

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)

2021

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 **2021** calendar year, or tax year beginning **2021**, and ending **20**

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

C Name of organization **HUMANE SOCIETY INTERNATIONAL**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1255 23RD STREET, NW SUITE 450
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20037

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 \$ **23,070,943**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.HSI.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1991**

M State of legal domicile: **DC**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>HUMANE SOCIETY INTERNATIONAL (HSI) WORKS AROUND THE GLOBE TO ADDRESS THE ROOT CAUSES OF ANIMAL CRUELTY AND RESCUE ANIMALS IMPACTED BY NATURAL AND MANMADE DISASTERS. (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	37
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 22,983,044	Current Year 22,395,621
	9	Program service revenue (Part VIII, line 2g)	745,078	637,715
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,865	37,607
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,754,987	23,070,943
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,296,427	7,554,180
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,910,775	5,737,891
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	300,570	301,821
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,265,396		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,086,227	10,746,374
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	25,593,999	24,340,266	
19	Revenue less expenses. Subtract line 18 from line 12	(1,839,012)	(1,269,323)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,814,456	End of Year 2,913,949
	21	Total liabilities (Part X, line 26)	1,519,520	1,053,082
	22	Net assets or fund balances. Subtract line 21 from line 20	3,294,936	1,860,867

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: _____
 Type or print name and title

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, LLP 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 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

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 OF 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? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 10,239,926 including grants of \$ 4,222,670) (Revenue \$ 416,008) END THE CRUELEST PRACTICES

END FACTORY FARMING: CAGE FREE HSI CONTINUED TO LEAD THE GLOBAL MOVEMENT TO END THE LIFELONG CONFINEMENT OF EGG-LAYING HENS IN BATTERY CAGES IN 2021 BY WORKING WITH COMPANIES AROUND THE WORLD TO ADOPT CAGE-FREE EGG PROCUREMENT POLICIES. VIETNAM LAUNCHED ITS FIRST CERTIFIED CAGE-FREE EGG BRAND, VIA V. FOOD. HEALTHY FARM BECAME THE FIRST RETAILER IN VIETNAM TO SOLELY SELL CAGE-FREE EGGS. IN BRAZIL, CAGE-FREE VICTORIES INCLUDED CENCOSUD (THE 4TH LARGEST SUPERMARKET CHAIN IN BRAZIL) TO PLEDGE TO BE CAGE-FREE BY 2025. CASA SANTA LUIZA IN BRAZIL (A HIGH-END SUPERMARKET) COMMITTED TO BE FULLY CAGE-FREE BY 2025. IN MEXICO, THE FOLLOWING ESTABLISHMENTS TRANSITIONED TO SOLELY CAGE-FREE BY 2021 YEAR END: LA HACIENDA SAN ANDRES, MICA & LALO, AND LA HACIENDA SANTA BARBARA. CONTINUED TO SCHEDULE O

4b (Code:) (Expenses \$ 4,693,559 including grants of \$ 2,288,047) (Revenue \$ 149,428) CARE FOR ANIMALS IN CRISIS

COMPANION ANIMALS: STREET DOGS IN BOLIVIA, 573 DOGS/539 CATS WERE STERILIZED AND VACCINATED. IN CHILE, 99 DOGS/264 CATS WERE VACCINATED AND ALSO 320 DOGS/CATS BENEFITTED FROM URGENT FIRST AID DURING COVID LOCKDOWNS. IN INDIA, HSI PERFORMED SPAY/NEUTER WORK ON BEHALF OF FIVE CITIES, REACHING 27,864 DOGS AND PROMOTING HUMAN TOLERANCE OF STREET DOG POPULATIONS.

WILDLIFE: ELEPHANT IMMUNOCONTRACEPTION IN SOUTH AFRICA, HSI WORKS WITH 43 RESERVES TO ADMINISTER AN IMMUNOCONTRACEPTION VACCINE TO OVER 1,200 FEMALE ELEPHANTS TO HUMANELY MANAGE POPULATION SIZES.

4c (Code:) (Expenses \$ 2,270,290 including grants of \$ 1,043,463) (Revenue \$ 72,279) BUILD A STRONGER ANIMAL PROTECTION MOVEMENT

HSI WORKS TO BOLSTER THE CAPACITY OF GOVERNMENTS AND OTHER ANIMAL PROTECTION ADVOCATES GLOBALLY, TRAINING VETERINARIANS ON QUALITY SPAY-NEUTER TECHNIQUES IN BOLIVIA; TRAINING LAW ENFORCEMENT ON ANIMAL PROTECTION LAWS IN INDIA; SUPPORTING WILDLIFE RESCUE AND REHABILITATION ORGANIZATIONS IN AFRICA AND LATIN AMERICA; IMPROVING WILDLIFE TRAFFICKING ENFORCEMENT IN LATIN AMERICA; AND ENFORCING LAWS AGAINST DOG FIGHTING IN EUROPE.

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

4e Total program service expenses 17,203,775

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 <i>Schedule B, Schedule of Contributors</i> ? 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 non-cash 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	37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
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? If "No" to line 3b, provide an explanation on Schedule O	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, MX, 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? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	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, any disqualified person, or mine operator 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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"/>	
7b	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"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	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"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [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, 700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879, \(202\) 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, 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	453,464	32,692
(2) KATHERINE KARL FORMER GENERAL COUNSEL	0.0 40.0					✓		0	295,708	17,976
(3) JEFFREY FLOCKEN PRESIDENT	40.0 0.0			✓			236,694	0		29,026
(4) MICHAEL BARSNESS TREASURER	2.0 38.0			✓			0	192,492		23,771
(5) DELENIA MCIVER GENERAL COUNSEL & SECRETARY	40.0 0.0			✓			168,687	0		28,219
(6) ALEXANDRA FREIDBERG SENIOR VICE PRESIDENT	40.0 0.0			✓			156,712	0		35,831
(7) ANNA FROSTIC SENIOR VICE PRESIDENT	40.0 0.0			✓			158,878	0		28,271
(8) THERESA REESE ASSISTANT TREASURER	2.0 38.0			✓			0	156,315		16,719
(9) DONNA GADOMSKI SENIOR PROGRAM DIRECTOR, EXTERNAL AFFAIRS	40.0 0.0					✓	132,114	0		25,200
(10) TREVOR GRIFFITH SENIOR DIRECTOR, GLOBAL PERFORMANCE MEDIA	40.0 0.0					✓	135,538	0		16,071
(11) NINA PENA ASSISTANT TREASURER	40.0 0.0			✓			136,253	0		15,017
(12) CAROLYN SIPE SENIOR DIRECTOR, MARKETING	40.0 0.0					✓	130,774	0		14,612
(13) TERESA TELECKY VICE PRESIDENT, WILDLIFE	40.0 0.0					✓	130,552	0		12,852
(14) KELLY O'MEARA VP. COMPANION ANIMALS & ENGAGEMENT	40.0 0.0					✓	129,276	0		4,245

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) LESLIE BARCUS BOARD VICE CHAIR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) SUSAN ATHERTON BOARD CHAIR	4.0 1.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) BRIAN D. BORG DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) JENNIFER D. LAUE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) MARCELO DE ANDRADE DIRECTOR	1.5 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) MARILIA DUFFLES DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) NICOLAS IBARGUEN DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) STEVEN G. WHITE DIRECTOR	1.0 0.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23)										
(24)										
(25)										
1b Subtotal								1,515,478	1,097,979	300,501
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,515,478	1,097,979	300,501

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 **▶** 14

	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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	2,651,324
PRODUCTION SOLUTIONS, INC., 1953 GALLOWS ROAD, SUITE 500, VIENNA, VA 22182	PRINT, DESIGN & COPY SERVICE	405,669
PRINCETON TEMPORARY SERVICES, INC., 260 MADISON AVENUE, SUITE 200, NEW YORK, NY 10016	TEMPORARY STAFFING SERVICES	322,386
RWT PRODUCTION LLC, 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	PRINT, DESIGN & COPY SERVICE	231,033
ENGAGING NETWORKS LIMITED, 24 LITCHFIELD STREET, LONDON, WC2H 9NJ, UK	ONLINE FUNDRAISING	226,337
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	13	

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 7,854				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 6,018,468				
	e	Government grants (contributions)	1e 183,500				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 16,185,799				
	g	Noncash contributions included in lines 1a-1f	1g \$ 237,939				
	h	Total. Add lines 1a-1f ▶		22,395,621			
	Program Service Revenue	2a	SUPPORT SERVICES REVENUE Business Code 561000	547,715	547,715		
b		ALTERNATIVE TOXICOLOGY RESEARCH Business Code 541715	90,000	90,000			
c							
d							
e							
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f ▶		637,715			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶		616		616	
	6a	Gross rents	(i) Real				
			(ii) Personal				
	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				
	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 0				
	b	Less: direct expenses	8b 0				
c	Net income or (loss) from fundraising events . . ▶		0	0			
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						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	11a	LIST RENTAL Business Code 900099	36,991			36,991	
	b						
	c						
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d ▶		36,991			
12	Total revenue. See instructions ▶		23,070,943	637,715	0	37,607	

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	162,121	162,121		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,392,059	7,392,059		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	993,587	592,675	270,951	129,961
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	3,769,135	2,248,710	1,022,374	498,051
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	186,256	111,032	51,959	23,265
9 Other employee benefits	495,990	295,689	138,104	62,197
10 Payroll taxes	292,923	174,643	81,317	36,963
11 Fees for services (nonemployees):				
a Management				
b Legal	25,234	11,755	12,648	831
c Accounting	5,850	2,725	2,932	193
d Lobbying	89,503	71,001	12,704	5,798
e Professional fundraising services. See Part IV, line 17	301,821			301,821
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.)	3,553,915	2,819,274	504,439	230,202
12 Advertising and promotion	2,842,256	1,401,197	50,603	1,390,456
13 Office expenses	1,277,081	252,942	582,019	442,120
14 Information technology				
15 Royalties				
16 Occupancy	73,969	61,802	12,167	0
17 Travel	703,412	595,083	108,329	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,414	7,118	1,296	0
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,539	22,459	4,080	0
23 Insurance	61,510	50,542	10,968	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>	2,050,911	913,473	814	1,136,624
b <u>OTHER TAXES AND STATE REGISTRATION FEES</u>	27,780	17,475	3,391	6,914
c -----				
d -----				
e All other expenses -----	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	24,340,266	17,203,775	2,871,095	4,265,396
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)	6,678,510	2,694,977		3,983,533

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	(46,596)	1	173,732
	2 Savings and temporary cash investments	612,500	2	429,279
	3 Pledges and grants receivable, net	905,055	3	135,369
	4 Accounts receivable, net	2,014,063	4	599,683
	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	131,002	9	148,633
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 122,020		
	b Less: accumulated depreciation	10b 55,182	93,908	10c 66,838
	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	1,104,524	13	1,360,392
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	23
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,814,456	16	2,913,949	
Liabilities	17 Accounts payable and accrued expenses	1,519,443	17	1,013,082
	18 Grants payable		18	
	19 Deferred revenue	0	19	40,000
	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	77	25	0
	26 Total liabilities. Add lines 17 through 25	1,519,520	26	1,053,082
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	(8,012,310)	27	(9,030,973)
	28 Net assets with donor restrictions	11,307,246	28	10,891,840
	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	3,294,936	32	1,860,867
33 Total liabilities and net assets/fund balances	4,814,456	33	2,913,949	

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	23,070,943
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,340,266
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,269,323)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,294,936
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	(164,746)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,860,867

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 Single Audit Act and OMB Circular A-133?		<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.		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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)(vi)**. (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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,347,041	17,993,566	21,382,166	22,983,044	22,395,621	101,101,438
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	16,347,041	17,993,566	21,382,166	22,983,044	22,395,621	101,101,438
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)						1,339,078
6 Public support. Subtract line 5 from line 4						99,762,360

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	16,347,041	17,993,566	21,382,166	22,983,044	22,395,621	101,101,438
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,343	15,758	4,549	4,133	616	26,399
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.)	37,425	20,375	23,174	22,732	36,991	140,697
11 Total support. Add lines 7 through 10						101,268,534
12 Gross receipts from related activities, etc. (see instructions)					12	1,737,793
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 2021 (line 6, column (f), divided by line 11, column (f))	14	98.51 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.63 %
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. 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 in line 12 on 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?	11a	
b	A family member of a person described on line 11a above?	11b	
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 .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
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.	2b	
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 .	3a	
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.	3b	

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) LIST RENTAL INCOME	37,425	20,375	23,174	22,732	36,991	140,697
	Total	37,425	20,375	23,174	22,732	36,991	140,697

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization HUMANE SOCIETY INTERNATIONAL

Employer identification number 52-1769464

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test 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	----- ----- -----	\$ 5,679,457	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.)
-----	----- ----- -----	\$ -----	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) (See instructions.)	(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

2021

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization 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) 2021

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%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2018	(b) 2019	(c) 2020	(d) 2021	(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?	✓		75,020
d Mailings to members, legislators, or the public?	✓		210
e Publications, or published or broadcast statements?	✓		2,292
f Grants to other organizations for lobbying purposes?	✓		788,284
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		1,570
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		63
j Total. Add lines 1c through 1i			867,439
2a Did the activities in line 1 cause the organization to be not 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 expenditure 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 1C - MEDIA ADVERTISEMENTS	HSI PUBLISHED ADVERTISEMENTS IN AN EFFORT TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA.
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 C, PART II-B, LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, ETC.	IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS, HSI STAFF HAVE DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.
SCHEDULE C, PART II-B, LINE 1I - OTHER ACTIVITIES	HSI STAFF HAVE INTERNAL CONFERENCE CALLS AND/OR MEETINGS AND CONFERENCE CALLS AND/OR MEETINGS WITH OTHER ORGANIZATIONS TO DISCUSS STRATEGY, ENDORSEMENTS, ETC.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
- (ii)** Related organizations

	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		3,990		3,990
c Leasehold improvements				
d Equipment		112,080	53,992	58,088
e Other		5,950	1,190	4,760
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				66,838

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY IN HUMANE SOCIETY INTERNATIONAL MEXICO, A.C.	1,306,938	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, col. (B) line 13.)	1,360,392	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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" style="text-align: right;">6,937,086</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	6,937,086			
(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	6,937,086							
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"> 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 554 1524 789" style="text-align: right;">6,011,365</td> </tr> </tbody> </table>	(a) Description	(b) Amount	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	6,011,365			
(a) Description	(b) Amount							
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	6,011,365							
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 867">EMPLOYEE COMPENSATION RECLASSIFIED TO HSI</td> <td data-bbox="1243 833 1524 867" style="text-align: right;">372,603</td> </tr> <tr> <td data-bbox="427 867 1243 905">FOREIGN CURRENCY LOSS</td> <td data-bbox="1243 867 1524 905" style="text-align: right;">437,425</td> </tr> </tbody> </table>	(a) Description	(b) Amount	EMPLOYEE COMPENSATION RECLASSIFIED TO HSI	372,603	FOREIGN CURRENCY LOSS	437,425	
(a) Description	(b) Amount							
EMPLOYEE COMPENSATION RECLASSIFIED TO HSI	372,603							
FOREIGN CURRENCY LOSS	437,425							

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), HSWLT (HUMANE SOCIETY WILDLIFE LAND TRUST), AND PC (PROJECT CHIMPS) QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. DDAL (DORIS DAY ANIMAL LEAGUE) QUALIFIED UNDER SECTION 501(C)(4) OF THE IRC THROUGH ITS DISAFFILIATION DATE OF SEPTEMBER 7, 2021. 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, 2021 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, 2018, 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

2021

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	1	PROGRAM SERVICES	SEE SCHEDULE O	6,442
(2) EAST ASIA AND THE PACIFIC	0	25	PROGRAM SERVICES	SEE SCHEDULE O	1,252,851
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	7	PROGRAM SERVICES	SEE SCHEDULE O	377,872
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	8	PROGRAM SERVICES	SEE SCHEDULE O	222,667
(5) SOUTH AMERICA	0	26	PROGRAM SERVICES	SEE SCHEDULE O	1,496,649
(6) SOUTH ASIA	0	8	PROGRAM SERVICES	SEE SCHEDULE O	1,083,788
(7) SUB-SAHARAN AFRICA	0	17	PROGRAM SERVICES	SEE SCHEDULE O	1,429,191
(8) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SEE SCHEDULE O	13,295
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		549,116
(10) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		932,737
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		2,379,233
(12) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		1,187,509
(13) SOUTH AMERICA	0	0	GRANTMAKING		188,577
(14) SOUTH ASIA	0	0	GRANTMAKING		1,550,983
(15) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		596,406
(16) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		7,500
(17)					
3a Subtotal	0	92			13,274,816
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	92			13,274,816

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 . . . ▶ 29

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	FUNDS FOR CONSERVATION OF TURTLE NESTING BEACHES	20,175	EFT			
(2)		MIDDLE EAST AND NORTH AFRICA	CARE FOR ANIMALS INJURED AND/OR DISPLACED BY EXPLOSION IN BEIRUT	7,500	WIRE			
(3)		SOUTH AMERICA	SUPPORT CAMPAIGN TO END BREEDING AND TROPHY HUNTING OF PUMAS IN ARGENTINA, SUPPORT INTERNATIONAL PUMA DAY CAMPAIGN	60,893	EFT			
(4)		NORTH AMERICA (CANADA & MEXICO ONLY)	CARE AND FEED FOR RESCUED ANIMALS	19,284	EFT			
(5)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	549,116	WIRE			
(6)		SOUTH ASIA	DEVELOP OUTREACH CAMPAIGN TO PROMOTE PLANT-BASED DIET IN INDIAN SCHOOLS AND COMPANIES	34,063	EFT			
(7)		SOUTH ASIA	REDUCE ANIMAL TESTING IN SCIENTIFIC RESEARCH	47,140	EFT			
(8)		SOUTH AMERICA	FUNDING FOR SPAY AND NEUTER SERVICES FOR DOGS AND CATS IN CHILE	11,676	EFT			
(9)		EAST ASIA AND THE PACIFIC	RESCUE AND CARE FOR STRAY ANIMALS, SHELTER AND CARE FOR DOGS RESCUED FROM MEAT TRADE, SUPPORT ANIMALS WHO ARE VICTIMS OF NATURAL DISASTERS	235,898	EFT			
(10)		SOUTH AMERICA	PROVIDE VETERINARY CARE AND PET SUPPLIES TO DOGS AND CATS THAT HAVE BEEN ABANDONED OR NEGLECTED DURING THE COVID-19 CRISIS	6,821	EFT			
(11)		SOUTH AMERICA	DELIVER LOW-COST SPAY AND NEUTER SERVICES FOR DOGS AND CATS	19,434	EFT			
(12)		SOUTH AMERICA	PROVIDE LOW-COST SPAY AND NEUTER	11,718	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)
			SERVICES FOR CATS					
(13)		SOUTH AMERICA	EMERGENCY AND PREVENTATIVE VETERINARY CARE OF ROAMING AND PET ANIMALS	7,000	EFT			
(14)		SOUTH AMERICA	DISTRIBUTE PET FEED, PROVIDE EMERGENCY VETERINARY CARE FOR STREET AND PET ANIMALS, AND FUND SPAY AND NEUTER CAMPAIGN	8,821	WIRE			
(15)		SUB-SAHARAN AFRICA	PROVIDE FOOD AND WATER SUPPLIES FOR WILDLIFE AND LIVESTOCK SUFFERING FROM DROUGHT CONDITIONS	38,444	WIRE			
(16)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	512,183	WIRE			
(17)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	2,377,035	WIRE			
(18)		SOUTH ASIA	GENERAL SUPPORT, BUILD A NETWORK OF FIRST RESPONDERS TO HELP ANIMALS IN CRISIS, PROMOTE COMMUNITY EFFORTS TO CARE FOR FREE ROAMING ANIMALS	1,260,253	WIRE			
(19)		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	614,000	WIRE			
(20)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	80,000	WIRE			
(21)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	110,000	WIRE			
(22)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	1,058,225	WIRE			
(23)		SUB-SAHARAN AFRICA	CARE FOR CONFISCATED ANIMALS, FOOD FOR THE SANCTUARY ANIMALS, RAISE AWARENESS ON ILLEGAL TRAFFICKING OF WILDLIFE	10,000	EFT			
(24)		SOUTH ASIA	DEVELOP AND PUBLISH A STUDY OF THE VARIOUS FACTORS THAT DETERMINE FOOD AND DIET CHOICES IN INDIA	9,164	EFT			
(25)		EAST ASIA AND THE PACIFIC	FUND INFOGRAPHIC WORK FOR DOG MEAT CAMPAIGN	7,448	EFT			
(26)		SOUTH AMERICA	CAMPAIGN TO END COSMETIC ANIMAL TESTING	59,214	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)
			IN CHILE, BRAZIL, MEXICO					
(27)		SOUTH ASIA	CAMPAIGN FOR BETTER HOUSING CONDITIONS FOR EGG LAYING HENS, ADVOCATE FOR A PROHIBITION ON USE OF BATTERY CAGES	60,000	EFT			
(28)		SOUTH ASIA	WORK TOWARDS ACHIEVING FOOD SECURITY AT LOCAL AND NATIONAL LEVEL WITH A FOCUS ON PLANT-BASED OPTIONS, ENCOURAGE ANIMAL WELFARE LAW IMPROVEMENT AND ENFORCEMENT	70,190	WIRE			
(29)		EAST ASIA AND THE PACIFIC	PROMOTE HUMAN-ELEPHANT CO-EXISTENCE IN VIETNAM, PROVIDE GENERAL SUPPORT	76,072	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, ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL, ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL, ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL, ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL, ACCRUAL SOUTH AMERICA -ACCRUAL, ACCRUAL SOUTH ASIA -ACCRUAL, ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL, 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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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 CHAPMAN CUBINE AND HUSSEY INC., 2000 15TH STREET NORTH, SUITE 550, ARLINGTON, VA 22201	FUNDRAISING CONSULTANTS		✓	3,330,729	179,116	3,151,613
2 TELEFUND, INC., 186 LINCOLN STREET, SUITE 100, BOSTON, MA 02111	(SEE STATEMENT)		✓	10,118	18,216	(8,098)
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,340,847	197,332	3,143,515

- 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, MO, 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: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

[SEE NEXT PAGE](#)

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 AGREEMENTS HUMANE SOCIETY INTERNATIONAL ENTERED INTO WITH CHAPMAN CUBINE ALLEN AND HUSSEY, INC. AND TELEFUND, INC., 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 \$915 AND \$29,479 TO CHAPMAN CUBINE ALLEN AND HUSSEY, INC., AND TELEFUND, INC., RESPECTIVELY, FOR FUNDRAISING EXPENSES.</p> <p>IN ADDITION TO THE ORGANIZATIONS WHICH APPEAR ON SCHEDULE G, PART I, HUMANE SOCIETY INTERNATIONAL ENTERED INTO ARRANGEMENTS WITH FIVE 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

2021

**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.

1 (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)	13-6218740	501(C)(3)	50,000				(SEE STATEMENT)
(2) OPERATION PACHAMAMA INC. P.O. BOX 783, CAREFREE, AZ 85377	83-4187182	501(C)(3)	6,500				(SEE STATEMENT)
(3) SPECIES SURVIVAL NETWORK P.O. BOX 507, HIGHLAND, MD 20777	52-2133713	501(C)(3)	32,000				(SEE STATEMENT)
(4) SUSTAINABLE VETS INTERNATIONAL 1920 21ST STREET W, DICKINSON, ND 58601	46-3269449	501(C)(3)	7,000				(SEE STATEMENT)
(5) (SEE STATEMENT)	13-3376290	501(C)(3)	48,602				(SEE STATEMENT)
(6) WILDLIFE CENTER OF VIRGINIA P.O. BOX 1557, WAYNESBORO, VA 22980	54-1215402	501(C)(3)	10,000				(SEE STATEMENT)
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

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) 2021

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 FUND FOR ANIMALS, INC. 1255 23RD STREET, NW, SUITE 460, WASHINGTON, DC 20037
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE BHUTAN FOUNDATION 1050 CONNECTICUT AVENUE NW, WASHINGTON, DC 20035
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE FUND FOR ANIMALS, INC.: FUNDS FOR BLACK BEAUTY RANCH FOR THE CARE OF ANIMALS FROM CANADA ZOO
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	OPERATION PACHAMAMA INC.: SUPPORT ANTI-POACHING EFFORTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SPECIES SURVIVAL NETWORK: PARTICIPATE IN COORDINATION OF NGO'S WORKING ON WILDLIFE PROTECTION MEASURES UNDER CITES AS WELL AS PROVIDE GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SUSTAINABLE VETS INTERNATIONAL: PROVIDE VETERINARY AND PREVENTIVE CARE TO PETS AND ROAMING ANIMALS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE BHUTAN FOUNDATION: SUPPORT HUMANE DOG MANAGEMENT CAMPAIGN
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WILDLIFE CENTER OF VIRGINIA: FUNDING TO SET UP A WILDLIFE HEALTH DATABASE AT MULTIPLE CENTERS IN AUSTRALIA

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMANE SOCIETY INTERNATIONAL

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

2021

Open to Public Inspection

Employer identification number

52-1769464

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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)	453,464	0	0	10,150	22,542	486,156	0
2 KATHERINE KARL FORMER GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	295,708	0	0	14,500	3,476	313,683	0
3 JEFFREY FLOCKEN PRESIDENT	(i)	236,694	0	0	12,119	16,906	265,720	0
	(ii)	0	0	0	0	0	0	0
4 MICHAELLEN BARSNESS TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	192,492	0	0	12,747	11,024	216,263	0
5 DELENIA MCIVER GENERAL COUNSEL & SECRETARY	(i)	168,687	0	0	8,737	19,482	196,906	0
	(ii)	0	0	0	0	0	0	0
6 ALEXANDRA FREIDBERG SENIOR VICE PRESIDENT	(i)	156,712	0	0	10,785	25,045	192,543	0
	(ii)	0	0	0	0	0	0	0
7 ANNA FROSTIC SENIOR VICE PRESIDENT	(i)	158,878	0	0	13,125	15,146	187,149	0
	(ii)	0	0	0	0	0	0	0
8 THERESA REESE ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	156,315	0	0	14,916	1,803	173,034	0
9 DONNA GADOMSKI SENIOR PROGRAM DIRECTOR, EXTERNAL AFFAIRS	(i)	132,114	0	0	6,968	18,232	157,314	0
	(ii)	0	0	0	0	0	0	0
10 TREVOR GRIFFITH SENIOR DIRECTOR, GLOBAL PERFORMANCE MEDIA	(i)	135,538	0	0	8,169	7,902	151,609	0
	(ii)	0	0	0	0	0	0	0
11 NINA PENA ASSISTANT TREASURER	(i)	136,253	0	0	6,880	8,137	151,270	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

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>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	✓	13	12,580	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	14	225,359	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a	✓	
b If "Yes," describe in Part II.		
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS CARS AND OTHER VEHICLES - NUMBER OF ITEMS CONTRIBUTED
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	CHARITABLE ADULT RIDES AND SERVICES ACTS AS HSI'S AGENT FOR THE VEHICLE DONATION PROGRAM FOR THE PROCESSING OF DONATED VEHICLES. CHARITABLE ADULT RIDES AND SERVICES MAKES PAYMENTS TO HSI FOR UNITS SOLD UNDER THEIR AGREEMENT NET OF FEES AND EXPENSES.

**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

2021

Open to Public Inspection

Name of the Organization
HUMANE SOCIETY INTERNATIONAL

Employer Identification Number
52-1769464

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	<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, ELIMINATING 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 FOR GESTATING PIGS AND EGG LAYING HENS, TO END THE FINANCING OF INTENSIVE PRODUCTION SYSTEMS, AND TO REDUCE MEAT CONSUMPTION GLOBALLY. HSI CAMPAIGNS AGAINST WILDLIFE ABUSE AND SUFFERING BY ADVOCATING TO ELIMINATE TROPHY HUNTING, THE COMMERCIAL KILLING OF SEALS FOR FUR, COMMERCIAL WHALING, SHARK FINNING, AND 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>
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	<p>IN 2018, THE HUMANE SOCIETY OF THE UNITED STATES (HSUS), A RELATED ORGANIZATION, STARTED A STRATEGIC PLANNING PROCESS TO ALIGN THE MISSION AND THE VISION OF THE ORGANIZATION WITH THE STRATEGY; THAT WORK CONTINUED INTO 2019 AND WAS IMPLEMENTED IN 2020 AND THE DATA TO CAPTURE REPORTING BASED ON THE STRATEGY BEGAN IN 2021. AS PART OF THE STRATEGIC PLANNING PROCESS, FOUR PILLARS, REPRESENTING THE FOUR MAIN BODIES OF WORK, WERE CREATED (END THE CRUELEST INDUSTRIES AND PRACTICES, CARE FOR ANIMALS IN CRISIS, BUILD A STRONGER ANIMAL PROTECTION MOVEMENT, AND INCREASE CAPACITY TO DRIVE GLOBAL CHANGE). THE FIRST THREE PILLARS REPRESENT THE THREE MAIN PROGRAMS OF THE HSUS AND HSI AND ARE REPORTED IN THE FORM 990 FOR THE FILING ORGANIZATION. IN 2021, THE STRATEGIC PLAN AND PRIORITY INITIATIVES WILL ALLOW THE FUNDRAISING TEAMS TO FOCUS ON MARKETING THE BIG FIGHTS RATHER THAN MANY SMALL ONE-OFF PROJECTS AND BETTER GROW THE REVENUE BASE FOR THE ORGANIZATION. THERE WILL BE MORE FOCUSED EFFORT ON PRIORITY PROJECTS ENABLING FASTER MOVEMENT AND MORE IMPACT ON ANIMALS.</p>
FORM 990, PART III, LINE 4A - END THE CRUELEST PRACTICES (CONTINUED)	<p>CONTINUED FROM PART III, LINE 4A</p> <p>WILDLIFE: TROPHY HUNTING HSI WORKS 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. THE HSI WILDLIFE DEPARTMENT HAD THE FOLLOWING PROGRAM ACCOMPLISHMENTS IN 2021: IN AFRICA, THE SOUTH AFRICA DEPARTMENT OF FORESTRY, FISHERIES AND THE ENVIRONMENT ANNOUNCED THAT THE CAPTIVE BREEDING OF LIONS FOR TROPHY HUNTING, SLAUGHTER FOR THE BONE TRADE, AND CUB PETTING WILL END. HSI WORKED FOR YEARS ON ENDING THE CAPTIVE BREEDING AND CANNED HUNTING OF LIONS. THE MINISTER OF ENVIRONMENT ANNOUNCED THAT THE INDUSTRY WILL BE PHASED OUT. IN ARGENTINA, AEROLINEAS ARGENTINAS ANNOUNCED THAT THEY WILL NO LONGER CARRY HUNTING TROPHIES ON ITS DOMESTIC AND INTERNATIONAL FLIGHTS. THE AIRLINE LAUNCHED THIS INITIATIVE TO HELP PROTECT THE ENVIRONMENT AND WILDLIFE WORLDWIDE.</p> <p>COMPANION ANIMALS: DOG MEAT IN KOREA, HSI HAS PERMANENTLY CLOSED 17 DOG MEAT FARMS SINCE 2014 AND HAS RESCUED AND REHOMED OVER 2,500 DOGS FROM THESE FARMS. IN SOUTH KOREA, THE GOVERNMENT ANNOUNCED ITS PLAN TO SET UP A TASK FORCE TO CONSIDER A BAN ON THE EATING OF DOG MEAT. IN INDONESIA, AN INDONESIAN COURT CRACKED DOWN ON THE DOG MEAT TRADE FOR THE FIRST TIME EVER, AS TRADER WAS SENTENCED TO PRISON TIME AND WAS FINED. THIS HISTORIC PROSECUTION CAME AFTER POLICE INTERCEPTED A TRUCK WITH 78 DOGS. FURTHER, SALATIGA CITY IN INDONESIA BECAME THE FIRST MAJOR CITY TO BAN THE DOG MEAT TRADE.</p> <p>WILDLIFE: END FUR TRADE ITALY AND BRITISH COLUMBIA, CANADA ADOPTED LAWS PROHIBITING THE FARMING OF MINK. GLOBALLY, THE KERING GROUP ANNOUNCED THEY ARE GOING COMPLETELY FUR FREE; THEY ARE THE PARENT COMPANY TO GUCCI, ALEXANDER MCQUEEN, AND MANY OTHERS.</p> <p>END ANIMAL TESTING HSI WORKED TO OUTLAW COSMETIC TESTING ON ANIMALS IN THE WORLD'S LARGEST AND MOST INFLUENTIAL BEAUTY MARKETS. IN 2021, HSI LAUNCHED A CAMPAIGN ENTITLED SAVE RALPH, IN WHICH AN ANIMATED SHORT FILM WAS CREATED IN FIVE LANGUAGES AND SUBTITLED IN EIGHT LANGUAGES. THIS FILM INCLUDED THE PARTICIPATION OF INTERNATIONAL ACTORS/ACTRESSES. FURTHER, MEXICO BECAME THE FIRST COUNTRY IN NORTH AMERICA TO BAN COSMETIC TESTING ON ANIMALS AND THE BRAZILIAN SUPREME COURT UPHELD THE RIO DE JANEIRO STATE LAW BANNING COSMETIC ANIMAL TESTING.</p>
FORM 990, PART V, LINE 2A - NUMBER OF EMPLOYEES REPORTED ON FORM W-3	<p>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.</p>

Return Reference - Identifier	Explanation																														
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	OFFICERS BARSNESS, BLOCK, AND REESE WERE EMPLOYED BY ANOTHER TAX EXEMPT ORGANIZATION ON WHOSE BOARD DIRECTORS ATHERTON AND WHITE 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 OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. 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 OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. 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.																														
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 1236 751 1285">(a) Description</th> <th data-bbox="760 1236 946 1285">(b) Total Expenses</th> <th data-bbox="954 1236 1133 1285">(c) Program Service Expenses</th> <th data-bbox="1141 1236 1320 1285">(d) Management and General Expenses</th> <th data-bbox="1328 1236 1513 1285">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1295 751 1323">ANIMAL PROTECTION CAMPAIGNS</td> <td data-bbox="760 1295 946 1323">1,986,191</td> <td data-bbox="954 1295 1133 1323">1,575,619</td> <td data-bbox="1141 1295 1320 1323">281,918</td> <td data-bbox="1328 1295 1513 1323">128,654</td> </tr> <tr> <td data-bbox="467 1333 751 1360">COMMUNICATION AND PLANNING EXPENSES</td> <td data-bbox="760 1333 946 1360">415,671</td> <td data-bbox="954 1333 1133 1360">329,746</td> <td data-bbox="1141 1333 1320 1360">59,000</td> <td data-bbox="1328 1333 1513 1360">26,925</td> </tr> <tr> <td data-bbox="467 1371 751 1398">VETERINARY/MEDICAL EXPENSES</td> <td data-bbox="760 1371 946 1398">545,357</td> <td data-bbox="954 1371 1133 1398">432,625</td> <td data-bbox="1141 1371 1320 1398">77,407</td> <td data-bbox="1328 1371 1513 1398">35,325</td> </tr> <tr> <td data-bbox="467 1409 751 1436">OTHER EXPENSES</td> <td data-bbox="760 1409 946 1436">606,696</td> <td data-bbox="954 1409 1133 1436">481,284</td> <td data-bbox="1141 1409 1320 1436">86,114</td> <td data-bbox="1328 1409 1513 1436">39,298</td> </tr> <tr> <td data-bbox="467 1446 751 1474">Total</td> <td data-bbox="760 1446 946 1474">3,553,915</td> <td data-bbox="954 1446 1133 1474">2,819,274</td> <td data-bbox="1141 1446 1320 1474">504,439</td> <td data-bbox="1328 1446 1513 1474">230,202</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	ANIMAL PROTECTION CAMPAIGNS	1,986,191	1,575,619	281,918	128,654	COMMUNICATION AND PLANNING EXPENSES	415,671	329,746	59,000	26,925	VETERINARY/MEDICAL EXPENSES	545,357	432,625	77,407	35,325	OTHER EXPENSES	606,696	481,284	86,114	39,298	Total	3,553,915	2,819,274	504,439	230,202
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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1430 1304 1457">(a) Description</th> <th data-bbox="1312 1430 1513 1457">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1467 1304 1495">FOREIGN AFFILIATE MANAGEMENT FEES</td> <td data-bbox="1312 1467 1513 1495">- 547,715</td> </tr> <tr> <td data-bbox="467 1505 1304 1533">INVESTMENTS IN FOREIGN AFFILIATES RECLASSIFIED ON BALANCE SHEET</td> <td data-bbox="1312 1505 1513 1533">10,366</td> </tr> <tr> <td data-bbox="467 1543 1304 1570">EMPLOYEE COMPENSATION RECLASSIFIED TO HSI</td> <td data-bbox="1312 1543 1513 1570">372,603</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FOREIGN AFFILIATE MANAGEMENT FEES	- 547,715	INVESTMENTS IN FOREIGN AFFILIATES RECLASSIFIED ON BALANCE SHEET	10,366	EMPLOYEE COMPENSATION RECLASSIFIED TO HSI	372,603																						
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INVESTMENTS IN FOREIGN AFFILIATES RECLASSIFIED ON BALANCE SHEET	10,366																														
EMPLOYEE COMPENSATION RECLASSIFIED TO HSI	372,603																														

Return Reference - Identifier	Explanation
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 SERVICES PROVIDED WITHIN REGION	<p>REGION: CENTRAL AMERICA AND THE CARIBBEAN</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>COMPANION ANIMAL PROGRAMS, PROGRAMS TO PROVIDE AFFORDABLE ACCESS TO VETERINARY CARE; PROMOTING RESPONSIBLE PET OWNERSHIP; FIGHTING AGAINST ANIMAL CRUELTY; IMPROVING ENFORCEMENT OF LEGISLATION RELATED TO ANIMALS; PROMOTING POSITIVE HUMAN-WILDLIFE COEXISTENCE; PREVENTING ILLEGAL WILDLIFE TRAFFICKING; AND IMPROVING CAPACITY OF TEAMS TO HELP ANIMALS DURING DISASTERS.</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>PROGRAMS TO PROMOTE ANIMAL-FREE TESTING AND RESEARCH; PROMOTE AWARENESS ON THE IMPORTANCE OF PROTECTING SHARKS; COMPANION ANIMAL PROGRAMS; PROMOTE SPAY & NEUTER OF CATS/DOGS; PROGRAMS TO PROMOTE PUBLIC AWARENESS TO END THE DOG MEAT TRADE; RESCUE AND CARE FOR DOGS USED IN THE DOG MEAT TRADE; HELP PASS LEGISLATION TO PHASE OUT THE DOG MEAT TRADE; DISASTER RELIEF ACTIVITIES; PROGRAMS IN PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; IMPROVING DIRECTIVES FOR FARM ANIMAL WELFARE; TRAINING TO REDUCE SUFFERING OF FARM ANIMALS IN EMERGENCIES; PROMOTE PLANT-BASED EATING; PREVENTION OF WILDLIFE TRAFFICKING.</p>
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	<p>REGION: EUROPE (INCLUDING ICELAND & GREENLAND)</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>PROMOTE THE IMPORTANCE OF ANTI-CRUELTY LEGISLATION AND ENFORCEMENT; PROTECTION OF WILDLIFE, PARTICULARLY THOSE USED FOR TROPHY HUNTING; PREVENTING ILLEGAL WILDLIFE TRAFFICKING; PROGRAMS TO PROMOTE ANIMAL-FREE TESTING AND RESEARCH; PROGRAMS IN PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; END THE FUR TRADE; PROGRAMS TO SUPPORT A TRANSITION TO PLANT BASED AGRICULTURE; PROMOTE PLANT-BASED EATING.</p>
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	<p>REGION: MIDDLE EAST AND NORTH AFRICA</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>DISASTER RESPONSE</p>
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	<p>REGION: NORTH AMERICA (CANADA AND MEXICO ONLY)</p> <p>(E) SPECIFIC TYPES OF SERVICES IN REGION:</p> <p>PROGRAMS IN PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTE PLANT-BASED EATING; PROGRAMS TO SUPPORT TRANSPARENCY IN ANIMAL AGRICULTURE; FIGHTING TO PREVENT YEARLY SEAL KILLING IN CANADA; PROMOTING POSITIVE HUMAN-WILDLIFE COEXISTENCE; PROGRAMS TO PROMOTE ANIMAL-FREE TESTING AND RESEARCH; ENFORCEMENT OF ANTI-CRUELTY LAWS; TRAININGS.</p>

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: COMPANION ANIMAL PROGRAM; PROGRAMS PROVIDING VETERINARY TRAININGS; PROMOTE SPAY & NEUTER OF CATS/DOGS; PROGRAMS TO PROMOTE ANIMAL-FREE TESTING AND RESEARCH; PROGRAMS TO PREVENT THE CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTE PLANT-BASED EATING; PROTECTION OF WILDLIFE, PARTICULARLY THOSE USED FOR TROPHY HUNTING.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION: COMPANION ANIMAL PROGRAM: PROMOTE SPAY & NEUTER OF CATS/DOGS; IMPROVING CAPACITY OF TEAMS TO HELP ANIMALS DURING DISASTERS; STUDENT EDUCATION AND AWARENESS ON WORKING TOWARDS WELFARE OF ANIMALS; IMPROVING ENFORCEMENT OF LEGISLATION RELATED TO ANIMALS; EFFORTS TO IMPROVE LIVES OF FARM ANIMALS; PROGRAMS TO PROMOTE ANIMAL-FREE TESTING AND RESEARCH PREVENTING ILLEGAL WILDLIFE TRAFFICKING; PROMOTE PLANT-BASED EATING; PROMOTING POSITIVE HUMAN-WILDLIFE COEXISTENCE.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: PREVENTING ILLEGAL WILDLIFE TRAFFICKING; PREVENTING TROPHY HUNTING; PROMOTE HUMANE ELEPHANT MANAGEMENT; CONSERVATION AND WELFARE OF APES; PROGRAMS IN PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROGRAMS TO IMPROVE THE WELFARE OF FARM ANIMALS IN LIVE TRANSPORT; PROMOTE CONSERVATION OF ENDANGERED SPECIES; DISASTER RELIEF AND IMPROVING CAPACITY OF TEAMS TO HELP ANIMALS DURING DISASTERS; PROGRAMS TO PROMOTE ANIMAL-FREE TESTING AND RESEARCH; EDUCATION AND AWARENESS ON WORKING TOWARDS THE WELFARE OF ANIMALS.

**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

2021

**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)							

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) DORIS DAY ANIMAL LEAGUE (95-4117651) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	CA	501(C)(4)		THE HUMANE SOCIETY OF THE UNITED STATES		✓
(2) HUMANE SOCIETY OF THE UNITED STATES CALIFORNIA BRANCH (94-6050420) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	CA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(3) 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		✓
(4) 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		✓
(5) 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		✓
(6) HUMANE SOCIETY INTERNATIONAL/CANADA 4035 SAINT AMBROISE STREET, SUITE 320, MONTREAL, QUEBEC, H4C2E1, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(7) HUMANE SOCIETY INTERNATIONAL:INDIA SHOP NO.39, SHREEJI SHOPPING ARCADE, SHETH GH COMPOUND, M.G.ROAD, BORIVALI(E), MUMBAI, MAHARASHTRA, 400066, IN	ANIMAL WELFARE	INDIA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(8) 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		✓
(9) 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		✓
(10) HUMANE SOCIETY INTERNATIONAL - EUROPE AVENUE DES ARTS 50, 1000 BRUSSELS, BE	ANIMAL WELFARE	BELGIUM			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(11) FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS 4035 SAINT AMBROISE STREET, SUITE 320, MONTREAL, QUEBEC, H4C2E1, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(12) 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		✓
(13) HUMANE SOCIETY INTERNATIONAL - AFRICA GROUND FLOOR, STATE STREET HOUSE, RIVER PARK - GLOUCESTER ROAD, MOWBRAY, CAPE TOWN, 7700, SF	ANIMAL WELFARE	SOUTH AFRICA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(14) HUMANE SOCIETY LEGISLATIVE FUND (59-3786428) 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(4)		THE HUMANE SOCIETY OF THE UNITED STATES		✓
(15) HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE (27-0906603) 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	POLITICAL ACTION COMMITTEE	DC	527 POL. ORG.		HUMANE SOCIETY LEGISLATIVE FUND		✓

(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
(16) 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		✓
(17) 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		✓
(18) 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		✓
(19) 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 Electronic Filing

For calendar year 2021, or tax year beginning _____, 2021, and ending _____, 20

2021

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	23,070,943
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 2021 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

[Signature] 102822 **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	<i>[Signature]</i>	10/27/2022		P01871563
	Firm's name ▶ BDO USA, LLP				Firm's EIN ▶ 13-5381590
	Firm's address ▶ 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102				Phone no. (703) 893-0600