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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection NOV 1, 2022 and ending OCT 31. A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HUMANE SOCIETY OF WESTCHESTER, INC. Name change 13-1740009 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 70 PORTMAN ROAD 914-632-2925 termin-ated 3,709,111. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended NEW ROCHELLE, NY 10801 H(a) Is this a group return Applica-F Name and address of principal officer: JOHN FELDTMOSE Yes X No for subordinates? pending 1251 PALMER AVE., LARCHMONT, NY 10538 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions HUMANESOCIETYOFWESTCHESTER.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1911 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: HUMANE SOCIETY OF WESTCHESTER Activities & Governance INC IS A PRIVATE NOT-FOR-PROFIT ORGANIZATION DEDICATED TO PROVIDING oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 38 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 20 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 2,311,902. 2,765,315. Contributions and grants (Part VIII, line 1h) Revenue 700,721 812,349. Program service revenue (Part VIII, line 2g) 41,549. -28,928. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 50,031. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,983,695 3,669,244. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 945,333. 903,468. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 546,398. 677,575. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,491,731. 1,581,043. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,491,964. 2,088,201. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 6,985,612. 9,102,150. Total assets (Part X, line 16) 14,007. 34,756. 21 Total liabilities (Part X, line 26) 6,971,605. 9,067,394. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JOHN FELDTMOSE, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRIAN WIENER P03038904 Paid TOBIN & COMPANY, Firm's EIN 13-3632313 Preparer Firm's name Firm's address 2500 WESTCHESTER AVENUE Use Only Phone no. 914-833-2200 PURCHASE, NY 10577 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pa	Check if Schoolule O contains a response or note to any line in this Part III	X
1	Check if Schedule O contains a response or note to any line in this Part III	
•	HUMANE SOCIETY OF WESTCHESTER, INC IS A PRIVATE NOT-FOR-PROFIT	
	ORGANIZATION DEDICATED TO PROVIDING INDIVIDUAL LOVING CARE FOR	LOST,
	ABANDONED, INJURED, AND MISTREATED ANIMALS. WE SERVICE 20 COMMU	NITIES
	IN WESTCHESTER COUNTY AND RESCUE OVER 500 DOGS AND 900 CATS EAC	H YEAR.
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 e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	Derises, and
 4а		812,349.)
	CARE OF LOST OR ABANDONED ANIMALS	, ,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	N/A	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	N/A	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 1,415,402.	F 000 (2225)
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		25
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.,		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		┝┷
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	┝≏
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		X
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	<u> </u>	\vdash
C		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	j]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

022) HUMANE SOCIETY OF WESTCHESTER, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 38								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).				Х					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•								
	to file Form 8282?	1	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h							
h	3									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?		8							
	9 Sponsoring organizations maintaining donor advised funds.									
a			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
~	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15										
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY		\ ··	- 1- 1
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) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	ച ദ :	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u rinar	ıcıal	
20	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 LEE ANNE VELEY - 914-632-2925			
	70 PORTMAN ROAD, NEW ROCHELLE, NY 10801			

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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 r	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per					than is bot		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	a)			rted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		a.	ben sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEE ANNE VELEY	40.00	드	드	6	3	표능	ß			
EXECUTIVE DIRECTOR	40.00	x						106,000.	0.	0.
(2) CAROL MARINACCIO	40.00							100,000.	•	
MANAGER OF FINANCE AND DEVELOPMENT	10:00	x						77,985.	0.	0.
(3) JOHN FELDTMOSE	15.00							777555	•	
PRESIDENT		X		x				0.	0.	0.
(4) DIANE WADE	5.00									
VICE PRESIDENT		X		x				0.	0.	0.
(5) JUDITH ELKIN	5.00									
TREASURER		Х		x				0.	0.	0.
(6) SHAWN SMITH	5.00									
SECRETARY		Х		х				0.	0.	0.
(7) GINA ANTIARIS	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(8) DIANNE HEIM	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(9) GRETCHEN JELINEK	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(10) TARA VARBARO	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0 .
(11) LOUIS WEISS	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0 .
		4								
		4								
		<u> </u>								
		┨								
		-		_	_					
		\cdot								
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Form **990** (2022)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timated nount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	/IISC/ from t		d relate	e on ed
1b Subtotal								183,985.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r								183,985. eceived more than \$100	,000 of reportabl	0. e			0.
compensation from the organization											I	Yes	1 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp			3	100	X
 For any individual listed on line 1a, is the su and related organizations greater than \$15 	um of reportab	le co	omp	ensa	ation	and	d otl	her compensation from	the organization		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr	elat	ed organization or indivi	dual for services				7,7
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch ,	pers	son .					5		X
Complete this table for your five highest countries the organization. Report compensation for		-								pens	ation f	rom	
(A) Name and business			ONE					(B) Description of s		С	(C ompe	;) nsation	1
2 Total number of independent contractors (includina but n	ot li	mite	d to	tho	se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi						0					Form	990 (2	022)

Pa	r L V	/111			=			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h a b c d e	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f MUNICIPAL INCOME OPERATING INCOME	Business Code 541900 541900	2,765,315. 624,326. 188,023.			sections 512 - 514
-			All other program service revenue		812,349.			
	3 4 5		Total. Add lines 2a-2f Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond Royalties	est, and proceeds	41,549.			41,549.
		b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
ıne	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
Revenue			Gain or (loss) 7c Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8t	89,898.				
	9	С	Net income or (loss) from fundraising events Gross income from gaming activities. See		50,031.			50,031.
			Part IV, line 19 9a Less: direct expenses 9t Net income or (loss) from gaming activities	+				
	10	b	Gross sales of inventory, less returns and allowances 10 Less: cost of goods sold 10 Net income or (loss) from sales of inventory	Ь				
_		Ŭ	The modifie of (1888) from Sales of inventory	Business Code				
Miscellaneous Revenue	11	а						
ane		b						
cell eve		С						-
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		2 660 241	010 010		04 500
	12		Total revenue. See instructions		3,669,244.	812,349.	0.	91,580.

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 156,663. 14,646. 12,676. 183,985 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 592,286. 504,332. 47,145. 40,809. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 49,783. 42,390. 3,963**.** 3,430. Other employee benefits 9 2,199. 77,414. 73,311. 1,904. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 7,275. 7,275. Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,554. 1,554. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 17,240. 4,099 13,141. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 35,388. 30,307. 3,387. 1,694. Office expenses 13 14 Information technology Royalties 15 109,966. 109,966. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 127,742. 127,742. Depreciation, depletion, and amortization 22 43,550. 38,659. 4,891. 23 Other expenses. Itemize expenses not covered 24 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.) 85,002. 85,002. MEDICINES MAINTENANCE & UTILITY E 62,840. 62,840. 61,793. 61,793. SPAY & NEUTER EXPENSES 39,707. 39,707. d HELP HEAL FUND 69,549. 85,518. 1,856. 14,113. SEE SCH O e All other expenses 1,581,043. 1,415,402. 91,015. 74,626. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		181,135.	1	1,922,396.	
	2	Savings and temporary cash investments			2,019,804.	2	1,889,170.
	3	Pledges and grants receivable, net				3	115,110.
	4	Accounts receivable, net			19.	4	6,338.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
şts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			12,519.	9	10,016.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,489,652.			
	b	Less: accumulated depreciation	10b	429,823.	4,030,271.	10c	4,059,829. 1,099,291.
	11	Investments - publicly traded securities	741,864.	11	1,099,291.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			6,985,612.	16	9,102,150.
	17	Accounts payable and accrued expenses			14,007.	17	10,381.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
jab		controlled entity or family member of any of the	se perso	ons		22	
_	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	ıyables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	_		
		of Schedule D			0.	25	24,375.
	26	Total liabilities. Add lines 17 through 25			14,007.	26	34,756.
Ś		Organizations that follow FASB ASC 958, che	eck here	X			
JCe		and complete lines 27, 28, 32, and 33.			6 011 605		0.070.204
ala	27	Net assets without donor restrictions			6,911,605.	27	8,972,394.
d B	28	Net assets with donor restrictions			60,000.	28	95,000.
ڃ		Organizations that do not follow FASB ASC 9	58, che	ck here			
or F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			C 071 C05	31	0.067.204
Ř	32	Total net assets or fund balances			6,971,605.	32	9,067,394.
	33	Total liabilities and net assets/fund balances .	6,985,612.	33	9,102,150.		

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,66 L,58						
2	Total expenses (must equal Part IX, column (A), line 25)		$\frac{1,38}{2,08}$						
3	Revenue less expenses. Subtract line 2 from line 1		<u> </u>						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			86.					
5	• • • • • • • • • • • • • • • • • • • •								
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			2.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	9,06	7.3	94.				
Pa	column (B)) rt XII Financial Statements and Reporting		,,,,	. , 0					
Check if Schedule O contains a response or note to any line in this Part XII									
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		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	<u></u>	3b						
			Form	990	(2022)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

HUMANE SOCIETY OF WESTCHESTER, INC.

 $Employer\ identification\ number \\ 13-1740009$

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.					
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college				
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	ıfety. See s	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete line	s 12e, 12f, and 12g.					
а			· · · · · · · · · · · · · · · · · · ·	•								
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o										
b) <u>L</u>							•				
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
		organization(s). You mus										
С	:		-				•	ed with,				
		its supported organization		•								
d		⊥ Type III non-functionally					• • • •					
		that is not functionally int	•	• ,	•		•	iveness				
		requirement (see instruct	•	-								
е	· L	☐ Check this box if the orga					a Type I, Type II, Type III					
		functionally integrated, or	* *		ing organiz	zation.						
1		er the number of supported o										
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	•	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)				
				above (see instructions))		- 110						
Tota	al											

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2117877.	1369970.	1429707.	2311902.	2880433.	10109889.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2117877.	1369970.	1429707.	2311902.	2880433.	10109889.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						10109889.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2117877.	1369970.	1429707.	2311902.	2880433.	10109889.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					41,549.	41,549.
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.)					50,031.	
11	Total support. Add lines 7 through 10						10201469.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publ					<u> </u>	00 10
	Public support percentage for 2022 (I					14	99.10 %
	Public support percentage from 2021					15	100.00 %
16a	33 1/3% support test - 2022. If the c	•		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the fact			=		_	
_	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
46	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ısL

Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,			, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	ization's benefit and either paid to or expended on its behalf						
_			+			+	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Investigation					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A (Form 990) 2022

8 9

10

Distributions to attentive supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

Distributable amount for 2022 from Section C, line 6

6

7

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Name of organization Employer identification number

HUMANE SOCIETY OF WESTCHESTER, INC.

13-1740009

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(-)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** 13-1740009 HUMANE SOCIETY OF WESTCHESTER, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANE SOCIETY OF WESTCHESTER, INC.

Employer identification number 13-1740009

Schedule D (Form 990) 2022

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed 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		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply) <u>.</u>	
	Preservation of land for public use (for example, recrea	ation 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 quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morchig conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

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

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simila	ır Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organization	on's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o				•			_	_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the	organizatio	on answered "	Yes" on I	Form 990	, Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabilit	ty?	L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i	f the organization an									
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	е		г	V	- NI -
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
_	If "Yes" on line 3a(ii), are the related organiza				'				3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							
Га	Complete if the organization answere) Dart IV	/ line 11a 9	Saa Form 000	Dart Y I	ine 10				
	Description of property							4	(d) Doo	r volu	
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	<u> </u>	(d) Boo	N Valu	e
1a	Land								•		
	Buildings			4,13	3,597.	2	21,40)6.	3,91	2,1	91.
С	Leasehold improvements										
d	Equipment						00 11	_	4 4 4		2.0
	Other				66,055.	2	08,41				38.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)				4,05	9,8	<u>⊿9.</u>

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Part X Other Liabilities.

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

(9)

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)	CONTRACT LIABILITY	24,375.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	24,375.

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... X

Schedule D (Form 990) 2022

1,555.

1,581,043.

4c

Part XI	Recond	ciliation	of Revenue i	oer Audited	Financial	Statements	With	Revenue	per R	eturn

Ра	Reconciliation of Revenue per Audited Financial Sta	itements with	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,627,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-39,995.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-39,995.
3	Subtract line 2e from line 1			3	3,667,690.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,554.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	1,554.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	3,669,244.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements Witl	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	1,579,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,579,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,554.		
h	Other (Describe in Part XIII.)	4h	1.		

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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:

c Add lines 4a and 4b

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL

INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS

BEEN DESIGNATED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION.

THE ORGANIZATION HAS EVALUATED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN

INCOME TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY

ACCEPTED IN THE UNITED STATES OF AMERICA, WITH NO CUMULATIVE EFFECT

ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS

DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE

SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, THE

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

HUMANE SOCIETY OF WESTCHESTER, 13-1740009 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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Schedule G (Form 990) 2022

or licensing.

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

		of fundraising event contributions and gr	oss income on Form 990	P-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			GALA			col. (c))			
e			(event type)	(event type)	(total number)	551. (5)/			
Revenue	1	Gross receipts	89,898.			89,898.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	89,898.			89,898.			
	4	Cash prizes							
m	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct E	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	39,867.			39,867.			
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			39,867.			
_		Net income summary. Subtract line 10 from I				50,031.			
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Be	1	Gross revenue							
es	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes% No				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
	_	J 3	(u)						
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:						
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	If "	No," explain:							
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Ves No								
b	lf "	Yes," explain:							

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Sch	edule G (Form 990) 2022 HUMANE SOCIETY OF WESTCHESTER, INC. 13-1	_740009	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمد ا	07
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
r	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
~	of gaming revenue retained by the third party \$		
_			
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	daming manager compensation \$\psi\$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
_	organization's own exempt activities during the tax year \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	nt III linos 0	0h 10h
		11 111, 111163 3,	30, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	HUMANE	SOCIETY	OF	WESTCHESTER,	INC.	13-1740009	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (cont	inued)					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

		HUMANE S	SOCIE	TY OF	WESTCHEST	ER, INC.		:	13-174	0009	
Par	t I T	ypes of Property									
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII, lin	on		(d) od of determ contribution	•	ts
1	Art - Wor	ks of art									
2		orical treasures									
3	Art - Frac	tional interests									
4	Books ar	nd publications									
5	Clothing	and household goods									
6		other vehicles									
7		d planes									
8		al property									
9		s - Publicly traded									
10	Securitie	s - Closely held stock									
11		s - Partnership, LLC, or									
	trust inte	rests									
12	Securitie	s - Miscellaneous									
13	Qualified	conservation contribution -									
	Historic s	structures									
14	Qualified	conservation contribution - 0	Other								
15	Real esta	ate - Residential									
16	Real esta	ate - Commercial									
17	Real esta	ate - Other									
18	Collectib	les									
19	Food inv	entory									
20		d medical supplies									
21	Taxiderm	ıy									
22	Historica	l artifacts									
23	Scientific	specimens									
24	Archeolo	gical artifacts									
25	Other	(RENT)	X	1	109,9	66.FM	IV			
26	Other	()								
27	Other	()								
28	Other	()								
29		of Forms 8283 received by the	_		-						
	for which	the organization completed	Form 82	83, Part V, [Donee Acknowledg	ement 29				_	
										Yes	No
30a	_	e year, did the organization		-			-				
		d for at least 3 years from the									37
		ourposes for the entire holding		?					30a	1	X
		describe the arrangement in									37
31		organization have a gift acc						าร?	31		X
32a		organization hire or use thire	d parties	or related or	rganizations to soli	cit, process, or sell nor	ncash				77
_	contribut								328	1	X
		describe in Part II.									
33		anization didn't report an am	nount in c	coiumn (c) fo	r a type of propert	y tor which column (a)	is cnecke	a,			
1114		in Part II.	4:	Ale a los - 4	fau Faura 00	•			aduda 84 /F		\
LHA	ror Pa	perwork Reduction Act No	uce, see	uie instruc	LIONS FORM 99	u.		Sche	edule M (Fo	1111 990	j 2022

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Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF WESTCHESTER, INC.

Employer identification number 13-1740009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INDIVIDUAL LOVING CARE FOR LOST, ABANDONED, INJURED, AND MISTREATED ANIMALS. WE SERVICE 20 COMMUNITIES IN WESTCHESTER COUNTY AND RESCUE OVER 500 DOGS AND 900 CATS EACH YEAR. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HUMANE SOCIETY OF WESTCHESTER, INC IS A PRIVATE NOT FOR PROFIT ORGANIZATION DEDICATED TO PROVIDING INDIVIDUAL LOVING CARE FOR LOST, ABANDONED, INJURED, AND MISTREATED ANIMALS. WE SERVICE 20 COMMUNITIES IN WESTCHESTER COUNTY AND RESCUE OVER 500 DOGS AND 900 CATS. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURNS ARE REVIEWED BY THE PRESIDENT, TREASURER AND FINANCE MANAGER AND THEN PRESENTED TO SELECT BOARD MEMBERS FOR FINAL REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD CONTINUALLY REVIEWS ANY CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: ANY COMPENSATION TO THE CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT IS REVIEWED AND APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: HSW MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

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FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page
Name of the organization HUMANE SOCIETY OF WESTCHES	Employer identification number 13-1740009
FORM 990, PART IX, LINE 24E, ALL OTHER E	UNCTIONAL EXPENSES:
SURGICAL EXPENSES:	
PROGRAM SERVICE EXPENSES	21,257
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	21,257
FOOD FOR SHELTER:	
PROGRAM SERVICE EXPENSES	17,096
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	17,096
	_
ANIMAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	14,109
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	14,109
FUND-RAISING EXPENSES:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	12,257
TOTAL EXPENSES	12,257
ANIMAL CARE PROGRAM:	
PROGRAM SERVICE EXPENSES	10,842
MANAGEMENT AND GENERAL EXPENSES	0
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Schedule O (Form 990) 2022 Page **2**

Name of the organization HUMANE SOCIETY OF WESTCHESTER, INC.	Employer identification number 13-1740009
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,842.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	1,856.
FUNDRAISING EXPENSES	1,856.
TOTAL EXPENSES	9,957.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 85,518.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	2.
PART XII, LINE THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR	