

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: C Name of organization HUMANE SOCIETY INTERNATIONAL D Employer identification number 52-1769464 E Telephone number (202) 452-1100 F Name and address of principal officer: CRISTOBEL BLOCK SAME AS C ABOVE G Gross receipts \$ 29,022,068 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: 501(c)(3) J Website: WWW.HSI.ORG K Form of organization: Corporation L Year of formation: 1991 M State of legal domicile: DC

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Summary of mission and revenue; 8-12 Revenue (Prior Year vs Current Year); 13-19 Expenses (Prior Year vs Current Year); 20-22 Net Assets or Fund Balances (Beginning of Current Year vs End of Year).

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 WILLIAM H HALL, CHIEF FINANCIAL OFFICER. Date. Paid Preparer Use Only: Print/Type preparer's name MARC R. BERGER CPA, Preparer's signature, Date, Check if self-employed, PTIN P01871563, Firm's name BDO USA, P.A., Firm's EIN 13-5381590, Firm's address 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102, Phone no. (703) 893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HUMANE SOCIETY INTERNATIONAL WORKS AROUND THE GLOBE TO PROMOTE THE HUMAN-ANIMAL BOND, RESCUE AND PROTECT DOGS AND CATS, IMPROVE FARM ANIMAL WELFARE, PROTECT WILDLIFE, PROMOTE ANIMAL-FREE TESTING AND RESEARCH, RESPOND TO NATURAL DISASTERS AND CONFRONT CRUELTY TO ANIMALS IN ALL ITS FORMS.

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

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

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

4a (Code:) (Expenses \$ 12,872,700 including grants of \$ 7,449,289) (Revenue \$ 439,192) END THE CRUELEST PRACTICES

END FACTORY FARMING: CAGE AND CRATE FREE & PLANT BASED EATING *HSI CONTINUED TO LEAD THE GLOBAL MOVEMENT TO END THE LIFELONG CONFINEMENT OF EGG-LAYING HENS IN BATTERY CAGES IN 2023 BY WORKING WITH COMPANIES AROUND THE WORLD TO ADOPT CAGE-FREE EGG PROCUREMENT POLICIES. HSI ALSO CONTINUED TO PROMOTE PLANT-BASED EATING WORLDWIDE. CORPORATE AND INSTITUTIONAL COMMITMENTS IN SOUTH AFRICA, BRAZIL, MEXICO, AND ACROSS SOUTHEAST ASIA CONTINUED TO DRIVE CHANGE IN EGG AND PORK PRODUCER COMPANIES, RETAILERS AND DISTRIBUTORS, RESULTING IN BETTER CONDITIONS FOR HUNDREDS OF THOUSANDS OF FARMED CHICKENS AND PIGS.

(CONTINUED TO SCHEDULE O)

4b (Code:) (Expenses \$ 6,777,143 including grants of \$ 4,696,286) (Revenue \$ 231,223) CARE FOR ANIMALS IN CRISIS

COMPANION ANIMALS: STREET DOGS & OTHER *HSI PROVIDED SPAY-NEUTER, VACCINATIONS AND VETERINARY CARE TO HUNDREDS OF DOGS AND CATS IN SOUTH AFRICA, ROMANIA, BOLIVIA, AND CHILE, INCLUDING PROVIDING CRITICAL SERVICES FOR CATS LIVING IN A PRISON YARD AND DOGS LIVING AT A MASSIVE LANDFILL.

WILDLIFE: ELEPHANT IMMUNOCONTRACEPTION IN SOUTH AFRICA IN 2023, HSI EXPANDED ITS WORK WITH RESERVES. HSI NOW WORKS WITH 48 RESERVES TO ADMINISTER AN IMMUNOCONTRACEPTION VACCINE TO OVER 1,670 FEMALE ELEPHANTS TO HUMANELY MANAGE POPULATION SIZES.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 3,157,463 including grants of \$ 1,762,393) (Revenue \$ 107,727) BUILD A STRONGER ANIMAL PROTECTION MOVEMENT

*HSI WORKS TO BOLSTER THE CAPACITY OF GOVERNMENTS AND ANIMAL PROTECTION ORGANIZATIONS AND ADVOCATES GLOBALLY. FOR EXAMPLE, HSI TRAINED VETERINARIANS ON QUALITY SPAY-NEUTER TECHNIQUES IN BOLIVIA; AND HSI PROVIDED DOZENS OF TRAININGS TO OVER 2,000 PROFESSIONALS IN MEXICO, CENTRAL AMERICA, EUROPE, AND ELSEWHERE. THROUGH THESE PROGRAMS WE TRAINED LAW ENFORCEMENT, GOVERNMENT AND NGO OFFICERS WHO DEAL WITH ANIMAL CRUELTY CASES-INCLUDING POLICE, VETERINARIANS, PROSECUTORS, BORDER CONTROL, 911 EMERGENCY SERVICES RESPONDERS, AND FIREFIGHTERS.

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

4e Total program service expenses 22,807,306

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on 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		✓	
b	If "Yes," enter the name of the foreign country <u>BE, CA, CS, IN, KS, LI, SF, UK, VM</u> 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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	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			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.	15			✓
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			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 8		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 8		
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?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?		<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
WILLIAM H. HALL, 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037, (202) 452-1100

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRISTOBEL BLOCK CHIEF EXECUTIVE OFFICER	0.0 40.0			✓				0	608,991	40,681
(2) ALISON GREGG CORCORAN CHIEF DEVELOPMENT & MARKETING OFFICER	1.0 38.0			✓				0	372,864	41,074
(3) ANGELA CICCOLO CHIEF LEGAL OFFICER	1.5 37.0			✓				0	385,199	21,433
(4) ERIN FRACKLETON CHIEF OPERATING OFFICER	6.5 32.5			✓				0	366,699	29,949
(5) WILLIAM H. HALL CHIEF FINANCIAL OFFICER	4.0 34.0			✓				0	299,612	42,775
(6) JEFFREY FLOCKEN PRESIDENT	36.0 4.0			✓				302,809	0	35,708
(7) NICOLE PAQUETTE CHIEF US PROGRAMS & POLICY OFFICER	1.0 38.0			✓				0	300,639	36,650
(8) MIGUEL ABI-HASSAN CHIEF ANIMAL RESCUE, CARE AND SANCTUARY OFFICER	5.0 34.0			✓				0	307,259	25,975
(9) MARSHALL TAYLOR CHIEF PEOPLE OFFICER	1.0 38.0			✓				0	312,841	19,600
(10) ALEXANDRA FREIDBERG SENIOR VICE PRESIDENT, OPERATIONS & ASSISTANT SECRETARY	24.8 15.2			✓				118,492	73,597	33,436
(11) ANNA FROSTIC SENIOR VICE PRESIDENT, PROGRAMS & POLICY	40.0 0.0			✓				178,475	0	37,883
(12) REVA BHATIA ASSISTANT TREASURER	15.0 25.0			✓				0	200,315	15,013
(13) DONNA GADOMSKI SENIOR PROGRAM DIRECTOR, EXTERNAL AFFAIRS	40.0 0.0					✓		150,379	0	28,347
(14) CAROLYN SIPE SENIOR DIRECTOR, MARKETING	40.0 0.0					✓		153,464	0	19,123

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHERINE POLAK VP. COMPANION ANIMALS & ENGAGEMENT	40.0 0.0				✓			152,222	0	19,123
(16) JULIE JANOVSKY VP. FARM ANIMALS	40.0 0.0					✓		148,564	0	19,180
(17) TREVOR GRIFFITH SENIOR DIRECTOR, GLOBAL PERFORMANCE MEDIA	15.2 24.8					✓		54,804	90,852	17,727
(18) CATHERINE WILLETT SENIOR DIRECTOR, SCIENCE & REGULATORY AFFAIRS	40.0 0.0					✓		141,427	0	20,466
(19) BARBARA BALINGER ASSISTANT TREASURER	1.0 39.0			✓				0	142,993	9,018
(20) JOHANIE V. PARRA ASSISTANT SECRETARY	2.0 36.0			✓				0	107,106	6,074
(21) CARLO CARANI GENERAL COUNSEL & BOARD SECRETARY	40.0 0.0			✓				95,877	0	6,201
(22) DELENIA MCIVER GENERAL COUNSEL & BOARD SECRETARY	40.0 0.0			✓				84,554	0	14,505
(23) NINA PENA ASSISTANT TREASURER	40.0 0.0			✓				20,154	0	1,624
(24) BRIAN D. BORG DIRECTOR	1.0 0.0	✓						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,601,221	3,568,967	541,565
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,601,221	3,568,967	541,565

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 16

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

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
META PLATFORMS, INC., 1601 WILLOW ROAD, MENLO PARK, CA 94025	ONLINE ADVERTISING AND FUNDRAISING	2,839,501
SAFEGUARD WORLD INTERNATIONAL LTD. DBA SAFEGUARD GLOBAL, GROUND FLOOR, BUILDING 2, CAMPION PARK, HOLMES CHAPEL, CHESHIRE, CW4 8AX, UK	INTERNATIONAL PAYROLL SERVICES	1,112,274
RWT PRODUCTION LLC, 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	PRINT, DESIGN & COPY SERVICE	990,568
APFS STAFFING, INC. DBA ADDISON PROFESSIONAL FINANCIAL SEARCH, LLC, 7076 SOLUTIONS CENTER, CHICAGO, IL 60677	TEMPORARY STAFFING	238,569
ANNE LEWIS STRATEGIES, LLC DBA MISSIONWIRED, 650 MASSACHUSETTS AVENUE, NW, SUITE 505, WASHINGTON, DC 20001	FUNDRAISING CONSULTANTS	199,392
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	10	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 41,079				
	b	Membership dues	1b				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 9,258,300				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 18,903,170				
	g	Noncash contributions included in lines 1a-1f	1g \$ 6,630				
	h	Total. Add lines 1a-1f		28,202,549			
	Program Service Revenue	2a	SUPPORT SERVICES REVENUE Business Code 561000	778,142	778,142		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		778,142			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2		2	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		2,672		2,672	
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c 0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c 0	0			
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b 0					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
		10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	LIST RENTAL Business Code 900099	28,713			28,713	
	b	OTHER 900099	9,990			9,990	
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		38,703			
12	Total revenue. See instructions		29,022,068	778,142	0	41,377	

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	339,546	339,546		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000	5,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,563,422	13,563,422		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,088,252	627,704	296,005	164,544
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	3,914,625	2,255,943	1,068,758	589,924
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	193,519	112,077	51,788	29,654
9 Other employee benefits	567,479	328,504	152,150	86,825
10 Payroll taxes	339,660	196,536	91,231	51,893
11 Fees for services (nonemployees):				
a Management				
b Legal	75,399	6,992	68,407	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	282,942			282,942
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.)	3,410,586	2,414,553	761,984	234,049
12 Advertising and promotion	3,095,658	1,292,672	46,842	1,756,144
13 Office expenses	480,920	73,388	66,259	341,273
14 Information technology				
15 Royalties				
16 Occupancy	13,281	11,211	2,070	0
17 Travel	737,977	595,203	142,746	28
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,404	9,198	2,206	0
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	1,392	1,175	217	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>EDUCATION AND MARKETING MATERIAL</u>	2,554,419	964,911	2,426	1,587,082
b <u>OTHER TAXES AND STATE REGISTRATION FEES</u>	24,288	9,271	0	15,017
c -----				
d -----				
e All other expenses -----	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	30,699,769	22,807,306	2,753,089	5,139,375
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	7,485,487	2,609,637	0	4,875,850

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	76,938	1	115,101
	2 Savings and temporary cash investments	3,526,054	2	1,455,257
	3 Pledges and grants receivable, net	554,004	3	123,694
	4 Accounts receivable, net	889,714	4	1,712,151
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	1,694,149	13	2,074,446
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	631,608	15	205,490
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,372,467	16	5,686,139	
Liabilities	17 Accounts payable and accrued expenses	1,303,171	17	2,052,539
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	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	21,618	25	41,765
	26 Total liabilities. Add lines 17 through 25	1,324,789	26	2,094,304
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	(6,632,673)	27	(8,603,696)
	28 Net assets with donor restrictions	12,680,351	28	12,195,531
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,047,678	32	3,591,835
33 Total liabilities and net assets/fund balances	7,372,467	33	5,686,139	

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	29,022,068
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,699,769
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,677,701)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,047,678
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 on Schedule O)	9	(778,142)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,591,835

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Part 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 (Check all that apply)						(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			
(25) JENNIFER D. LAUE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) KATHLEEN M. LINEHAN, ESQ. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) MARCELO DE ANDRADE ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(28) MARILIA DUFFLES ----- DIRECTOR	1.5 ----- 0.0	✓						0	0	0
(29) NICOLAS IBARGUEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) STEVEN G. WHITE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) SUSAN ATHERTON ----- BOARD CHAIR	5.0 ----- 0.7	✓						0	0	0
(32) SARA AMUNDSON ----- CHIEF US GOVERNMENT RELATIONS OFFICER	1.0 ----- 1.0			✓				0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
---	---

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).)
- 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 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 33¹/₃% 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 33¹/₃% 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,382,166	22,983,044	22,395,621	30,487,250	28,202,549	125,450,630
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	21,382,166	22,983,044	22,395,621	30,487,250	28,202,549	125,450,630
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)						2,953,375
6 Public support. Subtract line 5 from line 4						122,497,255

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	21,382,166	22,983,044	22,395,621	30,487,250	28,202,549	125,450,630
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,549	4,133	616	1,200	2,674	13,172
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,174	22,732	36,991	26,528	38,703	148,128
11 Total support. Add lines 7 through 10						125,611,930
12 Gross receipts from related activities, etc. (see instructions)					12	3,209,534
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.52 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.02 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) LIST RENTAL INCOME	23,174	22,732	36,991	26,441	28,713	138,051
	(2) OTHER REVENUE	0	0	0	87	9,990	10,077
	Total	23,174	22,732	36,991	26,528	38,703	148,128

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization HUMANE SOCIETY INTERNATIONAL

Employer identification number 52-1769464

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [checked] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [checked] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 9,231,862	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 2,400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990) 2023

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		255
e Publications, or published or broadcast statements?	✓		1,468
f Grants to other organizations for lobbying purposes?	✓		1,046,612
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			1,048,335
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1B - PAID STAFF OR MANAGEMENT	HSI MANAGEMENT AND STAFF PLAN, COORDINATE, AND IMPLEMENT A PUBLIC POLICY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH LEGISLATORS, EXECUTIVE AND REGULATORY AGENCIES, ANIMAL WELFARE COALITIONS, AND OTHER NATIONAL AND INTERNATIONAL ORGANIZATIONS.
SCHEDULE C, PART II-B, LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC	HSI SENT ELECTRONIC UPDATES ON ANIMAL WELFARE LEGISLATION TO INTERESTED PARTIES.
SCHEDULE C, PART II-B, LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS	HSI MADE STATEMENTS IN ITS ELECTRONIC AND PRINT PUBLICATIONS, AS WELL AS IN PUBLISHED OR BROADCAST STATEMENTS INTENDED TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS.
SCHEDULE C, PART II-B, LINE 1F - GRANTS TO OTHER ORGANIZATIONS	HSI MADE GRANTS TO OTHER ORGANIZATIONS TO FURTHER ANIMAL WELFARE LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: HUMANE SOCIETY INTERNATIONAL; Employer identification number: 52-1769464

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for various questions and data points.

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

Table with 2 columns: Revenue, Assets. Rows 1a, 1b, 2 for various questions and data points.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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** Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? **3a(i)**
- (ii)** Related organizations? **3a(ii)**

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

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, line 12, col. (B))		

Part VIII Investments—Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY IN HUMANE SOCIETY INTERNATIONAL MEXICO, A.C.	2,020,992	COST
(2) EQUITY IN HUMANE SOCIETY INTERNATIONAL KOREA	43,115	COST
(3) EQUITY IN HUMANE SOCIETY INTERNATIONAL:INDIA	10,339	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))	2,074,446	

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	14,427
(3) DUE TO AFFILIATES	27,338
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	41,765

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

Part XIII

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 - Identifier	Explanation									
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th data-bbox="427 241 1243 275">(a) Description</th> <th data-bbox="1243 241 1524 275">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 275 1243 512"> THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL - EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL - LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL - AFRICA, HUMANE SOCIETY INTERNATIONAL KOREA, AND HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) REVENUE NOT INCLUDED IN TAX RETURN </td> <td data-bbox="1243 275 1524 512"> 8,229,140 </td> </tr> </tbody> </table>	(a) Description	(b) Amount	THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL - EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL - LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL - AFRICA, HUMANE SOCIETY INTERNATIONAL KOREA, AND HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) REVENUE NOT INCLUDED IN TAX RETURN	8,229,140	<table border="1"> <thead> <tr> <th data-bbox="1250 241 1521 275">(a) Description</th> <th data-bbox="1250 241 1521 275">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="1250 275 1521 512"> THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL - EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL - LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL - AFRICA, HUMANE SOCIETY INTERNATIONAL KOREA, AND HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) EXPENSES NOT INCLUDED IN TAX RETURN </td> <td data-bbox="1250 275 1521 512"> 9,732,655 </td> </tr> </tbody> </table>	(a) Description	(b) Amount	THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL - EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL - LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL - AFRICA, HUMANE SOCIETY INTERNATIONAL KOREA, AND HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) EXPENSES NOT INCLUDED IN TAX RETURN	9,732,655
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SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th data-bbox="427 520 1243 554">(a) Description</th> <th data-bbox="1243 520 1524 554">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 554 1243 789"> THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL - EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL - LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL - AFRICA, HUMANE SOCIETY INTERNATIONAL KOREA, AND HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) EXPENSES NOT INCLUDED IN TAX RETURN </td> <td data-bbox="1243 554 1524 789"> 9,732,655 </td> </tr> </tbody> </table>	(a) Description	(b) Amount	THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL - EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL - LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL - AFRICA, HUMANE SOCIETY INTERNATIONAL KOREA, AND HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) EXPENSES NOT INCLUDED IN TAX RETURN	9,732,655	<table border="1"> <thead> <tr> <th data-bbox="1250 520 1521 554">(a) Description</th> <th data-bbox="1250 520 1521 554">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="1250 554 1521 789"> FOREIGN CURRENCY LOSS </td> <td data-bbox="1250 554 1521 789"> 20,246 </td> </tr> </tbody> </table>	(a) Description	(b) Amount	FOREIGN CURRENCY LOSS	20,246
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(a) Description	(b) Amount									
FOREIGN CURRENCY LOSS	20,246									
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<table border="1"> <thead> <tr> <th data-bbox="427 800 1243 833">(a) Description</th> <th data-bbox="1243 800 1524 833">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 833 1243 875"> FOREIGN CURRENCY LOSS </td> <td data-bbox="1243 833 1524 875"> 20,246 </td> </tr> </tbody> </table>	(a) Description	(b) Amount	FOREIGN CURRENCY LOSS	20,246	<table border="1"> <thead> <tr> <th data-bbox="1250 800 1521 833">(a) Description</th> <th data-bbox="1250 800 1521 833">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="1250 833 1521 875"> FOREIGN CURRENCY LOSS </td> <td data-bbox="1250 833 1521 875"> 20,246 </td> </tr> </tbody> </table>	(a) Description	(b) Amount	FOREIGN CURRENCY LOSS	20,246
(a) Description	(b) Amount									
FOREIGN CURRENCY LOSS	20,246									
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FOREIGN CURRENCY LOSS	20,246									

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 - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FOLLOWING FOOTNOTE IS FROM THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATES (THE SOCIETY):</p> <p>THE HSUS (THE HUMANE SOCIETY OF THE UNITED STATES), FFA (THE FUND FOR ANIMALS), HSI, HSVMA (HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION), AND HSWLT (HUMANE SOCIETY WILDLIFE LAND TRUST) QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. THEREFORE, THE SOCIETY IS GENERALLY NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS; HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES.</p> <p>TOTAL UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2023 WAS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.</p> <p>IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE SOCIETY RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. WITH A FEW EXCEPTIONS, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2020, AND PRIOR. MANAGEMENT HAS EVALUATED THE SOCIETY'S TAX POSITIONS AND HAS CONCLUDED THAT THE SOCIETY HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SEE SCHEDULE O	13,090
(2) EAST ASIA AND THE PACIFIC	0	47	PROGRAM SERVICES	SEE SCHEDULE O	754,519
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	3	PROGRAM SERVICES	SEE SCHEDULE O	945,069
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	5	PROGRAM SERVICES	SEE SCHEDULE O	978,644
(5) SOUTH AMERICA	0	24	PROGRAM SERVICES	SEE SCHEDULE O	1,812,516
(6) SOUTH ASIA	0	7	PROGRAM SERVICES	SEE SCHEDULE O	1,255,652
(7) SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	SEE SCHEDULE O	489,716
(8) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	SEE SCHEDULE O	102,055
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		1,061,188
(10) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,067,483
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		4,901,070
(12) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		1,669,021
(13) SOUTH AMERICA	0	0	GRANTMAKING		114,431
(14) SOUTH ASIA	0	0	GRANTMAKING		1,491,164
(15) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		2,176,137
(16) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		82,928
(17) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		0
3a Subtotal	0	90			19,914,683
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	90			19,914,683

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 35

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH ASIA	SUPPORT CONSERVATION OF OLIVE RIDLEY TURTLES IN THE STATE OF ODISHA, INDIA, DEVELOP OUTREACH PROGRAM TO PROMOTE PLANT-BASED DIET IN SCHOOLS, COLLEGES AND CORPORATE COMPANIES	18,130	EFT			
(2)		EAST ASIA AND THE PACIFIC	SUPPORT ACTIVITIES TO ELIMINATE DOG AND CAT MEAT TRADES BOTH LOCALLY IN THE NORTH SULAWESI PROVINCE AND THROUGHOUT INDONESIA	153,861	EFT			
(3)		SOUTH AMERICA	CAMPAIGN TO END TROPHY HUNTING AND BAN TROPHY IMPORTS INTO ARGENTINA	32,000	EFT			
(4)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROVIDE MEDICAL CARE FOR ANIMALS AFFECTED BY FLOODS AND LANDSLIDES, PROVIDE RABIES VACCINATIONS	9,528	EFT			
(5)		SOUTH AMERICA	IMPLEMENTATION OF FOOD POLICY PROGRAMS WITHIN VARIOUS BRAZILIAN CITIES	11,447	EFT			
(6)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	1,045,189	WIRE			
(7)		SOUTH ASIA	DEVELOP OUTREACH CAMPAIGN AND COMMUNICATIONS STRATEGY TO PROMOTE PLANT-BASED DIET IN SCHOOLS, COLLEGES AND CORPORATE COMPANIES ACROSS INDIA	30,650	EFT			
(8)		EAST ASIA AND THE PACIFIC	RABIES AWARENESS CAMPAIGN, CAMPAIGN TO CLOSE DOG AND CAT SLAUGHTERHOUSE AND RESTAURANTS	23,633	EFT			
(9)		EAST ASIA AND THE PACIFIC	HUMAN-ELEPHANT COEXISTENCE CAMPAIGN	89,685	EFT			
(10)		EAST ASIA AND THE PACIFIC	ASSIST WITH RESCUE AND CARE OF STRAY	170,000	EFT			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ANIMALS, PROVIDE CARE AND VETERINARY TREATMENT TO DOGS AND CATS RESCUED FROM MEAT TRADE, ASSIST WITH ANIMAL ADOPTION EVENTS					
(11)		EUROPE (INCLUDING ICELAND AND GREENLAND)	VETERINARY CARE, VACCINATION, NEUTERING, MEDICATIONS AND SPECIALIZED SURGERIES FOR DOGS AND CATS RESCUED DURING WILDFIRES IN GREECE	38,435	EFT			
(12)		CENTRAL AMERICA AND THE CARIBBEAN	VETERINARY CARE SUPPLIES, VACCINES, ANIMAL FEED AND POTABLE WATER FOR ANIMALS AFTER THE PASSAGE OF HURRICANE FIONA THROUGH THE DOMINICAN REPUBLIC IN THE FALL OF 2022	16,000	EFT			
(13)		SOUTH AMERICA	CARE FOR ANIMALS IMPACTED BY WILDFIRES WITHIN CHILE DURING THE FALL OF 2022, FUNDING FOR VETERINARY MEDICINES, SUPPLIES, ANIMAL FEED, TRANSPORT CAGES, AND SURGERIES	36,504	EFT			
(14)		SUB-SAHARAN AFRICA	PROVIDE SUPPLIES, VETERINARY CARE AND VACCINES TO ANIMALS IMPACTED BY BOTH DROUGHT AND FLOODING IN KENYA	154,740	EFT			
(15)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	720,376	WIRE			
(16)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	4,074,829	WIRE			
(17)		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	1,581,105	WIRE			
(18)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	1,286,021	WIRE			
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	1,337,588	WIRE			
(20)		SOUTH ASIA	GENERAL SUPPORT	1,262,131	WIRE			
(21)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FUNDING FOR GRADUATE STUDENTS TO	8,091	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ATTEND ISAE INTERNATIONAL CONGRESS					
(22)		EAST ASIA AND THE PACIFIC	CAMPAIGN TO SECURE AN INDONESIAN NATIONWIDE BAN ON THE DOG MEAT TRADE, FUNDING FOR HORSES INJURED DURING EARTHQUAKE	25,809	EFT			
(23)		SUB-SAHARAN AFRICA	RESCUE AND CARE FOR A NUMBER OF JUVENILE MONKEYS	15,000	EFT			
(24)		MIDDLE EAST AND NORTH AFRICA	FUNDING FOR PET FOOD FOR RESCUED PETS IN ISRAEL	12,065	EFT			
(25)		SOUTH ASIA	FUND STUDY TO ESTABLISH THE CURRENT STATUS OF WILDLIFE CRIME AND OTHER FACETS OF THE ILLEGAL WILDLIFE TRADE IN URBAN AND RURAL PARTS OF THE STATE OF KARNATAKA IN INDIA	12,227	EFT			
(26)		SOUTH AMERICA	SUPPORT CAMPAIGN TO END COSMETIC ANIMAL TESTING IN CHILE	34,480	EFT			
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREPARE PROPOSAL TO ADD FROG SPECIES TO THE LIST OF PROTECTED SPECIES WITHIN CITES APPENDIX II	6,366	EFT			
(28)		MIDDLE EAST AND NORTH AFRICA	FUNDING TO PROVIDE ANIMAL FEED AND REPAIR ANIMAL CARE FACILITIES AFTER EARTHQUAKE IN MARRAKECH	70,864	EFT			
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FUNDING FOR SPAY AND NEUTER SURGERIES AS WELL AS FOOD FOR ABANDONED DOGS AND CATS IN UKRAINE	219,720	EFT			
(30)		SOUTH ASIA	WORK TOWARDS ACHIEVING FOOD SECURITY AT LOCAL AND NATIONAL LEVEL, PROMOTION OF PLANT BASED FOOD OPTIONS	168,026	EFT			
(31)		EAST ASIA AND THE PACIFIC	BOARDING, CARE, STERILIZATION AND VETERINARY	18,219	EFT			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TREATMENT FOR DOGS AND CATS RESCUED FROM SLAUGHTERHOUSE CLOSURES					
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	534,101	WIRE			
(33)		EAST ASIA AND THE PACIFIC	CAMPAIGN TO PROMOTE FARM ANIMAL WELFARE IN LIVESTOCK PRODUCTION	7,748	EFT			
(34)		NORTH AMERICA (CANADA & MEXICO ONLY)	SUPPORT FOR VETERINARIANS IN ANTAKYA, TURKEY TO PROVIDE FREE VETERINARY SERVICES AND MEDICAL SUPPLIES FOR ANIMALS IN THE WAKE OF AN EARTHQUAKE	331,433	EFT			
(35)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FUND TRANSPORTATION COSTS, ANIMAL FOOD, AND VETERINARY SUPPLIES FOR ANIMALS IN TURKEY AND NORTHERN SYRIA IMPACTED BY REGIONAL EARTHQUAKE	10,000	EFT			

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	HUMANE SOCIETY INTERNATIONAL USES A COMBINATION OF GRANT AGREEMENTS, WHICH OUTLINE SPECIFIC REPORTING REQUIREMENTS, AND SITE VISITS TO MONITOR THE USE OF GRANT FUNDS. RECORDS ARE MAINTAINED THROUGH THE RECEIPT OF FINANCIAL AND PROGRAMMATIC REPORTS FROM GRANTEEES.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ANNE LEWIS STRATEGIES, LLC DBA MISSIONWIRED, 650 MASSACHUSETTS AVENUE, NW, SUITE 505, WASHINGTON, DC 20001	FUNDRAISING CONSULTANTS		✓	3,042,733	193,248	2,849,485
2 TELEFUND, INC., 186 LINCOLN STREET, SUITE 100, BOSTON, MA 02111	(SEE STATEMENT)		✓	2,545	5,115	(2,570)
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,045,278	198,363	2,846,915

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 2	TELEPHONE FUNDRAISING TO OBTAIN MULTI YEAR REVENUE
SCHEDULE G, PART I, LINE 2B(V) - PAYMENT OF FUNDRAISING EXPENSES	<p>THE AGREEMENT HUMANE SOCIETY INTERNATIONAL ENTERED INTO WITH ANNE LEWIS STRATEGIES, LLC DBA MISSIONWIRED ALLOWED FOR THE PAYMENT OF FUNDRAISING EXPENSES (SUCH AS PRINTING, PAPER, POSTAGE, AND ENVELOPES) IN ADDITION TO THE PAYMENT OF FEES FOR PROFESSIONAL FUNDRAISING SERVICES.</p> <p>DETAILS ON VENDOR INVOICES ALLOW HUMANE SOCIETY INTERNATIONAL TO IDENTIFY WHICH COSTS ARE RELATED TO GENERAL FUNDRAISING EXPENSES.</p> <p>HUMANE SOCIETY INTERNATIONAL PAID OUT \$6,144 TO ANNE LEWIS STRATEGIES, LLC DBA MISSIONWIRED FOR FUNDRAISING EXPENSES.</p> <p>IN ADDITION TO THE ORGANIZATIONS WHICH APPEAR ON SCHEDULE G, PART I, HUMANE SOCIETY INTERNATIONAL ENTERED INTO ARRANGEMENTS WITH SIX FUNDRAISING VENDORS TO WHICH THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR FUNDRAISING EXPENSES AND NOT FOR PROFESSIONAL FUNDRAISING SERVICES. THESE VENDORS HANDLE TASKS SUCH AS THE COMPILATION OF MAILING LISTS, PRINTING, DATA PROCESSING SERVICES AND MAILING OF DIRECT MAIL PIECES. THEY DO NOT ASSIST WITH THE CREATION OR PREPARATION OF THE DIRECT MAIL LETTERS, NOR ARE THEY INVOLVED IN ANY OTHER PROFESSIONAL FUNDRAISING ACTIVITY.</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	53-0225390	501(C)(3)	32,701				GENERAL SUPPORT
(2) FRIENDS OF BONOBO PO BOX 2652, DURHAM, NC 27715	20-0347301	501(C)(3)	9,845				(SEE STATEMENT)
(3) (SEE STATEMENT)	83-1840141	501(C)(3)	175,000				(SEE STATEMENT)
(4) (SEE STATEMENT)	46-3038496	501(C)(3)	20,000				(SEE STATEMENT)
(5) SPECIES SURVIVAL NETWORK PO BOX 507, HIGHLAND, MD 20777	52-2133713	501(C)(3)	32,000				GENERAL SUPPORT
(6) (SEE STATEMENT)	85-1079131	501(C)(3)	20,000				(SEE STATEMENT)
(7) UKRAINE WAR ANIMALS RELIEF FUND 75 PINE STREET #203, EDMONDS, WA 98020	92-0430918	501(C)(3)	50,000				(SEE STATEMENT)
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	HUMANE SOCIETY INTERNATIONAL ISSUES GRANTS TO ORGANIZATIONS THAT MEET THE MISSION CRITERIA. GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEEES, AND SITE VISITS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET, NW SUITE 450, WASHINGTON, DC 20037
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MIGHTYVET 6100 4TH AVENUE S, SUITE 200, SEATTLE, WA 98108
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PROVEG INTERNATIONAL INCORPORATED 1380 MONROE STREET, NW, SUITE #222, WASHINGTON, DC 20010
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE INTERNATIONAL WILDLIFE COEXISTENCE NETWORK, INC. 9169 W. STATE STREET, SUITE 1014, GARDEN CITY, ID 83714
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FRIENDS OF BONOBO: FOOD, TRANSPORTATION AND MEDICAL CARE OF BONOBO IN THE DEMOCRATIC REPUBLIC OF CONGO
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MIGHTYVET: FUNDING FOR 25 VETERINARY CLINICS PROVIDING MICROCHIPPING, VACCINATING, SPAY AND NEUTER SURGERIES AND OTHER ASSISTANCE TO PET OWNERS IN UKRAINE, PROVIDING EMERGENCY VETERINARY AND MEDICAL SUPPLIES WITHIN UKRAINE
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PROVEG INTERNATIONAL INCORPORATED: FUNDING FOR A PAVILION AT THE CONFERENCE OF THE PARTIES 28 IN DUBAI
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE INTERNATIONAL WILDLIFE COEXISTENCE NETWORK, INC.: 2024 IWCN CONFERENCE SPONSORSHIP
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UKRAINE WAR ANIMALS RELIEF FUND: FUNDING TO COVER STERILIZATION SERVICES, VACCINES, MICROCHIPS AND VETERINARY SERVICES TO HELP ANIMALS THAT ARE VICTIMS OF THE CONFLICT IN UKRAINE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	✓	
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRISTOBEL BLOCK CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	608,991	0	0	19,800	20,881	649,672	0
2 ALISON GREGG CORCORAN CHIEF DEVELOPMENT & MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	372,864	0	0	19,800	21,274	413,938	0
3 ANGELA CICCOLO CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	385,199	0	0	19,542	1,891	406,633	0
4 ERIN FRACKLETON CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	366,699	0	0	19,750	10,199	396,648	0
5 WILLIAM H. HALL CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	299,612	0	0	18,847	23,928	342,387	0
6 JEFFREY FLOCKEN PRESIDENT	(i)	302,809	0	0	18,535	17,173	338,517	0
	(ii)	0	0	0	0	0	0	0
7 NICOLE PAQUETTE CHIEF US PROGRAMS & POLICY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,639	0	0	18,226	18,423	337,289	0
8 MIGUEL ABI-HASSAN CHIEF ANIMAL RESCUE, CARE AND SANCTUARY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	260,336	0	46,923	15,769	10,206	333,234	0
9 MARSHALL TAYLOR CHIEF PEOPLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	312,841	0	0	18,709	891	332,441	0
10 ALEXANDRA FREIDBERG SENIOR VICE PRESIDENT, OPERATIONS & ASSISTANT SECRETARY	(i)	118,492	0	0	7,645	12,980	139,117	0
	(ii)	73,597	0	0	4,749	8,062	86,408	0
11 ANNA FROSTIC SENIOR VICE PRESIDENT, PROGRAMS & POLICY	(i)	173,949	4,525	0	11,884	26,000	216,358	0
	(ii)	0	0	0	0	0	0	0
12 REVA BHATIA ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	192,815	7,500	0	9,579	5,434	215,327	0
13 DONNA GADOMSKI SENIOR PROGRAM DIRECTOR, EXTERNAL AFFAIRS	(i)	150,379	0	0	9,538	18,808	178,726	0
	(ii)	0	0	0	0	0	0	0
14 CAROLYN SIPE SENIOR DIRECTOR, MARKETING	(i)	153,464	0	0	9,306	9,817	172,587	0
	(ii)	0	0	0	0	0	0	0
15 KATHERINE POLAK VP. COMPANION ANIMALS & ENGAGEMENT	(i)	152,222	0	0	9,306	9,817	171,345	0
	(ii)	0	0	0	0	0	0	0
16 (SEE STATEMENT)	(i)							
	(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
⁽¹⁶⁾ JULIE JANOVSKY VP. FARM ANIMALS	(i)	148,564	0	0	9,153	10,027	167,745	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁷⁾ TREVOR GRIFFITH SENIOR DIRECTOR, GLOBAL PERFORMANCE MEDIA	(i)	54,804	0	0	3,356	3,314	61,474	0
	(ii)	90,852	0	0	5,563	5,494	101,909	0
⁽¹⁸⁾ CATHERINE WILLETT SENIOR DIRECTOR, SCIENCE & REGULATORY AFFAIRS	(i)	141,427	0	0	8,662	11,804	161,893	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁹⁾ BARBARA BALINGER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	142,993	0	0	8,552	466	152,011	0

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>THE COMPENSATION OF CRISTOBEL BLOCK, HSI'S TOP MANAGEMENT OFFICIAL, WAS ESTABLISHED BY THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES (HSUS). BLOCK WAS APPOINTED AS THE PRESIDENT AND CEO OF THE HSUS IN JANUARY OF 2019. AS PART OF THAT PROCESS, THE HSUS BOARD EXAMINED COMPARABILITY DATA TO GUIDE ITS DETERMINATIONS REGARDING BLOCK'S COMPENSATION. IN ACCORDANCE WITH THE "SAFE HARBOR" PROVISIONS OF TREAS. REG. 53.4958-6, THIS PROCESS INVOLVED ATTENTION TO AND AVOIDANCE OF CONFLICTS OF INTEREST, USE OF COMPARABILITY DATA GATHERED AND PRESENTED BY AN OUTSIDE COMPENSATION EXPERT, AND CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS, AND DECISIONS OF THE HSUS BOARD.</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>MIGUEL ABI-HASSAN: \$46,923 RECEIVED PURSUANT TO A SEVERANCE AGREEMENT.</p>

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
HUMANE SOCIETY INTERNATIONAL

Employer Identification Number
52-1769464

Return Reference - Identifier	Explanation
<p>FORM 990, PART I, LINE 1 - BRIEF MISSION</p>	<p>(CONTINUED FROM PART I, LINE 1)</p> <p>HSI PROTECTS COMPANION ANIMALS BY PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMAL POPULATIONS THROUGH SPAY/NEUTER AND VACCINATION PROGRAMS GLOBALLY AND BY WORKING TO ELIMINATE THE DOG-MEAT TRADE IN ASIA. HSI ADVOCATES FOR ELIMINATING ANIMAL TESTING FOR COSMETICS AND OTHER CHEMICALS AND DEVELOPING NON-ANIMAL ALTERNATIVES FOR BIOMEDICAL RESEARCH. HSI CAMPAIGNS AGAINST FARM ANIMAL SUFFERING, PARTICULARLY THE USE OF CRUEL CONFINEMENT SYSTEMS FOR GESTATING PIGS AND EGG LAYING HENS, AND TO END THE FINANCING OF INTENSIVE PRODUCTION SYSTEMS, AND TO REDUCE MEAT CONSUMPTION GLOBALLY. HSI CAMPAIGNS AGAINST WILDLIFE CRUELTY AND SUFFERING BY ADVOCATING TO ELIMINATE TROPHY HUNTING, THE COMMERCIAL KILLING OF SEALS FOR FUR, COMMERCIAL WHALING, SHARK FINNING, AND ALSO WORKS TO PROMOTE HUMANE APPROACHES TO RESOLVING HUMAN-WILDLIFE CONFLICT ISSUES. HSI PROVIDES ON-THE-GROUND RELIEF WHEN DISASTERS STRIKE AND COLLABORATES WITH LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS IN PROVIDING RESCUE, RELIEF, AND EVACUATION SERVICES FOR ANIMALS.</p>
<p>FORM 990, PART III, LINE 4A - END THE CRUELEST PRACTICES (CONTINUED)</p>	<p>CONTINUED FROM PART III, LINE 4A</p> <p>HSI IN BRAZIL SECURED A COMMITMENT FOR FIVE MILLION ADDITIONAL PLANT-BASED MEALS FROM BRAZILIAN INSTITUTIONS SUCH AS SCHOOLS, GOVERNMENT FACILITIES, AND HOSPITALS. FURTHER, THE CITY OF RIO DE JANEIRO APPROVED HSI'S COALITION PILOT PROJECT FOR INTEGRATING PLANT-BASED MEALS INTO 20% OF THE MENU IN SELECT SCHOOLS THIS YEAR, AND ALL SCHOOLS NEXT YEAR, WHICH WILL CONVERT OVER 25 MILLION MEALS ANNUALLY TO FULLY PLANT-BASED. IN MALAYSIA, HSI HOSTED AN EVENT THAT INCLUDED INTERNATIONAL AND LOCAL BUSINESS LEADERS, EGG PRODUCERS, ADVOCATES, STUDENTS AND PROFESSORS, VETERINARIANS, GOVERNMENT REPRESENTATIVES TO EXPLORE A NEW OPPORTUNITY FACING EGG PRODUCERS IN MALAYSIA: CAGE-FREE EGG PRODUCTION. IN VIET NAM, GREEN CONNECT BECAME PART OF THE CAGE-FREE EGG MOVEMENT. GREEN CONNECT HAS COMMITTED TO EXCLUSIVELY PRODUCING AND SELLING CAGE-FREE EGGS ACROSS ALL ITS BRANDS; IT HAS ALSO TAKEN STEPS TOWARD ITS COMMITMENT BY COLLABORATING WITH LARVA YUM, ITS IN-HOUSE FARM PRODUCTION BRAND. LARVA YUM HAS RAISED 6,500 HENS IN BOTH FREE-RANGE AND CAGE-FREE BARN.</p> <p>WILDLIFE: *THE HSI WILDLIFE DEPARTMENT HAD THE FOLLOWING PROGRAM ACCOMPLISHMENTS IN 2023: HSI WORKED TO ELIMINATE THE IMPORT OF HUNTING TROPHIES INTO EUROPE, THE UNITED KINGDOM, AND THE UNITED STATES, AND TO PROHIBIT THE HUNTING AND EXPORT OF IMPERILED SPECIES FROM AFRICA AND EUROPE. AFTER THREE YEARS OF ADVOCACY BY HSI/EUROPE, THE BELGIAN FEDERAL GOVERNMENT BANNED THE IMPORT OF HUNTING TROPHIES OF ENDANGERED ANIMAL SPECIES, PROTECTING SPECIES SUCH AS THE HIPPOS, RHINOS, ELEPHANTS, LIONS, AND POLAR BEARS. FURTHER, ITALY'S NATIONAL AIRLINE CARRIER ITA AIRWAYS ANNOUNCED ADOPTION OF A POLICY PROHIBITING TRANSPORT OF HUNTING TROPHIES, MAKING ITA THE 42ND AIRLINE TO MAKE THIS COMMITMENT. IN VIET NAM, THE GOVERNMENT ELEPHANT CONSERVATION SUMMIT ENDED WITH THE VIET NAM DEPARTMENT OF FORESTRY BESTOWING AWARDS OF MERIT TO BOTH AN HSI EMPLOYEE, AS WELL AS TO HSI VIET NAM AS AN ORGANIZATION, FOR HSI'S WORK CONSERVING ELEPHANTS.</p> <p>COMPANION ANIMALS: DOG MEAT *HSI WORKED TO ELIMINATE DOG MEAT FARMS AND DOG MEAT CONSUMPTION ACROSS ASIA IN 2023. IN KOREA, HSI HAS RESCUED AND REHOMED NEARLY 3,000 DOGS FROM THESE FARMS. IN 2023, HSI DISPLAYED STUNNING PORTRAITS OF DOGS RESCUED FROM SOUTH KOREA'S DOG MEAT TRADE IN SEOUL IN AN EXHIBITION BY AWARD-WINNING PHOTOGRAPHER SOPHIE GAMAND AND THE EXHIBIT WAS SEEN BY THOUSANDS OF KOREANS. THIS EXHIBIT WAS FOLLOWED BY A WEEK-LONG GALLERY DISPLAY ABOUT THE DOG MEAT TRADE IN THE SOUTH KOREAN GENERAL ASSEMBLY BUILDING. THESE PUBLIC EVENTS IN KOREA HELPED CONTRIBUTE TO A HISTORIC ANNOUNCEMENT IN 2023 THAT THE SOUTH KOREAN GOVERNMENT IS SUPPORTING AN END TO THE DOG MEAT TRADE. IN ADDITION TO HSI'S PRESENCE IN SOUTH KOREA, HSI ALSO RESCUED DOGS AND CATS FROM SLAUGHTERHOUSES IN VIET NAM AND CLOSED DOWN THE DOG AND CAT TRADE AT THE NOTORIOUS TOMOHON MARKET IN INDONESIA. HSI ALSO FLEW 45 DOGS FROM AN ILLEGAL DOG SLAUGHTERHOUSE IN INDONESIA TO THE UNITED STATES FOR ADOPTION.</p> <p>WILDLIFE: END FUR TRADE *HSI WORKS TO ELIMINATE FUR FARMING ACROSS THE WORLD. IN 2023, A SUITE OF BRANDS IN ROMANIA REPRESENTING THOUSANDS OF STORES JOINED THE ALMOST 1,600 FASHION BRANDS, RETAILERS AND DESIGNERS IN 25 COUNTRIES AROUND THE WORLD TO GO FUR-FREE.</p> <p>END ANIMAL TESTING HSI WORKED TO OUTLAW COSMETIC TESTING ON ANIMALS IN THE WORLD'S LARGEST AND MOST INFLUENTIAL BEAUTY MARKETS. IN 2023, BRAZIL'S FEDERAL BAN ON ANIMAL TESTING FOR COSMETICS IN BRAZIL, PASSED THE SENATE. IN CHILE, COSMETIC ANIMAL TESTING AS WELL AS THE MANUFACTURING, IMPORT AND MARKETING OF COSMETICS TESTED ON ANIMALS ELSEWHERE IN THE WORLD WAS OFFICIALLY BANNED IN CHILE, MAKING IT THE 45TH COUNTRY TO BAN COSMETIC TESTING ON ANIMALS. ALSO, HSI'S ANIMATED SHORT FILM SAVE RALPH HIT OVER 16 MILLION VIEWS ON THE HSUS/HSI YOUTUBE CHANNEL IN 2023.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - CARE FOR ANIMALS IN CRISIS (CONTINUED)	CONTINUED FROM PART III, LINE 4B COMPANION ANIMALS: RESCUE & DISASTER *HSI WORKS GLOBALLY TO RESCUE ANIMALS IN NEED FROM DISASTERS AND CRUELTY. IN 2023, HSI DEPLOYED ITS DISASTER RESPONSE PROFESSIONALS TO FOUR DIFFERENT INCIDENTS- INCLUDING AN EARTHQUAKE IN TURKIYE, AND A HURRICANE IN MEXICO. IN ADDITION, HSI GAVE GRANTS AND ADVISED PARTNER GROUPS IN NINE OTHER COUNTRIES FACING NATURAL AND MANMADE DISASTERS, INCLUDING THE EARTHQUAKE IN MOROCCO, THE HURRICANE IN MEXICO, THE WILDFIRES IN GREECE AND CHILE, THE DROUGHT IN KENYA, AND THE GAZA CONFLICT. FURTHER, IN THE UKRAINE, HSI IS STILL HELPING. HSI'S VETS FOR UKRAINIAN PETS INITIATIVE CONTINUES TO PROVIDE FREE VET CARE TO PETS FROM UKRAINE IN 38 EUROPEAN COUNTRIES. IN 2023, HSI SENT NEARLY 100 TONS OF PET FOOD TO ODESSA AND KHARKIV, WHERE THE SUPPLIES WERE DISTRIBUTED AMONGST ANIMAL SHELTERS AND IN THE STREETS TO FEED STRAY ANIMALS. THROUGH HSI'S PARTNERSHIPS WITH THE UKRAINIAN RED CROSS AND OTHER GROUPS, TENS OF THOUSANDS OF DOGS AND CATS IN UKRAINE HAVE BEEN HELPED THIS YEAR.
FORM 990, PART V, LINE 2A - NUMBER OF EMPLOYEES REPORTED ON FORM W-3	THE HUMANE SOCIETY OF THE UNITED STATES PAYS WAGES TO THE EMPLOYEES OF HSI AND FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS, INCLUDING FORM W-3. HSI DOES NOT REPORT EMPLOYEES ON FORM W-3.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	OFFICERS ABI-HASSAN, AMUNDSON, BALINGER, BHATIA, BLOCK, CICCOLO, CORCORAN, FRACKLETON, HALL, PAQUETTE, PARRA AND TAYLOR WERE EMPLOYED BY ANOTHER TAX EXEMPT ORGANIZATION ON WHOSE BOARD DIRECTORS ATHERTON AND LINEHAN SERVED. THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF HUMANE SOCIETY INTERNATIONAL.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF HUMANE SOCIETY INTERNATIONAL AND CAN ALSO REMOVE THEM AT WILL. THE HUMANE SOCIETY OF THE UNITED STATES ALSO APPROVES ANY CHANGES TO THE BYLAWS OF HSI.
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THE BOARD OF HUMANE SOCIETY INTERNATIONAL HAS NO COMMITTEES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AFTER INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS SUBMITTED TO HSI'S INDEPENDENT TAX PREPARERS FOR THEIR REVIEW AND REVISION, AS MAY BE APPROPRIATE. THE REVISED DRAFT IS THEN GIVEN TO HSI'S CHIEF FINANCIAL OFFICER FOR FURTHER REVIEW. ONCE ALL STAFF AND PROFESSIONAL REVIEWS/REVISIONS ARE DONE, THE CHIEF FINANCIAL OFFICER SENDS THE PROPOSED FINAL OF THE FORM 990 TO THE HSI BOARD FOR ITS CONSIDERATION. ONCE THE BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND COMMENT, THE FINALIZED VERSION IS FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	HSI RELIES UPON AND FOLLOWS THE CONFLICT OF INTEREST POLICY OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES. THE MONITORING AND COMPLIANCE PROCESS IS FACILITATED BY THE OVERLAP IN STAFF AND BOARDS BETWEEN THE TWO ORGANIZATIONS. ADDITIONALLY, A QUESTIONNAIRE IS DISTRIBUTED TO DIRECTORS, OFFICERS, AND KEY EMPLOYEES ON AN ANNUAL BASIS IN ORDER TO ASCERTAIN THE PRESENCE OF ANY CONFLICTS AND ENABLE THE ORGANIZATION TO ANSWER PART VI, LINES 1B AND 2. THE QUESTIONNAIRES ARE COMPLETED, SIGNED, AND RETURNED TO THE HSI GENERAL COUNSEL & CORPORATE SECRETARY. THE BOARD OF DIRECTORS REVIEWS CONFLICTS INVOLVING DIRECTORS AND OFFICERS. THE IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY EMPHASIZES AVOIDING CONFLICTS TO BEGIN WITH. THE GENERAL COUNSEL'S OFFICE FIELDS AND USUALLY RESOLVES CONFLICTS OF INTEREST AND QUESTIONS RAISED BY STAFF OR BOARD MEMBERS.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	HSI MAKES COPIES OF ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE TO SUPPORTERS FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS, ARE MADE AVAILABLE TO MAJOR DONORS, ARE POSTED ON HSI'S WEBSITE AND, WHERE REQUIRED BY STATE LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST. COPIES OF HSI'S FORM 1023 APPLICATION FOR RECOGNITION OF TAX EXEMPT STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT HSI'S OFFICE IN WASHINGTON, D.C.. HSI MAKES COPIES OF THE THREE MOST RECENTLY-FILED FORMS 990 AVAILABLE ON ITS WEBSITE AND UPON REQUEST BY MAIL AND IN PERSON AT HSI'S OFFICE IN WASHINGTON, D.C.. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (A) - OFFICERS	THE LIST INCLUDES OFFICERS ELECTED BY THE BOARD OF DIRECTORS.

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	ANIMAL PROTECTION CAMPAIGNS	2,575,542	1,823,376	575,421	176,745
	COMMUNICATION AND PLANNING EXPENSES	91,197	64,564	20,375	6,258
	VETERINARY/MEDICAL EXPENSES	197,523	139,838	44,130	13,555
	OTHER	546,324	386,775	122,058	37,491
	Total	3,410,586	2,414,553	761,984	234,049
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	FOREIGN AFFILIATE MANAGEMENT FEES				- 778,142
GENERAL NOTE - JOINT COST ALLOCATIONS	<p>FOR MANY YEARS, HUMANE SOCIETY INTERNATIONAL (HSI) HAS RELIED ON DIRECT MAIL, EMAIL, TELEPHONE AND OTHER MEANS OF SOLICITATION TO RECRUIT, EXPAND AND MAINTAIN ITS SUPPORTERS. DIRECT MARKETING AND OTHER DONOR CHANNELS ALLOW THE HSI TO SHARE SPECIFIC DETAILS ABOUT RECENT ACCOMPLISHMENTS AND TO PROVIDE INFORMATION ABOUT CURRENT CAMPAIGNS AND PRIORITIES TO MILLIONS OF SUPPORTERS. HSI ALSO USES POSTAL MAIL -- AND OTHER CHANNELS -- TO EDUCATE AND TO CALL THE PUBLIC TO ACTION TO ADVANCE ITS MISSION AND LIFESAVING WORK FOR ANIMALS.</p> <p>THIS IS WHY, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES, HSI ALLOCATES A PORTION OF ITS DIRECT MAIL, EMAIL, PHONE AND OTHER COMMUNICATION COSTS TO PROGRAM SERVICES AND TO FUNDRAISING. SUCH COSTS ARE ALLOCATED TO EACH MAJOR PROGRAM, INCLUDING -</p> <p>1) END THE CRUELEST PRACTICES - HSI IS FOCUSED ON ENDING THE WORST FORMS OF INSTITUTIONALIZED ANIMAL SUFFERING - PUPPY MILLS, FUR FARMS, TROPHY HUNTING, EXTREME CONFINEMENT OF FARM ANIMALS, THE USE OF ANIMALS IN COSMETICS TESTS AND THE DOG MEAT TRADE. THE PROGRESS IS THE RESULT OF THE WORK WITH GOVERNMENTS, THE PRIVATE SECTOR AND MULTINATIONAL BODIES; PUBLIC AWARENESS AND CONSUMER EDUCATION CAMPAIGNS; PUBLIC POLICY EFFORTS AND MORE.</p> <p>2) CARE FOR ANIMALS IN CRISIS - HSI RESPONDS TO LARGE-SCALE CRUELTY CASES AND DISASTERS AROUND THE WORLD, PROVIDING RESCUE, HANDS-ON CARE, LOGISTICS AND EXPERTISE WHEN ANIMALS ARE CAUGHT IN CRISES.</p> <p>3) BUILD A STRONGER ANIMAL PROTECTION MOVEMENT - THROUGH PARTNERSHIPS, TRAININGS, SUPPORT, COLLABORATION AND MORE, HSI IS BUILDING A MORE HUMANE WORLD BY EMPOWERING AND EXPANDING THE CAPACITY OF ANIMAL WELFARE ADVOCATES AND ORGANIZATIONS IN THE UNITED STATES AND ACROSS THE GLOBE. TOGETHER, FASTER CHANGE WILL BE BROUGHT ABOUT FOR ANIMALS.</p>				
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICE PROVIDED WITHIN REGION	<p>REGION: MIDDLE EAST</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF IN ISRAEL.</p>				
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	<p>REGION: CENTRAL AMERICA AND THE CARIBBEAN</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. ANIMAL RESCUE PROGRAMS: IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF. COMPANION ANIMAL PROGRAMS: IMPROVING POLICY AND ENFORCEMENT OF LEGISLATION RELATED TO ANIMAL CRUELTY.</p>				
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	<p>REGION: EAST ASIA AND THE PACIFIC</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING THE PROTECTION OF MARINE WILDLIFE; PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. ANIMAL RESCUE PROGRAMS: DISASTER RELIEF. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER OF CATS/DOGS; ENDING THE DOG MEAT TRADE. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.</p>				
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	<p>REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE; ENDING THE FUR TRADE. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.</p>				

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: RUSSIA AND NEIGHBORING STATES (E) SPECIFIC TYPES OF SERVICES IN REGION: ANIMAL RESPONSE PROGRAMS: IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF IN UKRAINE.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: NORTH AMERICA (CANADA & MEXICO ONLY) (E) SPECIFIC TYPES OF SERVICES IN REGION: FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE; ENDING THE FUR TRADE. COMPANION ANIMAL PROGRAMS: IMPROVING POLICY AND ENFORCEMENT OF LEGISLATION RELATED TO ANIMAL CRUELTY. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. ANIMAL RESCUE PROGRAMS: DISASTER RELIEF. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER OF CATS/DOGS; TRAINING VETERINARIANS. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION: FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER OF CATS/DOGS; IMPROVING POLICY AND ENFORCEMENT OF LEGISLATION RELATED TO ANIMAL CRUELTY. ANIMAL RESCUE PROGRAMS: IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER OF CATS/DOGS; IMPROVING POLICY AND ENFORCEMENT OF LEGISLATION RELATED TO ANIMAL CRUELTY. ANIMAL RESCUE PROGRAMS: IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

52-1769464

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II

Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH, INC. (22-1671626) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NJ	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(2) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC. (22-2768664) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(3) THE HUMANE SOCIETY OF THE UNITED STATES (53-0225390) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DE	501(C)(3)	7	N/A		✓
(4) HUMANE SOCIETY INTERNATIONAL/CANADA 215 MONTEE COTE DOUBLE, VAUDREUIL-DORION, QUEBEC, H4P 2A6, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(5) HUMANE SOCIETY INTERNATIONAL:INDIA SHOP NO.39, SHREEJI SHOPPING ARCADE, SHETH GH COMP., M.G.RD, BORIVALI(E), MUMBAI, MAHARASHTRA, 400066, IN	ANIMAL WELFARE	INDIA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(6) ASSOCIATION HUMANE SOCIETY INTERNATIONAL -LATIN AMERICA BARRIO ESCALANTE, 100 MTS ESTE Y NORTE, CASA #951, SAN JOSE, 11501, CS	ANIMAL WELFARE	COSTA RICA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(7) THE HUMANE SOCIETY INTERNATIONAL (UK) 5 UNDERWOOD STREET, LONDON, N1 7LY, UK	ANIMAL WELFARE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(8) HUMANE SOCIETY INTERNATIONAL - EUROPE RUE BELLIARD 40, BRUSSELS, 1040, BE	ANIMAL WELFARE	BELGIUM			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(9) FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS 215 MONTEE COTE DOUBLE, VAUDREUIL-DORION, QUEBEC, H4P 2A6, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(10) HUMANE SOCIETY INTERNATIONAL MEXICO, A.C. VICENTE SUAREZ 73, COLONIA CONDESA, DELEGACION CUAUHTEMOC, MEXICO CITY, 06140, MX	ANIMAL WELFARE	MEXICO			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(11) HUMANE SOCIETY INTERNATIONAL - AFRICA BLOCK B, N PARK, BLACK RIVER PARK, 2 FIR STREET, OBSERVATORY, CAPE TOWN, 7700, SF	ANIMAL WELFARE	SOUTH AFRICA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(12) THE HUMANE SOCIETY WILDLIFE LAND TRUST (52-1808517) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(13) THE FUND FOR ANIMALS, INC. (13-6218740) 1255 23RD STREET, NW, SUITE 460, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(14) HUMANE SOCIETY INTERNATIONAL KOREA POSCO P&S TOWER 16F & 17F, TEHERANRO 134, GANGNAMGU, SEOUL, KS	ANIMAL WELFARE	KOREA, REPUBLIC OF (SOUTH)			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(15) HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. HERITAGE HOUSE, 1 HERITAGE DRIVE, P. O. BOX 10-1760, CONGO TOWN, LI	ANIMAL WELFARE	LIBERIA			THE HUMANE SOCIETY OF THE UNITED STATES		✓

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) UNITED STATES OF ANIMALS, LLC (47-4252115) 550 BOWIE STREET, AUSTIN, TX 78703	WELFARE OF FARM ANIMALS	TX	N/A	N/A	N/A	N/A			N/A			N/A

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2023, or tax year beginning _____, 2023, and ending _____, 20_____

2023

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

HUMANE SOCIETY INTERNATIONAL

EIN or SSN

52-1769464

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	29,022,068
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  10/10/24 CHIEF FINANCIAL OFFICER
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARC R. BERGER CPA		10/10/2024		P01871563
	Firm's name BDO USA, P.A.			Firm's EIN	13-5381590
	Firm's address 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102			Phone no.	(703) 893-0600