORTED AND, THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. OHS FOLLOWS U.S. GAAP RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS AND RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS IN THE STATEMENT OF ACTIVITIES WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT OHS HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2025 OR 2024 AND, THEREFORE, NO AMOUNTS HAVE BEEN ACCRUED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN VALUE OF LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS -38,125.
 NET CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 162,785.
 TOTAL TO SCHEDULE D, PART XI, LINE 2D 124,660.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES -147,341.
 DIRECT RENTAL EXPENSES -120,612.
 TOTAL TO SCHEDULE D, PART XI, LINE 4B -267,953.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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 (add col. (a) through col. (c))	
		TAIL WAG (event type)	DOGGIE DASH (event type)	7 (total number)		
Revenue	1	Gross receipts	662,517.	626,036.	839,384.	2,127,937.
	2	Less: Contributions	509,597.	541,860.	661,987.	1,713,444.
	3	Gross income (line 1 minus line 2)	152,920.	84,176.	177,397.	414,493.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	178,323.	261,063.	294,675.	734,061.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				734,061.
11	Net income summary. Subtract line 10 from line 3, column (d)				-319,568.	

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	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			9,900.	9,900.
	4	Rent/facility costs				
	5	Other direct expenses			12,855.	12,855.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				22,755.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				13,869.	

9 Enter the state(s) in which the organization conducts gaming activities: OR

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	.00	%
b An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name SHELBY HOLLENBECK

Address 1067 NE COLUMBIA BLVD - PORTLAND, OR 97211

- 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 the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name SHELBY HOLLENBECK

Gaming manager compensation \$ 2,800.

Description of services provided MANAGED RAFFLES AT ALL EVENTS THAT INCLUDED GAMING.

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.

PART I, LINE 2B

THE ORGANIZATION DOES NOT MAINTAIN ITS BOOKS AND RECORDS IN A MANNER THAT TRACKS GROSS RECEIPTS ATTRIBUTABLE TO EACH INDIVIDUAL FUNDRAISER. ACCORDINGLY, GROSS RECEIPTS CANNOT BE REASONABLY ALLOCATED AND NO AMOUNTS ARE REPORTED FOR INDIVIDUAL FUNDRAISERS IN SCHEDULE G, PART I, LINE 2B.

DURING THE YEAR ENDED 2025, THE ORGANIZATION RECEIVED \$857,329 IN CONTRIBUTIONS ATTRIBUTABLE TO DIRECT MAIL FUNDRAISING ACTIVITIES IN THE AGGREGATE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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	
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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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) (Rev. 12-2024)

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 THROUGH 03/2025	(i)	133,968.	38,596.	380,987.	20,603.	7,560.	581,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESSICA ANN CARL CO-INTERIM CEO/CPCO	(i)	241,217.	10,000.	0.	14,327.	27,264.	292,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY KISH VP LEGACY GIFTS THROUGH 10/2025	(i)	163,426.	10,137.	88,509.	9,253.	12,044.	283,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN KOCHIS, DVM CO-INTERIM CEO/CMO	(i)	245,666.	5,000.	0.	12,234.	16,056.	278,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TIM GWYNN CHIEF FINANCIAL OFFICER	(i)	180,040.	10,000.	0.	9,555.	40,408.	240,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIFFINI MUELLER CHIEF ADVANCEMENT OFFICER	(i)	206,124.	5,000.	0.	8,507.	18,949.	238,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FRANCI FORMAN, DVM MEDICAL DIRECTOR, CVH	(i)	146,832.	5,000.	0.	5,920.	16,891.	174,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTOPHER ALLORI CHIEF OF HUMANE LAW ENFORCEMENT	(i)	147,571.	5,000.	0.	8,467.	334.	161,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SARA LIVESAY, DVM LEAD VETERINARIAN	(i)	134,255.	0.	0.	7,353.	18,787.	160,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MAIA TITCOMB, DVM VETERINARIAN	(i)	125,904.	7,325.	0.	6,804.	18,928.	158,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KANDACE HENRY, DVM LEAD VETERINARIAN	(i)	133,506.	0.	0.	7,420.	15,138.	156,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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) COVERED SHARON HARMON'S MEMBERSHIP AT THE ARLINGTON CLUB, WHICH WAS USED EXCLUSIVELY FOR OHS BUSINESS. THE CLUB WAS UTILIZED SEVERAL TIMES A MONTH FOR VARIOUS BOARD COMMITTEE MEETINGS (E.G., BOARD NOMINATING COMMITTEE). MS. HARMON ALSO CONDUCTED DONOR MEETINGS AND OTHER PROFESSIONAL MEETINGS AT THE CLUB, AS ITS CENTRAL DOWNTOWN LOCATION WAS MORE CONVENIENT FOR MANY OF THE WORKING BOARD MEMBERS. THE ARLINGTON CLUB MEMBERSHIP FACILITATED DONOR PROSPECTING FOR OHS. THE MEMBERSHIP WAS CANCELED AS OF MARCH 2025.

PART I, LINES 4A-B:

SHARON HARMON RECEIVED A SEVERANCE PAYMENT OF \$320,563 AND A DEFERRED COMPENSATION DISTRIBUTION OF \$50,000 PURSUANT TO A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT.

GARY KISH RECEIVED A SEVERANCE PAYMENT OF \$46,509 PURSUANT TO A VOLUNTARY SEPARATION AND A DEFERRED COMPENSATION DISTRIBUTION OF \$42,000 PURSUANT TO A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT.

CHASE PATTERSON RECEIVED A SEVERANCE PAYMENT OF \$45,018 PURSUANT TO A VOLUNTARY SEPARATION.

OHS SHALL PROVIDE CERTAIN EXECUTIVES WITH THE FOLLOWING EXECUTIVE-LEVEL BENEFITS: (I) EXECUTIVES ARE PERMITTED TO ALLOCATE A PORTION OF THEIR ELIGIBLE EARNINGS INTO OREGON HUMANE SOCIETY'S KEY EXECUTIVE'S 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, 2025.

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 THE 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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	454	784,850.	SALES PRICE/COMP
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	53	1,502,380.	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	3,772	706,581.	FMV
26 Other (<u>SPECIAL EVENTS</u>)	X	170	134,335.	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 Acknowledgment **29** **0**

	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) 2025 Created 12/29/25

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, PART I, LINE 32B:
THE ORGANIZATION WORKS WITH A TOWING COMPANY TO SELL VEHICLES DONATED TO THE ORGANIZATION.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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:

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 STANDALONE, 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 STANDALONE, 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:

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 RELEASED A TOTAL OF 12,904 ANIMALS.

OHS OVERALL LRR: 97%

PORTLAND CAMPUS LIVE RELEASE RATE: 98%

SALEM CAMPUS LIVE RELEASE RATE: 95%

LENGTH OF STAY FOR 2025: 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 LOS:

DOG LOS AVERAGED 17.5 DAYS (PUPPIES AVERAGED 9.3 DAYS)

CAT LOS AVERAGED 13.1 DAYS (KITTENS AVERAGED 16.2 DAYS)

SALEM CAMPUS LOS:

DOG LOS AVERAGED 10.1 DAYS (PUPPIES AVERAGED 10.6 DAYS)

CAT LOS AVERAGED 16.3 DAYS (KITTENS AVERAGED 21.7 DAYS)

OFF-SITE ADOPTION: BRINGING PETS OUT INTO THE COMMUNITY FOR ADOPTION IS ANOTHER WAY THAT OHS MAINTAINS A HIGH LRR. A TOTAL OF 373 ANIMALS FOUND HOMES DIRECTLY THROUGH OUR OFF-SITE ADOPTION EVENTS.

MEDICAL SERVICES - HOLMAN ANIMAL MEDICAL LEARNING CENTER: DURING THE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization OREGON HUMANE SOCIETY	Employer identification number 93-0386880
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YEAR ENDED DECEMBER 31, 2025, OREGON HUMANE PERFORMED 11,921 SURGERIES IN THE HOLMAN ANIMAL MEDICAL LEARNING CENTER (AMLC) ON THE PORTLAND CAMPUS, INCLUDING 6,272 SPAY/NEUTER SURGERIES FOR SHELTER PETS, 4,980 SPAY/NEUTER SURGERIES FOR OWNED PETS THROUGH THE SPAY & SAVE PROGRAM, PLUS 669 OTHER ESSENTIAL AND EMERGENCY SURGERIES. IN ADDITION, THE AMLC PROVIDED 13,221 MEDICAL EXAMS FOR PETS, AND HELPED TRAIN 115 OREGON STATE UNIVERSITY VETERINARY STUDENTS.

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.

IN 2025:

GROSS SALES: \$420,455

NET LOSS: \$61,299.46 (AFTER DEPRECIATION AND ALLOCATIONS)

VOLUNTEERS: OHS VOLUNTEERS CHANGE THE WORLD FOR EACH DOG, CAT, RABBIT, RODENT, OR BIRD THEY HELP. 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 SIGNIFICANTLY TO OREGON HUMANE'S VOLUNTEER HOURS. DONATING 416,720 HOURS OF SERVICE TO ALL PROGRAMS OFFERED AT OHS IN 2025, VOLUNTEERS PROVIDED SERVICES EQUIVALENT TO 200 FULL-TIME EMPLOYEES.

TOTAL VOLUNTEER HOURS: 416,720 (INCLUDING FOSTER VOLUNTEER HOURS)

TOTAL NUMBER OF INDIVIDUALS VOLUNTEERING THEIR TIME TO OHS WAS 2,769.

YOUTH AND COMMUNITY GROUPS PROGRAM: INDIVIDUALS WHO PARTICIPATED IN THE YOUTH VOLUNTEER PROGRAM NUMBERED 340, PROVIDING 10,443 VOLUNTEER HOURS.

FOSTER CARE: THERE WERE 909 FOSTER CARE VOLUNTEER FAMILIES, VOLUNTEERING 311,943 HOURS.

ANIMALS FOSTERED TOTALED 2,825

PRIMARY REASONS FOR FOSTER CARE:

THEY WERE TOO YOUNG FOR ADOPTION.

THEY WERE UNDERWEIGHT.

THEY WERE RECOVERING FROM A MEDICAL CONDITION.

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

OHS ISSUED 67 PRESS RELEASES.

OHS HAD 3,850 TELEVISION, RADIO AND ONLINE NEWS STORIES.

OHS MAGAZINE REACHED 27,000 READERS EACH QUARTER.

OHS WEBSITE AVERAGED 4,420 DAILY VISITORS AND TOTAL NEW VISITORS TO THE SITE WERE APPROXIMATELY 1,400,269 FOR THE YEAR.

THE AVERAGE TIME SPENT ON OHS'S WEBSITE WAS 1:52.

OHS HAS A ROBUST FOLLOWING ON SOCIAL MEDIA WITH 122,327 ON FACEBOOK, 75,705 ON INSTAGRAM, AND 19,749 ON TIKTOK.

HUMANE EDUCATION: EDUCATION IS DEEPLY ROOTED IN OHS HISTORY. FOCUSED ON TEACHING COMPASSION, KINDNESS, AND EMPATHY TOWARD ANIMALS AND PEOPLE, HUMANE EDUCATION TOUCHES CHILDREN, TEENS, AND ADULTS.

HUMANE EDUCATION REACHED 100,100 PEOPLE, INCLUDING 21,490 CHILDREN AND 78,610 ADULTS.

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

HUMANE EDUCATION MADE 326 CLASSROOM VISITS IN PORTLAND AND SALEM IMPACTING 7,564 YOUTH AND 374 ADULTS.

13 SUMMER CAMP SESSIONS WERE ATTENDED BY 378 TOTAL CAMPERS.

HUMANE EDUCATION HOSTED NINE CAREER DAYS, 61 TOURS AND FIELD TRIPS, AND SEVEN AFTER-SCHOOL CLUBS.

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

HUMANE LAW ENFORCEMENT AND RESCUE OHS EMPLOYS THREE HUMANE SPECIAL AGENTS WHO ARE COMMISSIONED BY THE SUPERINTENDENT OF OREGON STATE POLICE TO ENFORCE OREGON'S TOUGH ANIMAL PROTECTION LAWS STATEWIDE.

HUMANE LAW ENFORCEMENT HANDLES A VARIETY OF ANIMAL WELFARE COMPLAINTS.

IN 2025, THERE WERE 3,793 CALLS AND E-MAIL MESSAGES TO THE REPORTING LINE AND WEBSITE. HUMANE SPECIAL AGENTS TRAVELED ACROSS OREGON TO

INVESTIGATE 791 NEW CASES OF ANIMAL ABUSE OR NEGLECT LEADING TO 852 ANIMALS BEING SEIZED OR SURRENDERED, AND 12 CRIMINAL CASES. THE HUMANE

LAW ENFORCEMENT DEPARTMENT ALSO ASSISTED OUTSIDE AGENCIES 166 TIMES AND PROVIDED 203 VETERINARY FORENSIC SERVICES FOR CASES INVESTIGATED BY

OREGON HUMANE AND OTHER LAW ENFORCEMENT AGENCIES. IN TOTAL, 2,048

ANIMALS WERE HELPED BY OREGON HUMANE LAW ENFORCEMENT DEPARTMENT IN

2025. OREGON HUMANE'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: OREGON HUMANE'S 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. OHSTAR STAFF AND VOLUNTEERS DEPLOYED 37 TIMES TO AID IN EMERGENCY SITUATIONS. THE

OHSTAR TEAM ENRICHES OREGON HUMANE'S MISSION THROUGH SAVING LIVES AND

ENHANCING THE RELATIONSHIP BETWEEN PEOPLE AND THEIR PETS.

BEHAVIOR CONSULTATION AND TRAINING - OREGON HUMANE'S EXPERIENCED BEHAVIOR AND TRAINING TEAM OFFERS A VARIETY OF DOG, PUPPY, CAT AND KITTEN TRAININGS SERVICES AND ARE SUMMARIZED AS FOLLOWS:

PROVIDED 281 PRIVATE CONSULTATIONS IN PORTLAND AND 56 IN SALEM.

PUBLIC TRAINING CLASSES OFFERED NUMBERED 646 IN PORTLAND AND 306 IN SALEM.

\$8,628 PROVIDED IN FINANCIAL ASSISTANCE TO PET OWNERS FOR BEHAVIOR AND TRAINING ASSISTANCE.

A VOLUME OF 1,023 PHONE CALLS AND EMAILS WERE HANDLED BY THE BEHAVIOR HELP LINE, A FREE SERVICE PROVIDED TO THE COMMUNITY.

144 SHELTER DOGS AND 99 SHELTER CATS WERE HELPED THROUGH THE BEHAVIOR MODIFICATION PROGRAM.

115 DOGS AND 95 CATS WERE ADOPTED THROUGH THE BEHAVIOR MODIFICATION PROGRAM.

COMMUNITY SUPPORT: OREGON HUMANE DRAWS SUPPORT FROM OREGON'S COMMUNITIES AND BEYOND, INCLUDING DONORS FROM ALL OF OREGON'S COUNTIES

AND NEARLY EVERY CITY AND TOWN. THIS PAST YEAR, 29,155 HOUSEHOLDS

DONATED TO SUPPORT OREGON HUMANE'S WORK. OF THESE, 1,405 DONORS WERE

RECOGNIZED AS MEMBERS OF THE PRESIDENT'S CIRCLE, HONORING THEIR ANNUAL COMMITMENT OF \$1,000 OR MORE.

DONORS ARE OFFERED A BROAD ARRAY OF GIVING OPTIONS, INCLUDING:

PAWS MONTHLY GIFT PROGRAM, 5,800 GENEROUS DONORS WHO PARTICIPATE WITH A RECURRING DONATION.

Name of the organization	OREGON HUMANE SOCIETY	Employer identification number	93-0386880
THE AUTOS-FOR-ANIMALS VEHICLE DONATION PROGRAM, WHICH RECEIVED 424 CARS, TRUCKS, RV'S, AND MOTORCYCLES. GIFTS FROM ESTATES AND TRUSTS, WHICH COMPRISE A SIGNIFICANT PORTION OF OREGON HUMANE'S OPERATING INCOME. SUPPORTERS ARE ENCOURAGED TO LEAVE A GIFT TO OREGON HUMANE IN THEIR ESTATE PLANS. DURING THE YEAR, 82 NEW PROBATE ESTATES AND MATURED TRUSTS WERE OPENED. ADDITIONALLY, 199 HOUSEHOLDS SHARED THAT THEY HAD INCLUDED OREGON HUMANE IN THEIR ESTATE PLAN.			
CHARITABLE GIFT ANNUITIES ARE ANOTHER WAY TO SUPPORT OREGON HUMANE. FOUR WERE SECURED IN 2025.			
PET OWNERS CAN ENSURE THE WELFARE OF ANIMALS THAT MIGHT OUTLIVE THEM BY PARTICIPATING IN THE FRIENDS FOREVER ESTATE-PLANNING-FOR-PETS PROGRAM. IN 2025, THERE WERE A TOTAL OF 564 FRIENDS FOREVER HOUSEHOLDS ENROLLED. TEN PETS WERE RECEIVED UNDER THE AUSPICES OF THE PROGRAM.			
EXPENSES \$ 3,310,134. INCLUDING GRANTS OF \$ 0. REVENUE \$ 393,735.			

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

A COPY OF THE DRAFT FORM 990 IS SENT TO EACH MEMBER OF THE FULL BOARD FOR COMMENT PRIOR TO FILING.

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 BOARDMEMBERS 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.

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, WAS UNDER CONTRACT ENDING 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. THE NEGOTIATED CONTRACT TERM WAS JANUARY 1, 2023 TO 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 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 &

