

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HUMANE FARM ANIMAL CARE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 82

City or town, state or province, country, and ZIP or foreign postal code
MIDDLEBURG, VA 20118

D Employer identification number
47-0910622

E Telephone number
(703) 435-3883

G Gross receipts \$ 2,047,905

F Name and address of principal officer
ADELE DOUGLASS
PO BOX 82
MIDDLEBURG, VA 20118

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CERTIFIEDHUMANE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2003

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE LIVES OF FARM ANIMALS BY CREATING HUMANE STANDARDS FOR FARM ANIMALS AND CERTIFYING THE ANIMALS HUMANE TREATMENT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	7
6 Total number of volunteers (estimate if necessary)	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	190,982	169,197
9 Program service revenue (Part VIII, line 2g)	1,402,634	1,878,642
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27	66
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,593,643	2,047,905
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	406,097	473,345
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,621		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	807,586	1,005,070
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,213,683	1,478,415
19 Revenue less expenses Subtract line 18 from line 12	379,960	569,490
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	651,939	1,302,478
21 Total liabilities (Part X, line 26)	7,626	88,675
22 Net assets or fund balances Subtract line 21 from line 20	644,313	1,213,803

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2019-05-06

MIMI DALE STEIN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2019-05-06
Check if self-employed PTIN: P00176056

Firm's name: ▶ COATES & HUTCHINSON PC Firm's EIN: ▶ 52-1637908

Firm's address: ▶ 2130 PRIEST BRIDGE DR STE 10 CROFTON, MD 211142457 Phone no: (410) 721-3946

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE THE LIVES OF FARM ANIMALS BY CREATING HUMANE STANDARDS FOR FARM ANIMALS AND CERTIFYING THE ANIMALS HUMANE TREATMENT

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 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 No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,340,336 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,340,336

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
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).					
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?		7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
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			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b 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.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed. Answer: AK, AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, NH, NJ, NM, OH, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV. Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [x] Another's website [] Upon request [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records. Answer: MIMI STEIN 8 N JAY STREET 3RD FLOOR WEST MIDDLEBURG, VA 20117 (703) 435-3883.

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADELE DOUGLASS CEO	40 00	X						53,032	0	1,237
(2) PATRICIA FORKAN DIRECTOR	2 00	X						0	0	0
(3) JIM EMERMAN TREASURER	2 00	X		X				0	0	0
(4) LUIZ MAZZON DIRECTOR	2 00	X						0	0	0
(5) CAROL JENKINS DIRECTOR	2 00	X						0	0	0
(6) ANDREW KIMBRELL CHAIRMAN & P	2 00	X		X				0	0	0
(7) DANIEL NOWLAND DIRECTOR	2 00	X						0	0	0
(8) BARBARA RADY KAZDAN DIRECTOR	2 00	X						0	0	0
(9) MIMI DALE STEIN EXECUTIVE DI	40 00					X		122,542	0	2,280

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								175,574			3,517

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1		
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	Yes	No
3		No
4		No
5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a CERTIFICATION FEES, 2b INSPECTION INCOME, 2c APPLICATION FEES, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with columns for (i) Real, (ii) Personal, (i) Securities, (ii) Other, and revenue amounts. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Rental income, 7a-7d Gain or loss from sales of assets, 8a-8c Fundraising events, 9a-9c Gaming activities, 10a-10c Sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,032	42,426	4,879	5,727
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	355,069	284,055	32,666	38,348
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	32,739	26,191	3,012	3,536
10 Payroll taxes	32,505	26,004	2,990	3,511
11 Fees for services (non-employees)				
a Management				
b Legal	121,748	121,748		
c Accounting	13,845		13,845	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	185,561	184,727	834	
12 Advertising and promotion				
13 Office expenses	17,397	15,796	1,601	
14 Information technology				
15 Royalties				
16 Occupancy	24,750	19,800	2,277	2,673
17 Travel	164,767	164,767		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,579	8,463	973	1,143
23 Insurance	13,358	12,129	1,229	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTREACH	235,952	233,522		2,430
b PUBLIC RELATIONS EXPENSE	64,226	64,226		
c WEBSITE	56,357	51,172	5,185	
d SETTLEMENT EXPENSES	50,000	50,000		
e All other expenses	46,530	35,310	7,967	3,253
25 Total functional expenses. Add lines 1 through 24e	1,478,415	1,340,336	77,458	60,621
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	437,402	2	1,013,306
	3 Pledges and grants receivable, net	7,200	3	
	4 Accounts receivable, net	167,416	4	198,580
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	29,767
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,286	9	48,478
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 53,941		
	b Less accumulated depreciation	10b 43,844	14,485	10c 10,097
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,150	15	2,250
16 Total assets. Add lines 1 through 15 (must equal line 34)	651,939	16	1,302,478	
Liabilities	17 Accounts payable and accrued expenses	7,626	17	88,675
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,626	26	88,675
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	644,313	27	1,183,803
	28 Temporarily restricted net assets		28	30,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	644,313	33	1,213,803	
34 Total liabilities and net assets/fund balances	651,939	34	1,302,478	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,047,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,478,415
3	Revenue less expenses Subtract line 2 from line 1	3	569,490
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	644,313
5	Net unrealized gains (losses) on investments	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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,213,803

Part XII Financial Statements and Reporting

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 Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Software ID:**Software Version:****EIN:** 47-0910622**Name:** HUMANE FARM ANIMAL CARE

Form 990 (2018)

Form 990, Part III, Line 4a:

EVERY FARMER AND RANCHER PARTICIPATING IN THE CERTIFIED HUMANE PROGRAM HAD TO MODIFY THEIR OPERATIONS TO MEET THE ANIMAL CARE STANDARDS AND BE CERTIFIED IN 2018, 196,188,923 MILLION FARM ANIMALS WERE RAISED UNDER THE HUMANE FARM ANIMAL CARE (HFAC) ANIMAL CARE STANDARDS AND INSPECTED TO ENSURE THAT ALL OF OUR STANDARDS WERE MET ON FARM THROUGH SLAUGHTER THIS WAS MADE POSSIBLE ONLY THROUGH OUR DONORS AND VOLUNTEERS WE HAD AN INCREASE OF 25.4 MILLION FARM ANIMALS IN ADDITION, CONSUMERS HAVE BENEFITTED FROM NOT CONSUMING UNNECESSARY ANTIBIOTICS AND ANIMAL BYPRODUCTS FARMERS HAVE ALSO BENEFITTED BY BEING SUPPORTED AND RECOGNIZED FOR THEIR SUPERIOR FARMING PRACTICES IN 2018, 200 COMPANIES REPRESENTED MORE THAN 6,000 FARMS THAT ARE CERTIFIED HUMANE IN THE U.S., CANADA, ARGENTINA, BRAZIL, CHILE, PERU, AUSTRALIA AND NEW ZEALAND THE CERTIFIED HUMANE FARMS AND RANCHES ARE LOCATED IN 45 STATES AND 8 COUNTRIES CONSUMERS CAN NOW FIND PRODUCTS USING THE MOBILE APP THAT HFAC LAUNCHED IN 2012 THE APP IS FREE TO DOWNLOAD AND IS SUPPORTED ON IPHONES AND ANDROID DEVICES ADDITIONALLY, HFAC'S "WHERE TO BUY" PAGE IS MOBILE ACCESSIBLE AND AVAILABLE ONLINE CONSUMERS ARE ALSO TAKING ACTION FOR CHANGE ON OUR "TAKE ACTION" PAGE, [HTTP://WWW.CERTIFIEDHUMANE.ORG/INDEX.PHP?PAGE=TAKE-ACTION](http://www.certifiedhumane.org/index.php?page=take-action), VOLUNTEERS CAN DOWNLOAD THE CUSTOMER REQUEST AND COMMENT CARDS, AND THEY HAVE SUCCESSFULLY TAKEN THEM TO THEIR SUPERMARKETS REQUESTING THEIR SUPERMARKETS SELL PRODUCTS THAT ARE CERTIFIED HUMANE THERE ARE SOME THAT HAVE CIRCULATED PETITIONS TO THEIR FRIENDS AND NEIGHBORS TO BRING TO THEIR LOCAL SUPERMARKET REQUESTING THE SUPERMARKET CARRY CERTIFIED HUMANE PRODUCTS WE CAN ALL BE ADVOCATES FOR FARM ANIMALS BY PURCHASING CERTIFIED HUMANE PRODUCTS AND BY UTILIZING THE TOOLS PROVIDED ON OUR WEBSITE AND THROUGH OUR NEW APP IN ORDER TO BECOME CERTIFIED BY HFAC, FARMERS MUST MEET HFAC ANIMAL CARE STANDARDS AND PASS ANNUAL INSPECTIONS HFAC'S ANIMAL CARE STANDARDS WERE DEVELOPED AND SUBJECT TO REGULAR REVIEW BY A VERITABLE "WHO'S WHO" OF NATIONAL AND INTERNATIONAL ANIMAL SCIENTISTS AND FARM-ANIMAL WELFARE EXPERTS OUR VOLUNTARY SCIENTIFIC COMMITTEE CONSISTS OF, KENNETH E. ANDERSON, PHD NORTH CAROLINA STATE UNIVERSITY, USA MICHAEL APPLEBY, PHD WORLD ANIMAL PROTECTION, USA RICHARD BLATCHFORD, PHD UNIVERSITY OF CALIFORNIA, DAVIS, USA ELISABETTA CANALI, PHD UNIVERSITÄT DEGLI STUDI, MILAN, ITALY SYLVIE CLOUTIER, PHD ASSOCIATE DIRECTOR OF ASSESSMENT, CANADIAN COUNCIL ON ANIMAL CARE, OTTAWA, CANADA BRENDA COE, PHD PENNSYLVANIA STATE UNIVERSITY, USA HANS COETZEE, PHD IOWA STATE UNIVERSITY, USA LUIZ DEMATTE, DVM, PHD INDUSTRIAL DIRECTOR OF KORIN LTD, AND GENERAL COORDINATOR OF MOKITI OKADA FOUNDATION, BRAZIL INMA ESTVES, PHD RESEARCH PROFESSOR, NEIKER-TECNALIA UNIVERSITY, SPAIN ANNE FANATICO, PHD APPALACHIAN STATE UNIVERSITY, USA VALENTINA FERRANTE, PHD UNIVERSITY OF MILAN, ITALY TRENT GILBERY, MS NORTH DAKOTA STATE UNIVERSITY, USA ALAN GOLDBERG, PHD THE JOHNS HOPKINS UNIVERSITY, USA TEMPLE GRANDIN, PHD COLORADO STATE UNIVERSITY, USA THOMAS G. HARTSOCK, PHD UNIVERSITY OF MARYLAND, USA JRG HARTUNG, DVM INSTITUTE OF ANIMAL HYGIENE, WELFARE AND FARM ANIMAL BEHAVIOR UNIVERSITY OF VETERINARY MEDICINE, HANOVER, GERMANY BRITTANY HOWELL, PHD FORT HAYS STATE UNIVERSITY, USA PAM HULLINGER, DVM, MPVM UNIVERSITY OF CALIFORNIA LAWRENCE LIVERMORE NATIONAL LABORATORY, USA JOY MENCH, PHD UNIVERSITY OF CALIFORNIA, DAVIS, USA SUZANNE MILLMAN, PHD IOWA STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE, USA MALCOLM MITCHELL, PHD SRUC, SCOTLAND'S RURAL COLLEGE, SCOTLAND PRIYA MOTUPALLI, PHD IKEA FOOD GLOBAL SUSTAINABLE SOURCING SPECIALIST, SWEDEN RUTH NEWBERRY, PHD ASSOCIATE PROFESSOR, NORWEGIAN UNIVERSITY OF LIFE SCIENCES, ADJUNCT PROFESSOR, WASHINGTON STATE UNIVERSITY, USA HUMANE FARM ANIMAL CARE SCIENTIFIC COMMITTEE JANUARY 2018 ABDULLAH OZEN, PHD PROFESSOR, FIRAT UNIVERSITY, ELAZIG, TURKEY EDMOND PAJOR, PHD UNIVERSITY OF CALGARY, ALBERTA, CANADA JOSE PERALTA, PHD, DVM WESTERN UNIVERSITY OF HEALTH SCIENCE, COLLEGE OF VETERINARY MEDICINE, POMONA CALIFORNIA, USA ROSANGELA POLETTO, DVM, PHD PROFESSOR, INSTITUTO FEDERAL DO RIO GRANDE DO SUL, BRAZIL MARTIN POTTER, PHD ANIMAL WELFARE CONSULTANT, MEMBER OF FAWT, UK AND ADVISING MEMBER OF EIG, UK MOHAN RAJ, PHD HONORARY VISITING FELLOW, SCHOOL OF VETERINARY SCIENCES, BRISTOL UNIVERSITY, BRISTOL, UK JEAN-LOUP RAULT, PHD INSTITUTE OF ANIMAL HUSBANDRY AND ANIMAL WELFARE AT VETMEDUNI, VIENNA, AUSTRIA KAREN SCHWEAN-LARDNER, PHD UNIVERSITY OF SASKATCHEWAN, CANADA J.K. SHEARER, PHD IOWA STATE UNIVERSITY, USA MARILYN M. SIMUNICH, DVM DIRECTOR, ANIMAL HEALTH LABORATORY, DIVISION OF ANIMAL INDUSTRIES, IDAHO STATE DEPT. OF AGRICULTURE, USA CAROLYN STULL, PHD CHAIRMAN, SCIENTIFIC COMMITTEE UNIVERSITY OF CALIFORNIA, DAVIS, USA JANICE SWANSON, PHD MICHIGAN STATE UNIVERSITY, USA WILLIAM VANDRESSER, DVM RETIRED EXTENSION VETERINARIAN, USA ANDREIA DE PAULA VIEIRA, DVM, PHD ANIMAL WELFARE SCIENTIST, UNIVERSIDADE DE SO PAULO, BRAZIL DANIEL M. WEARY, PHD PROFESSOR AND NSERC INDUSTRIAL RESEARCH CHAIR, ANIMAL WELFARE PROGRAM, UNIVERSITY OF BRITISH COLUMBIA, CANADA JULIA WRATHALL, PHD DIRECTOR, FARM ANIMALS DIVISION, RSPCA, WEST SUSSEX, UK ADROALDO ZANELLA, PHD PROFESSOR, DEPT. MEDICINA VETERINARIA PREVENTIVA E SADE ANIMAL / FMVZ UNIVERSIDADE DE SO PAULO, PIRASSUNUNGA/SP, BRAZIL THE CREDIBILITY OF OUR PROGRAM RESTS WITH FARMERS AND RANCHERS MEETING THE HIGH WELFARE STANDARDS WE SET BY PASSING ANNUAL INSPECTIONS THE PROGRAM ALSO MUST INSPECT PROCESSING PLANTS TO MAKE SURE THAT THE SLAUGHTER OF THE ANIMALS IS HUMANE AND THE HANDLING OF THE ANIMALS BEFORE SLAUGHTER IS GENTLE IN ADDITION, TRACEABILITY AUDITS ARE PERFORMED ON ALL PRODUCTS, ENSURING THAT EVERY PACKAGE, CARTON OR CASE THAT HAS THE CERTIFIED HUMANE LOGO ON IT CAN BE TRACED BACK TO THE FARM, BARN, FLOCK OR HERD THAT WAS INSPECTED AND CERTIFIED HFAC CONTINUES TO BE THE ONLY ANIMAL WELFARE CERTIFICATION ORGANIZATION TO CONDUCT TRACEABILITY AUDITS THIS REQUIRES THREE DIFFERENT TYPES OF INSPECTORS THE FIRST ARE THOSE THAT HAVE SPECIES-SPECIFIC KNOWLEDGE AND DO THE ON FARM INSPECTIONS THEY ARE USUALLY UNIVERSITY PROFESSORS WITH A PHD IN ANIMAL SCIENCE OR A DVM AND HAVE A GREAT DEAL OF EXPERTISE ON THE SPECIES THEY ARE INSPECTING ADDITIONALLY, SLAUGHTER/PROCESSOR INSPECTIONS REQUIRE A DIFFERENT EXPERTISE FOR EXAMPLE, ONLY POULTRY SCIENTISTS OR POULTRY VETERINARIANS WOULD BE CONSIDERED TO INSPECT POULTRY ON THE FARM EVEN WITH COWS, SCIENTISTS OR VETERINARIANS WITH EXPERIENCE IN DAIRY COWS HAVE DIFFERENT EXPERTISE THAN THOSE WITH BEEF CATTLE EXPERIENCE THESE INSPECTORS ARE SPECIALLY TRAINED TO UNDERSTAND WHAT TO LOOK FOR DURING THE SLAUGHTER PROCESS AND HOW TO RECOGNIZE INSENSIBILITY AND CAREFUL HANDLING TECHNIQUES FINALLY, THE TRACEABILITY AUDITORS UNDERSTAND HOW TO LOOK FOR SEPARATION AND SEGREGATION OF PRODUCTS, HOW TO DO IN/OUT AUDITS TO MAKE SURE THE AMOUNT OF PRODUCT THAT COMES IN IS THE SAME AMOUNT THAT GOES OUT, AND THAT NON-CERTIFIED PRODUCT DOES NOT END UP IN PACKAGES WITH THE CERTIFIED HUMANE SEAL WITH EVERY PRODUCER WHO AGREES TO ABIDE BY HUMANE FARM ANIMAL CARE'S, ANIMAL CARE STANDARDS, THOUSANDS MORE ANIMALS BENEFIT, AND MANY MORE FARMERS HAVE A CHANCE TO SEE THAT THEY, TOO, CAN CHANGE THE WAY THEY RAISE ANIMALS WITHOUT FEARING FOR THEIR BOTTOM LINE FUNDING RECEIVED HAS HELPED HFAC BRING MANY SMALL FARMS, WHOSE INSPECTION FEES ARE WAIVED, INTO OUR PROGRAM OUR PROGRAM MANUAL DESCRIBES THE NUMBER OF ANIMALS THAT QUALIFY A FARM FOR THE "SMALL FARM EXEMPTION " IF A FARM MEETS THAT CRITERIA, HFAC WAIVES THESE FEES IN ORDER TO ENSURE THAT EVERY PRODUCER THAT IS WILLING TO MAKE AND SUSTAIN THE CHANGES NECESSARY TO BECOME CERTIFIED HUMANE CAN DO SO- NO MATTER HOW SMALL ALL FARMS AND PROCESSING PLANTS ARE INSPECTED ANNUALLY TO VERIFY THAT THEY ARE MEETING ALL THE REQUIREMENTS AS DESCRIBED IN OUR ANIMAL CARE STANDARDS (THE STANDARDS ARE AVAILABLE FOR DOWNLOAD BY CONSUMERS AND PRODUCERS ALIKE FROM OUR WEB SITE AT WWW.CERTIFIEDHUMANE.ORG) HFAC HAS CREATED AN INFRASTRUCTURE AND PROCESSES THAT MEET THE HIGHEST INTERNATIONAL STANDARDS FOR A CERTIFICATION BODY THE ACHIEVEMENTS OF THE CERTIFIED HUMANE PROGRAM ARE THE RESULT OF A COMMITTED STAFF, VOLUNTEERS, SUPPORTERS, AS GENEROUS CONTRIBUTIONS FROM THE PUBLIC AND FOUNDATIONS, AND LOYAL CONSUMER WHO REQUEST AND SHOP FOR CERTIFIED HUMANE PRODUCTS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HUMANE FARM ANIMAL CARE

Employer identification number
47-0910622

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	210,099	260,852	210,757	190,982	169,197	1,041,887
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	210,099	260,852	210,757	190,982	169,197	1,041,887
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)						204,978
6	Public support. Subtract line 5 from line 4						836,909

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	210,099	260,852	210,757	190,982	169,197	1,041,887
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25	21	14	27	66	153
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)						
11	Total support. Add lines 7 through 10						1,042,040
12	Gross receipts from related activities, etc (see instructions)					12	5,419,670

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.310 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	78.230 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in 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 .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 47-0910622

Name: HUMANE FARM ANIMAL CARE

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

Facts And Circumstances Test

Return Reference

Explanation

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
HUMANE FARM ANIMAL CARE

Employer identification number
47-0910622

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		53,941	43,844	10,097
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,097

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	2,047,905
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,047,905
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,047,905

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

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

1	Total expenses and losses per audited financial statements		1	1,478,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,478,415
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,478,415

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-0910622
Name: HUMANE FARM ANIMAL CARE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	HUMANE FARM ANIMAL CARE HAS ADOPTED THE ACCOUNTING OF UNCERTAINTY IN INCOME TAXES AS REQUIRED BY THE INCOME TAXES TOPIC (TOPIC 740) OF THE FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740 REQUIRES HFAC TO DETERMINE WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE STANDARDS CODIFICATION TOPIC 740 REQUIRES HFAC TO DETERMINE WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS MORE THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT, WHICH COULD RESULT IN HFAC RECORDING A TAX LIABILITY THAT WOULD REDUCE HFAC NET ASSETS MANAGEMENT HAS ANALYZED HUMAN FARM ANIMAL CARE'S TAX POSITIONS, AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN YEARS 2015, 2016 AND 2017, OR EXPECTED TO BE TAKEN IN ITS 2018 TAX RETURN HFAC IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HUMANE FARM ANIMAL CARE

Employer identification number
47-0910622

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LUIZ MAZZON	BOARD MEMBER	12,320	INSPECTOR EXP		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**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 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization
HUMANE FARM ANIMAL CARE

Employer identification number

47-0910622

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS DISTRIBUTE MATERIALS TO GROCERS REQUESTING THEY SELL PRODUCTS THAT ARE CERTIFIED HUMANE THEY ALSO DO DESIGN WORK, CLERICAL WORK AND WHATEVER THEIR TALENTS AND THEIR TIME MAY ALLOW

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>EVERY FARMER AND RANCHER PARTICIPATING IN THE CERTIFIED HUMANE PROGRAM HAD TO MODIFY THEIR OPERATIONS TO MEET THE ANIMAL CARE STANDARDS AND BE CERTIFIED IN 2018, 196,188,923 MILLI ON FARM ANIMALS WERE RAISED UNDER THE HUMANE FARM ANIMAL CARE (HFAC) ANIMAL CARE STANDARDS AND INSPECTED TO ENSURE THAT ALL OF OUR STANDARDS WERE MET ON FARM THROUGH SLAUGHTER THI S WAS MADE POSSIBLE ONLY THROUGH OUR DONORS AND VOLUNTEERS WE HAD AN INCREASE OF 25 4 MIL LION FARM ANIMALS IN ADDITION, CONSUMERS HAVE BENEFITTED FROM NOT CONSUMING UNNECESSARY A NTIBIOTICS AND ANIMAL BYPRODUCTS FARMERS HAVE ALSO BENEFITTED BY BEING SUPPORTED AND RECO GNIZED FOR THEIR SUPERIOR FARMING PRACTICES IN 2018, 200 COMPANIES REPRESENTED MORE THAN 6,000 FARMS THAT ARE CERTIFIED HUMANE IN THE U S , CANADA, ARGENTINA, BRAZIL, CHILE, PERU, AUSTRALIA AND NEW ZEALAND THE CERTIFIED HUMANE FARMS AND RANCHES ARE LOCATED IN 45 STATE S AND 8 COUNTRIES CONSUMERS CAN NOW FIND PRODUCTS USING THE MOBILE APP THAT HFAC LAUNCHED IN 2012 THE APP IS FREE TO DOWNLOAD AND IS SUPPORTED ON IPHONES AND ANDROID DEVICES ADD ITIONALLY, HFAC'S "WHERE TO BUY" PAGE IS MOBILE ACCESSIBLE AND AVAILABLE ONLINE CONSUMERS ARE ALSO TAKING ACTION FOR CHANGE ON OUR "TAKE ACTION" PAGE, HTTP //WWW CERTIFIEDHUMANE ORG/INDEX PHP?PAGE=TAKE-ACTION, VOLUNTEERS CAN DOWNLOAD THE CUSTOMER REQUEST AND COMMENT C ARDS, AND THEY HAVE SUCCESSFULLY TAKEN THEM TO THEIR SUPERMARKETS REQUESTING THEIR SUPERMA RKETS SELL PRODUCTS THAT ARE CERTIFIED HUMANE THERE ARE SOME THAT HAVE CIRCULATED PETITIO NS TO THEIR FRIENDS AND NEIGHBORS TO BRING TO THEIR LOCAL SUPERMARKET REQUESTING THE SUPER MARKET CARRY CERTIFIED HUMANE PRODUCTS WE CAN ALL BE ADVOCATES FOR FARM ANIMALS BY PURCHA SING CERTIFIED HUMANE PRODUCTS AND BY UTILIZING THE TOOLS PROVIDED ON OUR WEBSITE AND THRO UGH OUR NEW APP IN ORDER TO BECOME CERTIFIED BY HFAC, FARMERS MUST MEET HFAC ANIMAL CARE STANDARDS AND PASS ANNUAL INSPECTIONS HFAC'S ANIMAL CARE STANDARDS WERE DEVELOPED AND SUB JECT TO REGULAR REVIEW BY A VERITABLE "WHO'S WHO" OF NATIONAL AND INTERNATIONAL ANIMAL SCI ENTISTS AND FARM-ANIMAL WELFARE EXPERTS OUR VOLUNTARY SCIENTIFIC COMMITTEE CONSISTS OF, K ENNETH E ANDERSON, PHD NORTH CAROLINA STATE UNIVERSITY, USA MICHAEL APPLEBY, PHD WORLD AN IMAL PROTECTION, USA RICHARD BLATCHFORD, PHD UNIVERSITY OF CALIFORNIA, DAVIS, USA ELISABET TA CANALI, PHD UNIVERSIT DEGLI STUDI, MILAN, ITALY SYLVIE CLOUTIER, PHD ASSOCIATE DIRECTOR OF ASSESSMENT, CANADIAN COUNCIL ON ANIMAL CARE, OTTAWA, CANADA BRENDA COE, PHD PENNSYLVAN IA STATE UNIVERSITY, USA HANS COETZEE, PHD IOWA STATE UNIVERSITY, USA LUIZ DEMATTE, DVM, P HD INDUSTRIAL DIRECTOR OF KORIN LTD, AND GENERAL COORDINATOR OF MOKITI OKADA FOUNDATION, B RAZIL INMA ESTVES, PHD RESEARCH PROFESSOR, NEIKER-TECNALIA UNIVERSITY, SPAIN ANNE FANATICO , PHD APPALACHIAN STATE UNIVERSITY, USA VALENTINA FERRANTE, PHD UNIVERSITY OF MILAN, ITALY TRENT GILBERY, MS NORTH DAKOTA STATE UNIVERSITY, USA ALAN GOLDBERG, PHD THE JOHNS HOPKINS UNIVERSITY, USA TEMPLE GRANDI</p>

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<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>N, PHD COLORADO STATE UNIVERSITY, USA THOMAS G HARTSOCK, PHD UNIVERSITY OF MARYLAND, USA JRG HARTUNG, DVM INSTITUTE OF ANIMAL HYGIENE, WELFARE AND FARM ANIMAL BEHAVIOR UNIVERSITY OF VETERINARY MEDICINE, HANOVER, GERMANY BRITTANY HOWELL, PHD FORT HAYS STATE UNIVERSITY, USA PAM HULLINGER, DVM, MPVM UNIVERSITY OF CALIFORNIA LAWRENCE LIVERMORE NATIONAL LABORATORY, USA JOY MENCH, PHD UNIVERSITY OF CALIFORNIA, DAVIS, USA SUZANNE MILLMAN, PHD IOWA STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE, USA MALCOLM MITCHELL, PHD SRUC, SCOTLAND'S RURAL COLLEGE, SCOTLAND PRIYA MOTUPALLI, PHD IKEA FOOD GLOBAL SUSTAINABLE SOURCING SPECIALIST, SWEDEN RUTH NEWBERRY, PHD ASSOCIATE PROFESSOR, NORWEGIAN UNIVERSITY OF LIFE SCIENCES, A DJUNCT PROFESSOR, WASHINGTON STATE UNIVERSITY, USA HUMANE FARM ANIMAL CARE SCIENTIFIC COMMITTEE JANUARY 2018 ABDULLAH OZEN, PHD PROFESSOR, FIRAT UNIVERSITY, ELAZIG, TURKEY EDMOND PAJOR, PHD UNIVERSITY OF CALGARY, ALBERTA, CANADA JOSE PERALTA, PHD, DVM WESTERN UNIVERSITY OF HEALTH SCIENCE, COLLEGE OF VETERINARY MEDICINE, POMONA CALIFORNIA, USA ROSANGELA POLETO, DVM, PHD PROFESSOR, INSTITUTO FEDERAL DO RIO GRANDE DO SUL, BRAZIL MARTIN POTTER, PHD ANIMAL WELFARE CONSULTANT, MEMBER OF FAWT, UK AND ADVISING MEMBER OF EIG, UK MOHAN RAJ, PHD HONORARY VISITING FELLOW, SCHOOL OF VETERINARY SCIENCES, BRISTOL UNIVERSITY, BRISTOL, UK JEAN-LOUP RAULT, PHD INSTITUTE OF ANIMAL HUSBANDRY AND ANIMAL WELFARE AT VETMEDUNI, VIENNA, AUSTRIA KAREN SCHWEAN-LARDNER, PHD UNIVERSITY OF SASKATCHEWAN, CANADA J K SHEARER, PHD IOWA STATE UNIVERSITY, USA MARILYN M SIMUNICH, DVM DIRECTOR, ANIMAL HEALTH LABORATORY, DIVISION OF ANIMAL INDUSTRIES, IDAHO STATE DEPT OF AGRICULTURE, USA CAROLYN STULL, PHD CHARMAN, SCIENTIFIC COMMITTEE UNIVERSITY OF CALIFORNIA, DAVIS, USA JANICE SWANSON, PHD MICHIGAN STATE UNIVERSITY, USA WILLIAM VANDRESSER, DVM RETIRED EXTENSION VETERINARIAN, USA ANDREA DE PAULA VIEIRA, DVM, PHD ANIMAL WELFARE SCIENTIST, UNIVERSIDADE DE SO PAULO, BRAZIL DANIEL M WEARY, PHD PROFESSOR AND NSERC INDUSTRIAL RESEARCH CHAIR, ANIMAL WELFARE PROGRAM, UNIVERSITY OF BRITISH COLUMBIA, CANADA JULIA WRATHALL, PHD DIRECTOR, FARM ANIMALS DIVISION, RSPCA, WEST SUSSEX, UK ADROALDO ZANELLA, PHD PROFESSOR, DEPT MEDICINA VETERINARIA PREVENTIVA E SAUDE ANIMAL / FMVZ UNIVERSIDADE DE SO PAULO, PIRASSUNUNGA/SP, BRAZIL THE CREDIBILITY OF OUR PROGRAM RESTS WITH FARMERS AND RANCHERS MEETING THE HIGH WELFARE STANDARDS WE SET BY PASSING ANNUAL INSPECTIONS THE PROGRAM ALSO MUST INSPECT PROCESSING PLANTS TO MAKE SURE THAT THE SLAUGHTER OF THE ANIMALS IS HUMANE AND THE HANDLING OF THE ANIMALS BEFORE SLAUGHTER IS GENTLE IN ADDITION, TRACEABILITY AUDITS ARE PERFORMED ON ALL PRODUCTS, ENSURING THAT EVERY PACKAGE, CARTON OR CASE THAT HAS THE CERTIFIED HUMANE LOGO ON IT CAN BE TRACED BACK TO THE FARM, BARN, FLOCK OR HERD THAT WAS INSPECTED AND CERTIFIED HFAC CONTINUES TO BE THE ONLY ANIMAL WELFARE CERTIFICATION ORGANIZATION TO CONDUCT TRACEABILITY AUDITS THIS REQUIRES THREE DIFFERENT TYP</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ES OF INSPECTORS THE FIRST ARE THOSE THAT HAVE SPECIES-SPECIFIC KNOWLEDGE AND DO THE ON F ARM INSPECTIONS THEY ARE USUALLY UNIVERSITY PROFESSORS WITH A PHD IN ANIMAL SCIENCE OR A DVM AND HAVE A GREAT DEAL OF EXPERTISE ON THE SPECIES THEY ARE INSPECTING ADDITIONALLY, S LAUGHTER/PROCESSOR INSPECTIONS REQUIRE A DIFFERENT EXPERTISE FOR EXAMPLE, ONLY POULTRY SC IENTISTS OR POULTRY VETERINARIANS WOULD BE CONSIDERED TO INSPECT POULTRY ON THE FARM EVEN WITH COWS, SCIENTISTS OR VETERINARIANS WITH EXPERIENCE IN DAIRY COWS HAVE DIFFERENT EXPER TISE THAN THOSE WITH BEEF CATTLE EXPERIENCE THESE INSPECTORS ARE SPECIALLY TRAINED TO UND ERSTAND WHAT TO LOOK FOR DURING THE SLAUGHTER PROCESS AND HOW TO RECOGNIZE INSENSIBILITY A ND CAREFUL HANDLING TECHNIQUES FINALLY, THE TRACEABILITY AUDITORS UNDERSTAND HOW TO LOOK FOR SEPARATION AND SEGREGATION OF PRODUCTS, HOW TO DO IN/OUT AUDITS TO MAKE SURE THE AMOUN T OF PRODUCT THAT COMES IN IS THE SAME AMOUNT THAT GOES OUT, AND THAT NON-CERTIFIED PRODUC T DOES NOT END UP IN PACKAGES WITH THE CERTIFIED HUMANE SEAL WITH EVERY PRODUCER WHO AGRE ES TO ABIDE BY HUMANE FARM ANIMAL CARE'S, ANIMAL CARE STANDARDS, THOUSANDS MORE ANIMALS BE NEFIT, AND MANY MORE FARMERS HAVE A CHANCE TO SEE THAT THEY, TOO, CAN CHANGE THE WAY THEY RAISE ANIMALS WITHOUT FEARING FOR THEIR BOTTOM LINE FUNDING RECEIVED HAS HELPED HFAC BRIN G MANY SMALL FARMS, WHOSE INSPECTION FEES ARE WAIVED, INTO OUR PROGRAM OUR PROGRAM MANUAL DESCRIBES THE NUMBER OF ANIMALS THAT QUALIFY A FARM FOR THE "SMALL FARM EXEMPTION " IF A FARM MEETS THAT CRITERIA, HFAC WAIVES THESE FEES IN ORDER TO ENSURE THAT EVERY PRODUCER TH AT IS WILLING TO MAKE AND SUSTAIN THE CHANGES NECESSARY TO BECOME CERTIFIED HUMANE CAN DO SO- NO MATTER HOW SMALL ALL FARMS AND PROCESSING PLANTS ARE INSPECTED ANNUALLY TO VERIFY THAT THEY ARE MEETING ALL THE REQUIREMENTS AS DESCRIBED IN OUR ANIMAL CARE STANDARDS (THE STANDARDS ARE AVAILABLE FOR DOWNLOAD BY CONSUMERS AND PRODUCERS ALIKE FROM OUR WEB SITE A T WWW CERTIFIEDHUMANE ORG) HFAC HAS CREATED AN INFRASTRUCTURE AND PROCESSES THAT MEET THE HIGHEST INTERNATIONAL STANDARDS FOR A CERTIFICATION BODY THE ACHIEVEMENTS OF THE CERTIFI ED HUMANE PROGRAM ARE THE RESULT OF A COMMITTED STAFF, VOLUNTEERS, SUPPORTERS, AS GENEROUS CONTRIBUTIONS FROM THE PUBLIC AND FOUNDATIONS, AND LOYAL CONSUMER WHO REQUEST AND SHOP FO R CERTIFIED HUMANE PRODUCTS</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE DRAFT 990 IS REVIEWED BY THE CEO AND CHANGES ARE MADE BEFORE SENDING IT TO THE TREASURER TO REVIEW AND APPROVE

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	WE REQUIRE ALL EMPLOYEES, BOARD, VOLUNTEERS, INSPECTORS AND INDEPENDENT CONTRACTORS TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM THE CONFLICTS OF INTEREST ARE LISTED ON A MASTER LIST AND PRIOR TO A BOARD MEETING, FOR EXAMPLE, THE LIST IS CIRCULATED SO IF THERE IS A DISCUSSION ON ANY TOPIC WHERE A BOARD MEMBER MAY HAVE A CONFLICT OF INTEREST, THEY WILL BE EXCUSED FROM THE DISCUSSION, VOTE OR ANY PARTICIPATION IN THAT ISSUE IF AN INSPECTOR HAS A CONFLICT OF INTEREST THEY WILL NOT BE ASSIGNED AN INSPECTION WHERE A CONFLICT MAY EXIST (SUCH AS THEY MIGHT DO SOME CONSULTING WORK FOR COMPANY/PRODUCER)

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Return Reference	Explanation
<p>FORM 990, PAGE 6, PART VI, LINE 15A</p>	<p>HIRING A) SCREENING AND INTERVIEWING PERSONNEL APPLICANTS' RESUMES ARE SCREENED BY THE CEO USING THE QUALIFICATIONS IN THE JOB DESCRIPTION FOR THE POSITION AS SCREENING CRITERIA THE CEO ARRANGES AN INTERVIEW WITH EACH CANDIDATE WHO PASSES THE INITIAL SCREENING THE CEO INVITES OTHER PERSONNEL TO PARTICIPATE IN THE INTERVIEW B) SELECTING PERSONNEL THE CEO SE LECTS THE TOP CANDIDATES AND CHECKS THE CANDIDATES' REFERENCES THE CEO MAKES THE FINAL DE CISION ON HIRING, AFTER CONSULTING WITH THE POTENTIAL EMPLOYEE'S IMMEDIATE SUPERVISOR AND OR THE MANAGING COMMITTEE SELECTION OF EMPLOYEES SHALL BE BASED SOLELY UPON THEIR COMPETE NCE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE SPECIFIC POSITION, WITH OR WITHOUT REASONABL E ACCOMMODATION MINIMUM CRITERIA FOR THE COMPETENCE OF PERSONNEL ARE INCLUDED IN THE JOB DESCRIPTIONS FOR STAFF AND COMMITTEE POSITIONS IN ADDITION, THE HFAC ADMINISTRATIVE PROC EDURES MANUAL PROVIDES INSTRUCTIONS FOR THE TASKS TO BE CARRIED OUT BY PERSONS HOLDING STA FF AND COMMITTEE POSITIONS C) SIGNING THE EMPLOYMENT AGREEMENT UPON HIRING, HFAC REQUIRES ALL PERSONNEL (INCLUDING CONTRACTORS AND VOLUNTEERS) INVOLVED IN THE CERTIFICATION PROCES S TO SIGN A CONTRACT OR OTHER DOCUMENT BY WHICH THEY COMMIT THEMSELVES TO CONFORM WITH TH E STANDARDS, POLICIES AND PROCEDURES OF HFAC TO SIGN A CONFIDENTIALITY AGREEMENT TO FILL OUT AND SUBMIT A DECLARATIONS OF INTEREST FORM AND TO SUBMIT AN UPDATED RESUME IF POSITIO N WITHIN HFAC CHANGES, OR AT THE REQUEST OF THE CHIEF EXECUTIVE OFFICER D) HIRING A CHIEF EXECUTIVE OFFICER THE BOARD OF DIRECTORS IS RESPONSIBLE FOR RECRUITING AND HIRING THE CEO USING THE PROCEDURES DESCRIBED ABOVE E) HIRING RELATIVES OF EXISTING EMPLOYEES THE CEO M AY CONSIDER HIRING QUALIFIED MEMBERS OF THE IMMEDIATE FAMILY OF AN EMPLOYEE FOR THIS PURP OSE ONLY, AN EMPLOYEE'S FAMILY IS DESIGNATED AS A SPOUSE, DOMESTIC PARTNER, GRANDPARENTS, GRANDCHILDREN, BROTHERS, AND SISTERS OF EMPLOYEE OR SPOUSE/DOMESTIC PARTNER, OR DEPENDENTS LIVING IN THE EMPLOYEE'S HOUSEHOLD HOWEVER, IF AN EMPLOYEE'S IMMEDIATE FAMILY MEMBER IS HIRED, CERTAIN RESTRICTIONS APPLY UNLESS AN EXCEPTION TO ONE OR MORE REQUIREMENTS IS MADE WITH THE WRITTEN AUTHORIZATION OF THE CEO "AN EMPLOYEE'S FAMILY MEMBER WILL NOT DIRECTLY OR INDIRECTLY EXERCISE SUPERVISORY, APPOINTMENT OR DISMISSAL AUTHORITY OR DISCIPLINARY ACT ION OVER ANOTHER FAMILY MEMBER, "ONE FAMILY MEMBER WILL NOT AUDIT, VERIFY, RECEIVE, OR BE ENTRUSTED WITH MONEYS RECEIVED OR HANDLED BY THE OTHER'S FAMILY MEMBER F) HIRING EMPLOYEE S TRANSFERRING FROM ANOTHER POSITION IF AN EMPLOYEE WOULD LIKE TO BE CONSIDERED FOR A TRAN SFER TO ANOTHER POSITION, THE EMPLOYEE SHOULD DISCUSS THE POSSIBILITY OF MAKING THIS CHANG E WITH HER/HIS SUPERVISOR TRANSFERS MAY BE CONSIDERED WHEN AN OPENING EXISTS IF IT IS IN THE BEST INTEREST AND NEEDS OF HFAC AS FOR OTHER METHODS OF FILLING A POSITION, PRIMARY C ONSIDERATION IS GIVEN TO QUALIFICATIONS, EXPERIENCE, TRAINING, INTEREST, AND ABILITY TO ME ET THE JOB REQUIREMENTS AS IND</p>

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FORM 990, PAGE 6, PART VI, LINE 15A	ICATED ON JOB DESCRIPTIONS FILLING POSITIONS WITH PERSONNEL TRANSFERRING FROM ANOTHER HFA C POSITION ALSO INVOLVES EVALUATION OF PAST JOB PERFORMANCE IN RELATION TO THE SKILLS AND EXPERIENCE REQUIRED FOR THE NEW POSITION

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FORM 990, PAGE 6, PART VI, LINE 15B	THE SAME AS 15A

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FORM 990, PAGE 6, PART VI, LINE 17	MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NORTH CAROLINA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WISCONSIN, WEST VIRGINIA

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FORM 990, PAGE 6, PART VI, LINE 19	OUR 990, FORM 1023 AND CONFLICT OF INTEREST POLICY ARE AVAIABLE ON GUIDESTAR AND AVAILABLE UPON REQUEST

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Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR 0 834 0 INSPECTOR FEES 184,727 0 0 TOTAL 184,727 834 0