PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information. , 20 For the 2024 calendar year, or tax year beginning , 2024, and ending C Name of organization HUMANE WORLD FOR ANIMALS INTERNATIONAL D Employer identification number Check if applicable: Doing business as 52-1769464 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 1255 23RD STREET, NW **SUITE 450** (202) 452-1100 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037 G Gross receipts \$ 35.136.528 Amended return F Name and address of principal officer: CRISTOBEL BLOCK H(a) Is this a group return for subordinates? Yes Vo Application pending SAME AS C ABOVE **H(b)** Are all subordinates included? Yes 501(c)(3) 501(c) (Tax-exempt status:) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. WWW.HUMANEWORLD.ORG H(c) Group exemption number Form of organization: Corporation Trust Association L Year of formation: DC 1991 M State of legal domicile: Part I **Summary** Briefly describe the organization's mission or most significant activities: HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HUMANE SOCIETY INTERNATIONAL (HSI), WORKS AROUND THE GLOBE TO ADDRESS THE Activities & Governance ROOT (CONTINUED ON SCHEDULE O) 2 Check this box \Box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 40 6 6 324 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 28,202,549 8 Contributions and grants (Part VIII, line 1h). 34,049,412 Revenue 9 Program service revenue (Part VIII, line 2g) 778,142 1,012,713 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2 0 41,375 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 74,403 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29.022.068 35,136,528 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,907,968 15,896,041 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) 6,103,535 6,748,541 282.942 16a Professional fundraising fees (Part IX, column (A), line 11e) 327.546 Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10.405.324 10,657,079 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 30,699,769 33,629,207 Revenue less expenses. Subtract line 18 from line 12 1,507,321 19 (1,677,701)Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 5,686,139 5.740.780 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 2,094,304 1,654,337 22 Net assets or fund balances. Subtract line 21 from line 20 3,591,835 4,086,443 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 Signature of officer Date Here WILLIAM H HALL, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if **Paid** TODD TERESCO, CPA self-employed P00247720 **Preparer** Firm's name **BDO USA** Firm's EIN 13-5381590 Use Only 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102 (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.

Form 990 (2024)

Cat. No. 11282Y

Form 990 (2024)

Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HUMANE SOCIETY INTERNATIONAL (HSI), WORKS AROUND THE	
	GLOBE TO PROMOTE THE HUMAN-ANIMAL BOND, RESCUE AND PROTECT DOGS AND CATS, IMPROVE FARM ANIMAL	
	WELFARE, PROTECT WILDLIFE, PROMOTE ANIMAL-FREE TESTING AND RESEARCH, RESPOND TO NATURAL	
	DISASTERS AND CONFRONT CRUELTY TO ANIMALS IN ALL ITS FORMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	✓ 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?	✓ 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 meas	
	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 \$ 14,156,044 including grants of \$ 8,856,743) (Revenue \$ 573,949)
	END THE CRUELEST PRACTICES	
	END FACTORY FARMING: CAGE AND CRATE FREE AND PLANT-BASED EATING	
	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, CONTINUED TO LEAD THE GLOBAL MOVEMENT TO END	
	THE LIFELONG CONFINEMENT OF EGG-LAYING HENS IN BATTERY CAGES IN 2024 BY WORKING WITH COMPANIES	
	AROUND THE WORLD TO ADOPT CAGE-FREE EGG PROCUREMENT POLICIES. HUMANE WORLD FOR ANIMALS	
	INTERNATIONAL, FKA HSI, ALSO CONTINUED TO PROMOTE PLANT-BASED EATING WORLDWIDE. CORPORATE AND	
	INSTITUTIONAL COMMITMENTS IN SOUTH AFRICA, BRAZIL, MEXICO, AND ACROSS SOUTHEAST ASIA CONTINUED	
	TO DRIVE CHANGE IN EGG AND PORK PRODUCER COMPANIES, RETAILERS AND DISTRIBUTORS, RESULTING IN	
	BETTER CONDITIONS FOR HUNDREDS OF THOUSANDS OF FARMED CHICKENS AND PIGS.	
	(CONTINUED TO SCHEDULE O)	
4b	(Code:) (Expenses \$ 5,820,857 including grants of \$ 3,651,078) (Revenue \$ 236,004	
	CARE FOR ANIMALS IN CRISIS	
	COMPANION ANIMALS: STREET DOGS & OTHER	
	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, PROVIDED SPAY-NEUTER, VACCINATIONS AND	
	VETERINARY CARE TO HUNDREDS OF DOGS AND CATS IN SOUTH AFRICA, ROMANIA, BOLIVIA, MEXICO, AND	
	CHILE. IN COSTA RICA, AS PART OF A PILOT PROJECT BY HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA	
	HSI, IN THE VILLAGE OF TORTUGUERO, IN LIMON PROVINCE, 64 DOGS AND 19 CATS RECEIVED FREE	
	PREVENTIVE CARE DURING A TWO-DAY VETERINARY CLINIC. TORTUGUERO IS A RURAL, ISOLATED COMMUNITY IN	
	COSTA RICA WHERE ACCESS TO VETERINARY CARE IS LIMITED.	
	(CONTINUED ON SCHEDULE O)	
4c	(Code:) (Expenses \$ 5,000,931 including grants of \$ 3,388,220) (Revenue \$ 202,760) -·)
	BUILD A STRONGER ANIMAL PROTECTION MOVEMENT	
	LIJIMANIE WODI D FOD ANIMAL CINTERNATIONAL FIZA LICU WODIED TO DOLOTED THE CADACITY OF COMPANIENTS	
	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WORKED TO BOLSTER THE CAPACITY OF GOVERNMENTS	
	AND ANIMAL PROTECTION ORGANIZATIONS AND ADVOCATES GLOBALLY. FOR EXAMPLE, HUMANE WORLD FOR	
	ANIMALS INTERNATIONAL, FKA HSI, IN POLAND ORGANIZED A SERIES OF TRAININGS FOR LAW ENFORCEMENT	
	OFFICERS, WHICH FOCUSED ON POLISH LEGISLATION CONCERNING ANIMAL CRUELTY.	
	/CONTINUED ON COLEDUI F O	
	(CONTINUED ON SCHEDULE O)	
4d	Other program services (Describe on Schedule O.)	
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 24,977,832	
	i Compare the first terminal compared to the first production of the first pro	

2

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	'	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		,
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>	4	_	
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? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
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>	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
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>	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
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? If "Yes," complete Schedule D, Part VII	11b		,
С	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>	11c	~	
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>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 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</i> "Yes," <i>complete Schedule D, Part X</i>	11e	< <	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
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? If "Yes," complete Schedule F, Parts I and IV	14b	V	
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? If "Yes," complete Schedule F, Parts II and IV	15	·	
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>	16	•	,
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.</i> See instructions	17	_	
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</i> "Yes," <i>complete Schedule G, Part II</i>	18	•	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
			202	

Part	V 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? If "Yes," complete Schedule I, Parts I and III	22		٧
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	\ \ \	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
		24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		>
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? If "Yes," complete Schedule L, Part I	25b		٧
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>	26		\ \ \
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? If "Yes," complete Schedule L, Part III	27		\
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
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>	30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		>
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>	33		٧
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	\	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		>
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		/
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>	37		>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	V No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Form 990 (2024)

	0 (2024)		_	rage C				
Part			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 40							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b						
4a	, , , , , , , , , , , , , , , , , , , ,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country BE, CA, CS, IN, KS, LI, MX, SF, UK, VM							
	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		~				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
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?	Ch						
7		6b						
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
а	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						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		_				
	·	7с		~				
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		_				
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							
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							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
40	,	40						
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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
L	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand	44-						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-				
b 15	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?	15		~				
	If "Yes," see the instructions and file Form 4720, Schedule N.	, -						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-				
4 -	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.							

Form 990 (2024)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint / 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 1 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b 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 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? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 ~ 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 15a 15b 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O) 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. WILLIAM H. HALL. 1255 23RD STREET, NW. SUITE 450, WASHINGTON, DC 20037, (202) 452-1100

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

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

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

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

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

		Check this box if neither the	e organization nor an	v related organization con	npensated any current office	r. director. or trustee.
--	--	-------------------------------	-----------------------	----------------------------	------------------------------	--------------------------

(A) Name and title	(B) Average hours per week	(do n box, office	ot ch unles er and	Pos neck ss pe d a d	ition more rson lirect	e than o is both or/trust	one n an tee)	Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CRISTOBEL BLOCK	0.0									
CHIEF EXECUTIVE OFFICER	40.0			~				0	641,210	35,464
(2) ANGELA CICCOLO	1.5									
CHIEF LEGAL OFFICER	37.0			~				0	405,419	21,566
(3) ALISON GREGG CORCORAN	1.0									
CHIEF DEVELOPMENT & MARKETING OFFICER	38.0			~				0	392,125	32,317
(4) ERIN FRACKLETON	6.5									
CHIEF OPERATING OFFICER	32.5			~				0	380,574	27,657
(5) WILLIAM H. HALL	4.0									
CHIEF FINANCIAL OFFICER	34.0			~				0	311,880	46,955
(6) JEFFREY FLOCKEN	36.0									
PRESIDENT	4.0			~				314,705	0	34,913
(7) NICOLE PAQUETTE	1.0									
CHIEF US PROGRAMS & POLICY OFFICER	38.0			~				0	311,084	37,398
(8) ALEXANDRA FREIDBERG	0.5									
SECRETARY	39.5			~				0	219,009	37,450
(9) ANNA FROSTIC	40.0									
SENIOR VICE PRESIDENT, PROGRAMS & POLICY	0.0			~				208,294	0	42,278
(10) REBECCA REGNERY	40.0									
SENIOR DIRECTOR, WILDLIFE	0.0					~		212,072	0	33,226
(11) REVA BHATIA	15.0									
ASSISTANT TREASURER	25.0			~				0	224,845	19,787
(12) STEPHANIE BRIGGS	0.0									
CHIEF PEOPLE OFFICER	40.0			~				0	165,366	37,134
(13) KATHERINE POLAK	40.0									
VP. COMPANION ANIMALS & ENGAGEMENT	0.0				~			168,764	0	22,554
(14) DONNA GADOMSKI	40.0									
SENIOR PROGRAM DIRECTOR, EXTERNAL AFFAIRS	0.0					~		159,909	0	30,481

Form **990** (2024)

Form 990 (2024)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the per week from related compensation Individual trustee Institutional trustee employee Highest compensated organization (W-2/ organizations (W-2/ from the (list any 1099-MISC/ 1099-MISC/ organization and hours for employee related 1099-NEC) 1099-NEC) related organizations raanizations below dotted line) (15) CAROLYN SIPE 40.0 SENIOR DIRECTOR, MARKETING 0.0 160,766 22,012 (16) CYNTHIA DENT 40.0 VP. COUNTRY OFFICES 0.0 22.146 154.345 (17) JULIE JANOVSKY 40.0 VP. FARM ANIMALS 0.0 152,199 22,533 (18) TREVOR GRIFFITH 16.0 SENIOR DIRECTOR, GLOBAL PERFORMANCE MEDIA 24.0 1 62,102 92,022 20,524 (19) BARBARA BALINGER 0.0 FORMER ASSISTANT TREASURER 40.0 0 154,279 10,019 (20) ARNEDIA WALLACE 40.0 ASSISTANT SECRETARY 0.0 0 1 140,273 23,170 (21) MARSHALL TAYLOR 1.0 CHIEF PEOPLE OFFICER / 0 9,599 38.0 148,211 (22) CARLO CARANI 40.0 **GENERAL COUNSEL & BOARD SECRETARY** 0.0 v 0 117,096 16,083 (23) JOHANIE V. PARRA 2.0 ASSISTANT SECRETARY 36.0 0 97,242 29,071 (24) SARA AMUNDSON 1.0 CHIEF US GOVERNMENT RELATIONS OFFICER 16,054 2.022 (25) (SEE STATEMENT) 3,816,689 1,593,156 636,359 c Total from continuation sheets to Part VII, Section A 0 1,593,156 Total (add lines 1b and 1c) 3,816,689 636,359 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 3 ~ 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? If "Yes," complete Schedule J for such 4

Section B. Independent Contractors

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.

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(C) Compensation	
META PLATFOMS, INC., 1601 WILLOW ROAD, MENLO PARK, CA 94025	ONLINE ADVERTISING AND FUNDRAISING	2,818,397
SAFEGUARD WORLD INTERNATIONAL LTD. DBA SAFEGUARD GLOBAL, GROUND FLOOR, BUILDING 2, CAMPION PARK, HOLMES CHAPEL, CHESHIRE, CW4 8AX, UK	1,397,014	
MORGAN, LEWIS & BOCKIUS LLP, 2222 MARKET STREET, PHILADELPHIA, PA 19103	591,677	
RWT PRODUCTION LLC, 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	PRINT, DESIGN & COPY SERVICE	564,419
GOOGLE, LLC, 1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043	304,912	
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	11	

Page 9 Form 990 (2024)

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts, nts	1a	Federated campaign			1a	33,757				
	b	Membership dues			1b					
ه, ۵	C	Fundraising events			1c					
ar,	d	Related organization			1d	18,062,059				
] i	e	Government grants			1e					
Si Si	f	All other contribution and similar amounts no				45.050.500				
ti Pe		Noncash contribution			1f	15,953,596				
Contributions, Gifts, Grants, and Other Similar Amounts	g	lines 1a–1f			1g	\$ 9,450				
a Co	h	Total. Add lines 1a-	-1f .				34,049,412			
						Business Code				
e e	2a	SUPPORT SERVICES	S REV	/ENUE		561000	1,012,713	1,012,713		
e Z	b									
Program Service Revenue	С									
am	d									
ي هر	е									
<u> </u>	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-	-2f .				1,012,713			
	3	Investment income	•	•						
	other similar amounts)									
	4	Income from investn	nent d	of tax-exem	npt bo	nd proceeds				
	5	Royalties					4,914			4,914
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	_d	Net rental income o	r (loss	ı'						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets other than inventory	_							
	L	• 1	7a							
Jue	b	Less: cost or other basis and sales expenses .	76							
Revenue		•	7b 7c		0	0				
		Gain or (loss) Net gain or (loss)				-				
Other	_				· ·					
₹	8a	Gross income from events (not including		nuraising						
		of contributions rep		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expense	es .		8b					
	c	Net income or (loss)				nts				
	9a	Gross income f								
		activities. See Part I	V, line	e 19 .	9a					
	b	Less: direct expense	es .		9b					
	С	Net income or (loss)	from	gaming ac	ctivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento					
Sn						Business Code				
e e	11a	LIST RENTAL				900099	52,038			52,038
lan en	b	OTHER				900099	17,451			17,451
scellaned Revenue	C	A II - +I-						_	_	
Miscellaneous Revenue	d	All other revenue					0	0	0	0
_	<u>е</u> 12	Total. Add lines 11a Total revenue. See					69,489	1 012 712	0	74.402
ane W		or Animals Internationa		uotiolis .			35,136,528	1,012,713 9 10/13/2	2025 12:49:17 PM	74,403 Form 990 (2024)
76046										(2024)

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9k	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	393,407	393,407		
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	45 502 624	45 502 624		
4	Benefits paid to or for members	15,502,634	15,502,634		
5	Compensation of current officers, directors, trustees, and key employees	966,241	558,391	258,276	149,574
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	4,630,617	2,672,492	1,245,650	712,475
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	217,549	126,443	56,515	34,591
9	Other employee benefits	574,462	333,749	149,548	91,165
10	Payroll taxes	359,672	208,834	93,921	56,917
11	Fees for services (nonemployees):				
а	Management				
b	Legal	647,405	2,519	644,886	0
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	327,546			327,546
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.) .	3,219,852	2,486,926	497,782	235,144
12	Advertising and promotion	3,303,810	1,243,129	40,088	2,020,593
13	Office expenses	631,857	57,034	214,966	359,857
14	Information technology				
15	Royalties				
16	Occupancy	12,622	10,597	2,025	0
17	Travel	835,891	683,559	151,920	412
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	33,215	27,162	6,037	16
20	Interest		·	·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
а	EDUCATION AND MARKETING MATERIAL	1,957,839	666,011	2,078	1,289,750
b	OTHER TAXES AND STATE REGISTRATION FEES	14,588	4,945	200	9,443
С					
d					
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	33,629,207	24,977,832	3,363,892	5,287,483
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 vif				
	following SOP 98-2 (ASC 958-720)	7,173,312	2,189,454	0	4,983,858
					Form 990 (2024)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	π.Χ		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	115,101	1	114,846
	2	Savings and temporary cash investments	1,455,257	2	1,591,127
	3	Pledges and grants receivable, net	123,694	3	463,374
	4	Accounts receivable, net	1,712,151	4	656,845
	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
)ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	0	9	199,668
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	2,074,446	13	2,516,638
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	205,490	15	198,282
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,686,139	16	5,740,780
	17	Accounts payable and accrued expenses	2,052,539	17	1,371,042
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	44.705	0.5	202 205
	26	Total liabilities. Add lines 17 through 25	41,765 2,094,304		283,295
	20	Organizations that follow FASB ASC 958, check here	2,094,304	20	1,654,337
nces		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	(8,603,696)	27	(6,548,797)
d B	28	Net assets with donor restrictions	12,195,531	28	10,635,240
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
0.0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	3,591,835	-	4,086,443
Z	33	Total liabilities and net assets/fund balances	5,686,139	33	5,740,780

Form **990** (2024)

					-			
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		35,13	6,528			
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,62	9,207			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,507,3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7								
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(1,012	2,713)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		4,08	6,443			
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: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain on						
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled or						
	reviewed on a separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis		01					
b	Were the organization's financial statements audited by an independent accountant?		2b	~				
	If "Yes," check a box below to indicate whether the financial statements for the year were auc separate basis, consolidated basis, or both.	iited on a						
•	Separate basis Consolidated basis Both consolidated and separate basis	vorciabt of						
C	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, ϵ		2c		~			
	Schedule O.	sapialii oii						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the						
oa	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	derao the	Ja					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		3b					

Form **990** (2024)

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	C Institutional trustee	C) PC eck all Officer	sition that ap Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(25) BRIAN D. BORG	0.1	./						0	0	0
DIRECTOR	0.0	•						U	O	U
(26) JENNIFER D. LAUE	0.1	/						0	0	0
DIRECTOR	0.0	•						O	0	U
(27) KATHLEEN M. LINEHAN, ESQ.	0.0	/						0	0	0
DIRECTOR	0.0	•							0	Ü
(28) MARCELO DE ANDRADE	0.1	/						0	0	0
DIRECTOR	0.0	•								0
(29) MARILIA DUFFLES	0.1	/						0	0	0
DIRECTOR	0.0	•							ŭ	Ŭ.
(30) NICOLAS IBARGUEN	0.1	1						0	0	0
DIRECTOR	0.0	•						0	0	O
(31) STEVEN G. WHITE	0.0	/						0	0	0
DIRECTOR	0.0	•						0	0	U
(32) SUSAN ATHERTON	0.1	/						0	0	0
BOARD CHAIR	1.3	•							0	· ·

SCHEDULE A (Form 990)

Department of the Treasury

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization **HUMANE WORLD FOR ANIMALS INTERNATIONAL** 52-1769464 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: 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 33¹/₈% 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.) 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total**

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.)

	Part III. If the organization fails to) quality unde	r the tests iis	tea below, pi	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.")	22,983,044	22,395,621	30,487,250	28,202,549	34,049,412	138,117,876
	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	22,983,044	22,395,621	30,487,250	28,202,549	34,049,412	138,117,876
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,944,818
6	Public support. Subtract line 5 from line 4						
6 Secti	on B. Total Support						135,173,058
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	22,983,044	22,395,621	30,487,250	28,202,549	34,049,412	138,117,876
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,133	616	1,200	2,674	4,914	13,537
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,133	0	0	2,074	4,314	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,732	36,991	26,528	38,703	69,489	194,443
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	•	,			12	138,325,856 3,867,247
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	re				ear as a section	. , . ,
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2024 (line					14	97.72 %
15 16a							
b							
17a	10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the face e facts-and-circ	cts-and-circur cumstances te	nstances test, st. The organiz	check this bozation qualifies	x and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization instructions						x and see

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.)

Secti	on A. Public Support	diadi tilo to	oto notoa pon	ow, piedoe ee	omplete i art	,	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2020	(5) 2021	(0) 2022	(a) 2020	(6) 2024	(i) Total
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 7a	Total. Add lines 1 through 5 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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support		•		•		
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
С	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						
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch					16	%
	on D. Computation of Investment Inc				(6)	47	01
17	Investment income percentage for 2024 (•	. ,,		<u>%</u>
18	Investment income percentage from 2023 331/3% support tests—2024. If the organ						% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2023. If the organiz		_	-		_	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di		=	-	-		_

Part IV **Supporting Organizations**

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

Se

Secti	on A. All Supporting Organizations		2.5				
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by						
	class or purpose, describe the designation. If historic and continuing relationship, explain.						
2	Did the organization have any supported organization that does not have an IRS determination of status	1					
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported						
	organization was described in section 509(a)(1) or (2).						
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer						
	lines 3b and 3c below.	За					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and						
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the						
_	organization made the determination.	3b					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	20					
4a		3c					
ıu	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign						
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion						
	despite being controlled or supervised by or in connection with its supported organizations.						
С	Did the organization support any foreign supported organization that does not have an IRS determination						
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used						
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4 -					
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c					
Ja	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii)						
	the authority under the organization's organizing document authorizing such action; and (iv) how the action						
	was accomplished (such as by amendment to the organizing document).						
b	Type I or Type II only. Was any added or substituted supported organization part of a class already						
_	designated in the organization's organizing document?	5b					
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c					
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited						
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or						
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor						
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity						
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line						
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8					
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations						
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a					
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	-					
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b					
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit						
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с					
10a							
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10					
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a					
D	determine whether the organization had excess business holdings.)	10b					

Schedule A (Form 990) 2024

10b

Part	IV Supporting Organizations (continued)			ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Secti	on 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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
	an arran appearancy or gamenature		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	_		
Ü	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		
	on 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 i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> ☐ The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity.</i>	ísoo in	ctruct	tional
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	300 111		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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.			
а	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	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	rage
	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	
Sect	instructions. All other Type III non-functionally integrated supporting organion A-Adjusted Net Income	nizat	ions must complete Sect (A) Prior Year	(B) Current Year
1	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function (see instructions).	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2024

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D—Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (iii) (ii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3i and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024

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

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,	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
LINE 10 - OTHER INCOME	(1) LIST RENTAL INCOME	22,732	36,991	26,441	28,713	52,038	166,915
	(2) OTHER REVENUE	0	0	87	9,990	17,451	27,528
	Total	22,732	36,991	26,528	38,703	69,489	194,443

Schedule B (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number Name of the organization **HUMANE WORLD FOR ANIMALS INTERNATIONAL** 52-1769464 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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) filling Form 990 or 990-EZ that received from any one

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).

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Name of organization

Employer identification number

HUMANE WORLD FOR ANIMALS INTERNATIONAL 52-1769464 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person ~ 1 **Payroll** 17,882,265 Noncash (Complete Part II for noncash contributions.) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person П **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
HUMANE WORLD FOR ANIMALS INTERNATIONAL

Employer identification number 52-1769464

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

Schedule B (Form 990) (Rev. 1-2025) Name of organization **Employer identification number HUMANE WORLD FOR ANIMALS INTERNATIONAL** 52-1769464 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

	of organization	anzadorio. Compieto i are in:		Employer ic	lentification number (EIN)
HUMA	NE WORLD FOR ANIMALS I				52-1769464
Part	I-A Complete if the	e organization is exempt und	ler section 501(c) or is a section 52	7 organization.
1	Provide a description of definition of "political car	f the organization's direct and ir npaign activities."	ndirect political ca	mpaign activities in P	art IV. See instructions for
2	Political campaign activit	y expenditures. See instructions			\$
3	Volunteer hours for politic	cal campaign activities. See instru	ictions		
Part	I-B Complete if the	e organization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955	\$
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955	\$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			01(c)(3).
1		ly expended by the filing organiz		527 exempt function	\$
2		filing organization's funds contril vities	_		\$
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2		on Form 1120-POL,	\$
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	For each organization list contributions received the	ses, and EINs of all section 527 p sted, enter the amount paid fron hat were promptly and directly tical action committee (PAC). If add	n the filing organi: delivered to a se	zation's funds. Also er parate political organiz	nter the amount of political ration, such as a separate
	(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) 2024

Sched	dule C (Form 990) 2024					Page 2
Par	t II-A Complete if the organization section 501(h)).	on is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check if the filing organization belongs EIN, expenses, and share of exception EIN EIN EIN EIN EIN EIN EIN EI			art IV each affiliat	ed group member's	name, address,
В	Check [] if the filing organization checked	box A and "lim	ited control" provi	sions apply.		
		bying Expendit			(a) Filing	(b)Affiliated
	(The term "expenditures" n)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion	(grassroots lobbyi	ng)		
k						
c		•	• • • • •	-,		
c		•				
e	Total exempt purpose expenditures (ac	d lines 1c and 1	d)			
f	Lobbying nontaxable amount. Enter columns.	the amount fi	rom the following	table in both		
	IF the amount on line 1e, column (a) or (b)	s: THEN the lob	bying nontaxable a	mount is:		
	not over \$500,000	20% of the an	nount 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 o	ver \$1,500,000.		
	over \$17,000,000	\$1,000,000.				
ç	•					
r	3					
i	Subtract line 1f from line 1c. If zero or le					
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made a se	ction 501(h) ele	Period Under Sec ection do not have ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
28	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))					
	: Total lobbying expenditures					
C	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 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: 1 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 714 Mailings to members, legislators, or the public? 199 Publications, or published or broadcast statements? V Grants to other organizations for lobbying purposes? 544,909 Direct contact with legislators, their staffs, government officials, or a legislative body? . . . 358 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . 1 Other activities? 319 546,499 j V 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? . . . If "Yes," enter the amount of any tax incurred under section 4912 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 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 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). 2a 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . 3 3 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 4 Taxable amount of lobbying and political expenditures. See instructions 5 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	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA 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	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, PUBLISHED ADVERTISEMENTS THROUGH THE MEDIA 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	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, SENT ELECTRONIC UPDATES ON ANIMAL WELFARE LEGISLATION TO INTERESTED PARTIES.
SCHEDULE C, PART II-B, LINE 1F - GRANTS TO OTHER ORGANIZATIONS	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, MADE GRANTS TO OTHER ORGANIZATIONS TO FURTHER ANIMAL WELFARE LEGISLATION.
SCHEDULE C, PART II-B, LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, ETC.	IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, STAFF AND PAID CONSULTANTS HAD DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.
SCHEDULE C, PART II-B, LINE 1I - OTHER ACTIVITIES	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, STAFF CONDUCTED RESEARCH AND HAD INTERNAL MEETINGS AND COMMUNICATIONS AS WELL AS EXTERNAL MEETINGS AND COMMUNICATIONS WITH OTHER ORGANIZATIONS TO DISCUSS PROPOSED LEGISLATION AND STRATEGY FOR INFLUENCING SUCH LEGISLATION.

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	the organization		Employer identification number
	NE WORLD FOR ANIMALS INTERNATIONAL		52-1769464
Par			IS OF ACCOUNTS
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		ld in donor advised
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, ar	= =	
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Dow			
Par		V" F 000 D+ IV II 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recreated)	The state of the s	
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contributior	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	8	. 2b
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, tran		
•	the organization during the tax year		•
	Number of states where property subject to conserv		
4 5	Does the organization have a written policy rega		
3	violations, and enforcement of the conservation eas		
_			
6	Staff and volunteer hours devoted to monitoring,		
	<u> </u>		
7	Amount of expenses incurred in monitoring, ins		_
8	Does each conservation easement reported on line		
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co		•
	sheet, and include, if applicable, the text of the foot		tements that describes the
	organization's accounting for conservation easemer	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or 0	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu-	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	•	
	provide the following amounts relating to these item		
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA	=	
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		\$

Part	Ш	Organizations Maintaining	Colle	ctions of	Art, His	torical 1	Treasures,	or O	ther Similar As	sets (con	itinued)
3		the organization's acquisition, tion items (check all that apply).		sion, and of	ther reco	rds, chec	k any of the	follov	wing that make s	significant (use of its
а	☐ Pu	blic exhibition			d	Loan	or exchange	prog	ram		
b	☐ Sc	holarly research			е						
С	☐ Pre	eservation for future generations	3								
4		le a description of the organiza		collections	and expl	ain how t	hey further t	he or	ganization's exer	npt purpos	se in Part
5		g the year, did the organization s to be sold to raise funds rather								ar Yes	s □ No
Part	IV	Escrow and Custodial Arra	angen	nents							
		Complete if the organization 990, Part X, line 21.	n answ	ered "Yes					•		Form
1a		organization an agent, trustee ed on Form 990, Part X?									i □ No
b	If "Yes	s," explain the arrangement in P	art XIII	and compl	ete the fo	ollowing to	able.				
									A	mount	
С	Begin	ning balance						10	;		
d	Additi	ons during the year						10	ŀ		
е	Distrib	outions during the year						16)		
f		g balance						11	F		
2a	Did th	- e organization include an amou	nt on F	orm 990, P	art X, line	21, for e	scrow or cu	stodia	I account liability	∕? ☐ Yes	□ No
b		s," explain the arrangement in P									
		Endowment Funds									
		Complete if the organization	n answ	ered "Yes	on For	m 990, F	Part IV, line	10.			
			(a) C	urrent year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Four y	ears back
1a	Begin	ning of year balance									
b	_	butions									
С	Net in	vestment earnings, gains, and									
d		s or scholarships									
e		expenditures for facilities and									
_	progra	ams									
f		istrative expenses									
g		f year balance									
2		le the estimated percentage of				e (line 1g	ı, column (a))) held	as:		
а	Board	designated or quasi-endowme	nt		%						
b	Perma	anent endowment	%								
С		endowment%									
		ercentages on lines 2a, 2b, and									
3a		ere endowment funds not in thization by:	e poss	ession of tl	he organi	zation tha	at are held a	ınd ac	lministered for th		res No
	(i) Ur	nrelated organizations?								3a(i)	
		elated organizations?								3a(ii)	
b	If "Yes	s" on line 3a(ii), are the related o	organiza	ations listed	d as requi	red on So	chedule R?			3b	
4		ibe in Part XIII the intended uses	_							-	
Part	VI	Land, Buildings, and Equip	oment								
		Complete if the organization	n answ	ered "Yes	on For	m 990, F	Part IV, line	11a.	See Form 990,	Part X, lir	ne 10.
		Description of property		(a) Cost or o		1 ' '	or other basis ther)	٠,	Accumulated epreciation	(d) Book	value
1a	Land										
b		ngs	:								
C		hold improvements									
d		ment	+						+		
u e			-			-					
		nes 1a through 1e. (Column (d) r		gual Form 9	90. Part	⊥ X. line 10:	c. column (R	:))			
				,	, . a	.,	-, (D	,, ·			

Schedule D (Form 990) (Rev. 1-2025)

Schedule D (Fo	rm 990) (Rev. 1-2025)				Pa	age
Part VII	Investments – Other Securities					
	Complete if the organization answered "Yes" on Form	m 990, Part IV, lin	e 11b.	See Forr	m 990, Part X, line 1:	2.
	(a) Description of security or category (including name of security)	(b) Book value			ethod of valuation: d-of-year market value	
(1) Financial	derivatives					
(2) Closely h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	man (h) manat a man Farma 000 Part V lina 10 and (D))					
Part VIII	mn (b) must equal Form 990, Part X, line 12, col. (B))					
Part VIII	Investments—Program Related Complete if the organization answered "Yes" on Forr	m 000 Part IV lin	م 11c	See Forn	n 990 Part X line 1	3
	(a) Description of investment	(b) Book value			ethod of valuation:	٥.
	(a) Description of investment	(b) Book value			d-of-year market value	
(1) EQUITY IN H	UMANE WORLD FOR ANIMALS MEXICO, A.C., FKA HUMANE SOCIETY INTERNATIONAL MEXICO, A.C.	2,463,184	COST			
	HUMANE WORLD FOR ANIMALS KOREA, FKA HUMANE SOCIETY INTERNATIONAL KOREA	43,115				
	UMANE WORLD FOR ANIMALS INDIA FOUNDATION, FKA HUMANE SOCIETY INTERNATIONAL:INDIA	10,339				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, line 13, col. (B))	2,516,638				
Part IX	Other Assets Complete if the organization answered "Yes" on Forr	m 990 Part IV lin	م 11d	See Forn	m 990 Part X line 1	5
	(a) Description	11 000, 1 41 11, 111	o ma.	000 1 011	(b) Book value	<u> </u>
(1)	(-)				(0) = 000 1000	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, line 15, col. (B))			· · · ·		
Part X	Other Liabilities	000 Dout IV II:-	_ 11	115 0-		
	Complete if the organization answered "Yes" on Formula 25.	n 990, Part IV, iin	eriec	or i ii. Se	ee Form 990, Part A,	,
1.	(a) Description of liability				(b) Book value	
(1) Federal ir	***				(b) Book value	
	FING LEASE LIABILITY				7	',21
	AFFILIATES				276	
(4)						•
(5)						
(6)						
(7)						
(8)						

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 .

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

283,295

Schedule D (Form 990) (Rev. 1-2025)

					. ugo .
Part	• • • • • • • • • • • • • • • • • • •			Return	
	Complete if the organization answered "Yes" on Form 990, I		·	- 1	
1	Total revenue, gains, and other support per audited financial statements			1	43,014,772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		I		
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	7.070.044		
d	Other (Describe in Part XIII.)	2d	7,878,244	0.0	7 070 044
e	Add lines 2a through 2d			2e 3	7,878,244
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ·		3	35,136,528
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b		0	4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	35,136,528
Part				-	00,100,020
	Complete if the organization answered "Yes" on Form 990, I				
1				1	43,932,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-			-,,-
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	10,415,029		
е	Add lines 2a through 2d			2e	10,415,029
3	Subtract line 2e from line 1			3	33,517,047
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	112,160		
С	Add lines 4a and 4b			4c	112,160
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	33,629,207
	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				ne 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	formation.	
SEE S	TATEMENT				

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	(a) Description	(b) Amount	
AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	HUMANE WORLD FOR ANIMALS UNITED KINGDOM, FKA THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE WORLD FOR ANIMALS CANADA, FKA HUMANE SOCIETY INTERNATIONAL/CANADA, HUMANE WORLD FOUNDATION CANADA, FKA FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE WORLD FOR ANIMALS EUROPE, FKA HUMANE SOCIETY INTERNATIONAL – EUROPE, HUMANE WORLD FOR ANIMALS INDIA FOUNDATION, FKA HUMANE SOCIETY INTERNATIONAL INDIA, ASSOCIATION HUMANE WORLD FOR ANIMALS COSTA RICA, FKA ASSOCIATION HUMANE SOCIETY INTERNATIONAL-LATIN AMERICA, HUMANE WORLD FOR ANIMALS MEXICO, A.C., FKA HUMANE SOCIETY INTERNATIONAL — AFRICA, HUMANE WORLD FOR ANIMALS SOUTH AFRICA TRUST, FKA HUMANE SOCIETY INTERNATIONAL — AFRICA, HUMANE WORLD FOR ANIMALS KOREA, FKA HUMANE SOCIETY INTERNATIONAL KOREA, HUMANE WORLD FOR ANIMALS LIBERIA, INC., FKA HUMANE SOCIETY INTERNATIONAL LIBERIA, INC., HUMANE WORLD FOR ANIMALS AUSTRALIA LIMITED, FKA HUMANE SOCIETY INTERNATIONAL LIBERIA, INC., HUMANE WORLD FOR ANIMALS AUSTRALIA LIMITED, FKA HUMANE SOCIETY INTERNATIONAL LIBERIA, INC., HUMANE WORLD FOR ANIMALS AUSTRALIA LIMITED, FKA HUMANE SOCIETY INTERNATIONAL LIMITED (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) REVENUE NOT INCLUDED IN TAX RETURN	7,878,244	
SCHEDULE D, PART XII, LINE	(a) Description	(b) Amount	
2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	HUMANE WORLD FOR ANIMALS UNITED KINGDOM, FKA THE HUMANE SOCIETY INTERNATIONAL (UK), HUMANE WORLD FOR ANIMALS CANADA, FKA HUMANE SOCIETY INTERNATIONAL/CANADA, HUMANE WORLD FOUNDATION CANADA, FKA FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE WORLD FOR ANIMALS EUROPE, FKA HUMANE SOCIETY INTERNATIONAL – EUROPE, HUMANE WORLD FOR ANIMALS INDIA FOUNDATION, FKA HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE WORLD FOR ANIMALS COSTA RICA, FKA ASSOCIATION HUMANE SOCIETY INTERNATIONAL-LATIN AMERICA, HUMANE WORLD FOR ANIMALS MEXICO, A.C., FKA HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE WORLD FOR ANIMALS SOUTH AFRICA TRUST, FKA HUMANE SOCIETY INTERNATIONAL – AFRICA, HUMANE WORLD FOR ANIMALS KOREA, FKA HUMANE SOCIETY INTERNATIONAL KOREA, HUMANE WORLD FOR ANIMALS MORLD FOR ANIMALS MORLD FOR ANIMALS MORLD FOR ANIMALS AUSTRALIA LIMITED, FKA HUMANE SOCIETY INTERNATIONAL LIBERIA, INC., HUMANE WORLD FOR ANIMALS AUSTRALIA LIMITED, FKA HUMANE SOCIETY INTERNATIONAL LIMITED (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) EXPENSES NOT INCLUDED IN TAX RETURN	10,415,029	
SCHEDULE D, PART XII, LINE	(a) Description	(b) Amount	
4(B) - OTHER EXPENSES	FOREIGN CURRENCY LOSS	112,160	

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
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE FOLLOWING FOOTNOTE IS FROM THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES (THE HSUS), AND AFFILIATES (THE ORGANIZATION):
	IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE ORGANIZATION 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 ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2021, AND PRIOR. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

(Rev. January 2025)

Statement of Activities Outside the United States 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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HUMANE WORLD FOR ANIMALS INTERNATIONAL

52-1769464 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does the other assistance, the grante					
	award the grants or assistan		•			✓ Yes □ No
2	For grantmakers. Describe outside the United States. Activities per Region. (The fo		-			d other assistance
	(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)	EAST ASIA AND THE PACIFIC	0	37	PROGRAM SERVICES	SEE SCHEDULE O	1,109,354
(2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	17	PROGRAM SERVICES	SEE SCHEDULE O	202,292
(3)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SEE SCHEDULE O	4,800
(4)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	4	PROGRAM SERVICES	SEE SCHEDULE O	533,196
(5)	SOUTH AMERICA	0	25	PROGRAM SERVICES	SEE SCHEDULE O	950,489
(6)	SOUTH ASIA	0	4	PROGRAM SERVICES	SEE SCHEDULE O	23,799
(7)	RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	SEE SCHEDULE O	1,465
(8)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		1,164,000
(9)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,018,865
(10)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		5,784,815
(11)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		1,725,814
(12)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		45,905
(13)	SOUTH AMERICA	0	0	GRANTMAKING		83,647
(14)	SOUTH ASIA	0	0	GRANTMAKING		2,341,330
(15)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,251,008
(16)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		87,250
(17)						
3a	Subtotal	0	87			18,328,029
b	Total from continuation sheets to Part I	0	0			0
С	Totals (add lines 3a and 3b)	0	87			18,328,029

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

Cat. No. 50082W

Schedule F (Form 990) (Rev. 1-2025)

Schedule F (Form 990) (Rev. 1-2025)

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)									
0)									
1)									
2)									
3)									
4)									
15)									
16)									

Schedule F (Form 990) (Rev. 1-2025)

Schedule F (Form 990) (Rev. 1-2025)

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)							

Schedule F (Form 990) (Rev. 1-2025)

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

Schedule F (Form 990) (Rev. 1-2025)

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 WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, 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 GRANTEES.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - SEE SCHEDULE O, ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - SEE SCHEDULE O, ACCRUAL MIDDLE EAST AND NORTH AFRICA - SEE SCHEDULE O, ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - SEE SCHEDULE O, ACCRUAL RUSSIA AND NEIGHBORING STATES - SEE SCHEDULE O, ACCRUAL SOUTH AMERICA - SEE SCHEDULE O, ACCRUAL SOUTH ASIA - SEE SCHEDULE O, ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL RUSSIA AND NEIGHBORING STATES - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
(1)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	4,977,109	WIRE			
(2)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	1,910,363	WIRE			
(3)		SOUTH ASIA	GENERAL SUPPORT	2,125,029	WIRE			
(4)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	1,784,907	WIRE			
(5)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	1,451,500	WIRE			
(6)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	1,164,000	WIRE			
(7)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	746,292	WIRE			
(8)		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	475,000	WIRE			
(9)		EAST ASIA AND THE PACIFIC	ASSIST WITH RESCUE AND CARE OF STRAY ANIMALS, SUPPORT CARE AND TREATMENT OF ANIMALS RESCUED FROM DOG MEAT TRADE, ASSIST WITH ADOPTION EVENTS, FUNDING TO REPAIR SHELTER DAMAGED BY STORM	138,000	EFT			
(10)		EAST ASIA AND THE PACIFIC	PROMOTING HUMAN- ELEPHANT COEXISTENCE IN VIETNAM THROUGH SCIENCE-BASED SOLUTIONS AND INCLUSIVE COLLABORATION	132,890	EFT			
(11)		SOUTH ASIA	FUNDING FOR PLANT-BASED OUTREACH AND CAPACITY BUILDING WORKSHOPS FOR ENTREPRENEUR S IN SRI LANKA, CAMPAIGN TO PROMOTE PLANT- BASED FOOD OPTIONS, CRUELTY FREE AND SUSTAINABLE FOOD PRODUCTION	128,271	EFT			
(12)		EAST ASIA AND THE PACIFIC	CAMPAIGN TO SECURE AN INDONESIAN NATIONWIDE BAN ON THE DOG MEAT TRADE, AID ANIMALS IN NEED OF ASSISTANCE AFTER THE VOLCANIC ERUPTION AT MOUNT	80,441	EFT			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
			LEWOTOBI, ASSIST HORSES IMPACTED BY FLOODING IN JAKARTA, FUNDING TO SUPPORT WORLD RABIES DAY 2024 IN LABUAN BAJO, INDONESIA					
(13)		EAST ASIA AND THE PACIFIC	CONDUCT AN ANALYSIS OF THE LINK BETWEEN DOG MEAT TRADE AND TRANSMISSION OF RABIES WITHIN NORTH SULAWESI PROVINCE OF INDONESIA, FUNDING FOR CARE OF DOGS RESCUED FROM THE DOG MEAT TRADE	58,886	EFT			
(14)		SOUTH AMERICA	PROMOTE NON- LETHAL MEASURES THAT MITIGATE HUMAN-PUMA CONFLICT IN ARGENTINA, PROMOTE BANS ON TROPHY HUNTING IN ARGENTINA	56,000	EFT			
(15)		MIDDLE EAST AND NORTH AFRICA	FUNDING TO RESCUE DOGS DISPLACED FROM THE GAZA STRIP INTO ISRAEL DURING THE CONFLICT BETWEEN ISRAEL AND PALESTINE	50,250	EFT			
(16)		SOUTH ASIA	PROMOTE PROGRAMS AND RESEARCH DESIGNED TO DEVELOP NON- ANIMAL RESEARCH TESTING	47,000	EFT			
(17)		RUSSIA AND NEIGHBORING STATES	FUNDING TO EVACUATE ANIMALS FROM A PRIVATE ZOO WITHIN UKRAINE, FUNDING TO RELOCATE ANIMALS AND PROVIDE POST- EVACUATION CARE FOR SIX MONTHS, FUNDING FOR CONSTRUCTION OF A MEDICAL BUILDING FOR HORSE SURGERIES AND FOR CONSTRUCTION OF ADDITIONAL STRUCTURES AT A BEAR SANCTUARY WITHIN UKRAINE	45,905	EFT			
(18)		MIDDLE EAST AND NORTH	FUNDING FOR	37,000	EFT			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
		AFRICA	SHELTER, VETERINARY CARE, VACCINES, AND SUPPLIES FOR ANIMALS IMPACTED BY THE CONFLICT BETWEEN HEZBOLLAH IN LEBANON AND ISRAELI DEFENSE FORCES					
(19)		SOUTH ASIA	FUNDING TO ENFORCE BORDER CONTROL LAWS AND TO PREVENT IMPORTATION OF ANIMALS INTO NEPAL FROM INDIA DURING GADHIMAI FESTIVAL, FUNDING TO REPAIR SHELTER FACILITIES AND TO PROVIDE TEMPORARY SHELTER FOR ANIMALS AFTER FLOODS IN THE KATHMANDU AREA OF NEPAL, FUNDING TO HELP PAY FOR FOOD, MEDICATIONS AND SUPPLIES FOR ANIMALS IN NEED AFTER EARTHQUAKE IN JAJARKOT	31,292	EFT			
(20)		EAST ASIA AND THE PACIFIC	CAMPAIGN TO RAISE AWARENESS OF DANGERS OF DOG/CAT MEAT CONSUMPTION, CONVERSION OF DOG/CAT SLAUGHTERHOU SE TO OTHER BUSINESS TYPE, CAPACITY BUILDING FOR LOCAL RABIES VACCINATION	29,444	WIRE			
(21)		EAST ASIA AND THE PACIFIC	REIMBURSEMENT FOR 2024 LEGAL FEES RELATED TO AFFILIATION OF THE ENTITIES	26,959	EFT			
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FUNDING TO HELP COVER ONE YEAR OF SALARY COSTS FOR A COORDINATOR FOR THE SOCIAL MEDIA ANIMAL CRUELTY COALITION	25,000	EFT			
(23)		SOUTH AMERICA	DELIVER LOW- COST, HIGH- QUALITY SPAY/NEUTER SERVICES AND RABIES VACCINATIONS TO DOGS AND CATS IN LAGUNA VERDE,	20,127	EFT			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
			VALPARAISO AND VINA DEL MAR, CHILE					
(24)		EAST ASIA AND THE PACIFIC	FUNDING FOR NEW WEBSITE, THE ORGANIZATIONS INAUGURAL LAUNCH, E-BOOK AND HARD COPY VERSION OF STANDARD OPERATING PROCEDURE FOR CAGE-FREE EGG PRODUCTION, AND FUNDING FOR MEMBERS TO VISIT CAGE-FREE PRODUCERS IN EUROPE IN ORDER TO LEARN MORE ABOUT THE TRANSITION TO LARGE SCALE, COMMERCIAL CAGE-FREE EGG PRODUCTION	20,000	EFT			
(25)		NORTH AMERICA (CANADA & MEXICO ONLY)	CONSTRUCTION OF ADDITIONAL ENCLOSURES AT THE WILDLIFE SANCTUARY FOR WOLVES WHICH WERE RECEIVED AFTER THE CLOSURE OF A ZOO IN QUEBEC	19,784	EFT			
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REPAIR DAMAGE DONE TO SHELTER DURING HURRICANE ERNESTO	18,300	EFT			
(27)		EAST ASIA AND THE PACIFIC	ADVERTISING CAMPAIGN TO RAISE AWARENESS ABOUT THE DANGERS OF DOG/CAT MEAT CONSUMPTION, CONVERSION OF A DOG/CAT SLAUGHTERHOU SE TO AN ALTERNATIVE BUSINESS TYPE, FUNDING FOR RABIES VACCINATION CAPACITY BUILDING	18,101	EFT			
(28)		SUB-SAHARAN AFRICA	FUNDING FOR MEDICINES, VACCINES, SUPPLIES, ANIMAL FEED, AND WATER FOR ANIMALS IMPACTED BY FLOODING AND LANDSLIDES IN TANZANIA	14,100	EFT			
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ANNUAL MEMBERSHIP FEES TO GRANTEE ORGANIZATION SERVING AS A	10,159	EFT			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
			FORUM FOR COMMUNICATION AND COOPERATION AMONG ORGANIZATIONS WORKING ON ANIMAL POPULATION MANAGEMENT AND ANIMAL WELFARE INTERNATIONALL Y					
(30)		SOUTH ASIA	PROMOTE HUMAN AND ELEPHANT CONFLICT MITIGATION WITHIN DHENKANAL DISTRICT OF ODISHA, INDIA	9,987	EFT			
(31)		EAST ASIA AND THE PACIFIC	PROVIDED LOGISTICAL ARRANGEMENTS FOR A TRAINING WORKSHOP ON ELEPHANT MONITORING USING CAMERA TRAPS, LOGISTICS INCLUDED COORDINATING TRANSPORTATIO N, ACCOMMODATIO N, VENUE SETUP AND ON-SITE	9,119	EFT			
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FUNDING FOR GRADUATE STUDENTS TO ATTEND ISAE INTERNATIONAL CONGRESS TO PRESENT THEIR ANIMAL WELFARE RESEARCH	7,955	EFT			
(33)		NORTH AMERICA (CANADA & MEXICO ONLY)	REIMBURSE FUNDS USED TO TRANSFER A GROUP OF WOLVES TO ASPEN VALLEY WILDLIFE SANCTUARY AFTER THE CLOSURE OF ZOO ST. EDOUARD, IN QUEBEC	6,776	EFT			
(34)		EAST ASIA AND THE PACIFIC	TRAVEL COSTS FOR PARTICIPANTS WHO ATTENDED ELEPHANT MONITORING TRAINING COURSE	6,064	EFT			
(35)		EAST ASIA AND THE PACIFIC	DEVELOP PLAN TO SUPPORT COMPANION ANIMALS DURING DISASTERS AND ESTABLISH DISASTER RESPONSE TEAMS	5,813	EFT			

Supplemental Information Regarding Fundraising or Gaming Activities

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

HUMANE WORLD FOR ANIMALS INTERP						769464
Fundraising Activities Form 990-EZ filers are				vered "Yes" on I	Form 990, Part IV, I	ine 17.
 Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a wri 	ons	e v f v g \square	Solicitati Solicitati Special	on of nongovernr on of government fundraising events	nent grants t grants	ees,
or key employees listed in Form b If "Yes," list the 10 highest paid compensated at least \$5,000 b	n 990, Part VII) or d individuals or er	entity in contities (fund	onnection \	with professional t	fundraising services?	✓ Yes □ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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			
SG AL HOLDINGS, LLC, 1146 19TH STREET NW, SUITE 600, WASHINGTON, DC 20036	FUNDRAISING CONSULTANTS		~	2,756,625	195,398	2,561,227
TELEFUND, INC., 186 LINCOLN STREET, 2 SUITE 100, BOSTON, MA 02111	(SEE STATEMENT)		~	1,957	26,031	(24,074)
3						
4						
5						
6						
7						
8						
9						
10						
otal				2,758,582	221,429	2,537,153
List all states in which the organization or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IDK, OR, PA, RI, SC, TN, UT, VA, WA, WV.	L, KS, KY, LA, ME,	MD, MA, M	I, MN, MS, N	NV, NH, NJ, NM, NY		·

	edule G	(Form 990) (Rev. 1-2025) Fundraising Events. Corthan \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	Page 2 e 18, or reported more and 6b. List events with
		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, co	olumn (d)		
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe Z, line 6a.	red "Yes" on Form 9	990, Part IV, line 19, c	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	rganization conducts gar onduct gaming activities	ming activities:		Yes No
10	a We	ere any of the organization's g				

b If "Yes," explain:

Schedule G (Form 990) (Rev. 1-2025)

Schedu	ule G (Form 990) (Rev. 1-2025)			Page 3
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 formed to administer charitable gaming?	-	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	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 book records:	s and		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives ga	amina		
	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 \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?		☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, colupart III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac See instructions.	mns (i ddition	ii) and (al infor	(v); and mation.
SEE N	NEXT PAGE			

Pa	rt	I۱
- 7	ш	IΝ

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	THE AGREEMENT HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, ENTERED INTO WITH SG AL HOLDINGS, LLC 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.
	DETAILS ON VENDOR INVOICES ALLOW HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, TO IDENTIFY WHICH COSTS ARE RELATED TO GENERAL FUNDRAISING EXPENSES.
	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, PAID OUT \$5,173 TO SG AL HOLDINGS, LLC FOR FUNDRAISING EXPENSES.
	IN ADDITION TO THE ORGANIZATIONS WHICH APPEAR ON SCHEDULE G, PART I, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, ENTERED INTO ARRANGEMENTS WITH SIX FUNDRAISING VENDORS TO WHICH THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR FUNDRAISING EXPENSES AND NOT FOR PROFESSIONAL FUNDRAISING SERVICES. THESE VENDORS HANDLE TASKS SUCH AS THE COMPILATION OF MAILING LISTS, PRINTING, DATA PROCESSING SERVICES AND MAILING OF DIRECT MAIL PIECES. THEY DO NOT ASSIST WITH THE CREATION OR PREPARATION OF THE DIRECT MAIL LETTERS, NOR ARE THEY INVOLVED IN ANY OTHER PROFESSIONAL FUNDRAISING ACTIVITY.

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identific	cation number
HUMANE WORLD FOR ANIMALS INTER	RNATIONAL						52-	-1769464
Part I General Information	on Grants and	l Assistance						
 Does the organization mainta and the selection criteria used Describe in Part IV the organization 	d to award the gr zation's procedu	ants or assistance res for monitoring	? the use of grant fu		States.			✓ Yes □ No
Part II Grants and Other As Part IV, line 21, for any								Yes" on Form 990,
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 noncash assista	,	(h) Purpose of grant or assistance
(1) FRIENDS OF BONOBOS P.O. BOX 2652, DURHAM, NC 27715	20-0347301	501(C)(3)	20,000				(SEE !	STATEMENT)
(2) (SEE STATEMENT)	88-4070770	501(C)(3)	16,000				(SEE !	STATEMENT)
(3) SPECIES SURVIVAL NETWORK P.O. BOX 507, HIGHLAND, MD 20777	52-2133713	501(C)(3)	250,000				(SEE	STATEMENT)
(4) (SEE STATEMENT)	83-3993982	501(C)(3)	107,407				(SEE	STATEMENT)
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section3 Enter total number of other or		_						4
For Paperwork Reduction Act Notice. s			.				Schedule I	(Form 990) (Rev. 12-2024)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Complemental Information Du		and in Dark I. I	in a Or Down III. and ruse		and information
Supplemental Information. Pro	ovide the information r	equired in Part I, I	ine 2; Part III, colum	n (b); and any other additi	onal information.
ATEMENT)					

Pa	rt	I۱

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, ISSUES GRANTS TO ORGANIZATIONS THAT MEET THE MISSION CRITERIA. GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LUCKY ANIMAL PROTECTION SHELTER 2140 FALLING ROCK TERRACE, BROADLAND, VA 20148
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UKRAINIAN AMERICAN HOUSE 11290 POINT EAST DRIVE, SUITE 215, RANCHO CORDOVA, CA 95742
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FRIENDS OF BONOBOS: FUNDING FOR FOREST CAMP AND GUARD HUTS, REPAIR INFRASTRUCTURE AT BONOBO (APE) RESERVE, FUNDING FOR SUPPLIES AND TRAINING OF NEW FOREST GUARDS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LUCKY ANIMAL PROTECTION SHELTER: FUNDING FOR TEMPORARY SHELTERING COSTS, EMERGENCY SUPPLIES AND FOR REPAIRS TO ANIMAL SHELTER WHICH WAS DAMAGED BY FLOODING
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SPECIES SURVIVAL NETWORK: DEVELOP AND IMPLEMENT STRATEGIES TO ADVANCE CONSERVATION OF TRADED MARINE SPECIES WITH A FOCUS ON SHARKS AND RAYS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UKRAINIAN AMERICAN HOUSE: FUNDING TO COVER COSTS OF ANIMAL FEED AND OTHER SUPPORT FOR A LARGE NUMBER OF STRAY AND ABANDONED ANIMALS IMPACTED BY THE WAR IN UKRAINE

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization **HUMANE WORLD FOR ANIMALS INTERNATIONAL** 52-1769464 Questions Regarding Compensation

п сп	Questions regarding compensation			
4.			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence			
	_ ,			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
	☐ Discretionary spending account ☐ Fersonal services (such as maid, chauneur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
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.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Design the control of the control of the design of the control of			
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:			
_		4-		
a	Receive a severance payment or change-of-control payment?	4a 4b	/	V
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	46 4c		~
C	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	40		
	in res to any or lines 4a-c, list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
,	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	'		-
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	اما		

Schedule J (Form 990) (Rev. 1-2025)

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 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
CRISTOBEL BLOCK	(i)	0	0	0	0	0	0	0
1 CHIEF EXECUTIVE OFFICER	(ii)	641,210	0	0	10,049	25,415	676,674	0
ANGELA CICCOLO	(i)	0	0	0	0	0	0	0
2 CHIEF LEGAL OFFICER	(ii)	405,419	0	0	19,034	2,532	426,985	0
ALISON GREGG CORCORAN	(i)	0	0	0	0	0	0	0
3 CHIEF DEVELOPMENT & MARKETING OFFICER	(ii)	392,125	0	0	4,558	27,759	424,442	0
ERIN FRACKLETON	(i)	0	0	0	0	0	0	0
4 CHIEF OPERATING OFFICER	(ii)	380,574	0	0	15,478	12,179	408,231	0
WILLIAM H. HALL	(i)	0	0	0	0	0	0	0
5 CHIEF FINANCIAL OFFICER	(ii)	311,880	0	0	18,340	28,615	358,835	0
JEFFREY FLOCKEN	(i)	314,705	0	0	14,096	20,817	349,618	0
6 PRESIDENT	(ii)	0	0	0	0	0	0	0
NICOLE PAQUETTE	(i)	0	0	0	0	0	0	0
7 CHIEF US PROGRAMS & POLICY OFFICER	(ii)	311,084	0	0	14,081	23,317	348,482	0
ALEXANDRA FREIDBERG	(i)	0	0	0	0	0	0	0
8 SECRETARY	(ii)	214,509	4,500	0	9,460	27,990	256,459	0
ANNA FROSTIC	(i)	203,014	5,280	0	13,807	28,471	250,572	0
SENIOR VICE PRESIDENT, PROGRAMS & POLICY	(ii)	0	0	0	0	0	0	0
REBECCA REGNERY	(i)	145,569	0	66,503	6,847	26,379	245,298	0
10 SENIOR DIRECTOR, WILDLIFE	(ii)	0	0	0	0	0	0	0
REVA BHATIA	(i)	0	0	0	0	0	0	0
11 ASSISTANT TREASURER	(ii)	218,845	6,000	0	12,939	6,848	244,632	0
STEPHANIE BRIGGS	(i)	0	0	0	0	0	0	0
12 CHIEF PEOPLE OFFICER	(ii)	145,970	19,396	0	10,858	26,276	202,500	0
KATHERINE POLAK	(i)	159,395	9,369	0	10,246	12,308	191,318	0
VP. COMPANION ANIMALS & ENGAGEMENT	(ii)	0	0	0	0	0	0	0
DONNA GADOMSKI	(i)	155,909	4,000	0	7,509	22,972	190,390	0
14 SENIOR PROGRAM DIRECTOR, EXTERNAL AFFAIRS	(ii)	0	0	0	0	0	0	0
CAROLYN SIPE	(i)	159,266	1,500	0	9,709	12,303	182,778	0
15 SENIOR DIRECTOR, MARKETING	(ii)	0	0	0	0	0	0	0
(SEE STATEMENT)	(i)							
16	(ii)							

Schedule J (Form 990) (Rev. 1-2025)

(a)			(b)		(c)	(d)	(e)	(f)
Name		Breakdown of W	-2 and/or 1099-MIS	C compensation	Retirement and	Nontaxable	Total of columns	Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(b)(i)-(d)	reported in prior Form 990 or Form 990-EZ
(16) CYNTHIA DENT	(i)	148,345	6,000	0	9,530	12,616	176,491	0
VP. COUNTRY OFFICES	(ii)	0	0	0	0	0	0	0
(17) JULIE JANOVSKY	(i)	152,199	0	0	9,448	13,085	174,732	0
VP. FARM ANIMALS	(ii)	0	0	0	0	0	0	0
(18) TREVOR GRIFFITH	(i)	60,502	1,600	0	3,812	4,458	70,372	0
SÉNIOR DIRECTOR, GLOBAL PERFORMANCE MEDIA	(ii)	89,622	2,400	0	5,648	6,606	104,276	0
(19) BARBARA BALINGER	(i)	0	0	0	0	0	0	0
FÓRMER ASSISTANT TREASURER	(ii)	148,279	6,000	0	9,227	792	164,298	0
(20) ARNEDIA WALLACE		0	0	0	0	0	0	0
ASSISTANT SECRETARY	(ii)	136,273	4,000	0	2,106	21,064	163,443	0
(21) MARSHALL TAYLOR	(i)	0	0	0	0	0	0	0
CHIEF PEOPLE OFFICER		148,211	0	0	8,867	732	157,810	0

Part l	ı
--------	---

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
3 - ARRANGEMENT USED TO ESTABLISH THE TOP	THE COMPENSATION OF CRISTOBEL BLOCK, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S TOP MANAGEMENT OFFICIAL, WAS ESTABLISHED BY THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES (HSUS). BLOCK WAS APPOINTED AS THE PRESIDENT AND CEO OF HUMANE WORLD FOR ANIMALS, INC., FKA HSUS, IN JANUARY OF 2019. AS PART OF THAT PROCESS, THE HUMANE WORLD FOR ANIMALS, INC., FKA 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 HUMANE WORLD FOR ANIMALS, INC., FKA HSUS BOARD.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	CARLO CARANI: \$11,360 RECEIVED PURSUANT TO A SEVERANCE AGREEMENT. REBECCA REGNERY: \$48,100 RECEIVED PURSUANT TO A SEVERANCE AGREEMENT. IN ADDITION, \$18,403 WAS RECEIVED AS SEVERANCE UNDER THE SEVERANCE PAY PLAN. ONLY EMPLOYEES HIRED IN FULL-TIME OR PART-TIME POSITIONS BEFORE JANUARY 1, 1998 WHO COMPLETE A MINIMUM OF 15 YEARS OF CONTINUOUS FULL-TIME EMPLOYMENT ARE ELIGIBLE TO PARTICIPATE IN THE PLAN. UPON TERMINATION OF EMPLOYMENT, PARTICIPANTS RECEIVE A LUMP SUM THAT'S CALCULATED ACCORDING TO TERMS OF THE PLAN.

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberHumane World for Animals International52-1769464

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CONTINUED FROM PART I, LINE 1
	CAUSES OF ANIMAL CRUELTY AND RESCUE ANIMALS IMPACTED BY NATURAL AND MANMADE DISASTERS.
	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, PROTECTS COMPANION ANIMALS BY PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMAL POPULATIONS THROUGH SPAY/NEUTER AND VACCINATION PROGRAMS GLOBALLY AND BY WORKING TO ELIMINATE THE DOG-MEAT TRADE IN ASIA. HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, ADVOCATES FOR ELIMINATING ANIMAL TESTING FOR COSMETICS AND OTHER CHEMICALS AND DEVELOPING NON-ANIMAL ALTERNATIVES FOR BIOMEDICAL RESEARCH. HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, CAMPAIGNS AGAINST FARM ANIMAL SUFFERING, PARTICULARLY THE USE OF CRUEL CONFINEMENT SYSTEMS FOR GESTATING PIGS AND EGG LAYING HENS, AND TO END THE FINANCING OF INTENSIVE PRODUCTION SYSTEMS, AND TO REDUCE MEAT CONSUMPTION GLOBALLY. HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, CAMPAIGNS AGAINST WILDLIFE CRUELTY AND SUFFERING BY ADVOCATING TO ELIMINATE TROPHY HUNTING, THE COMMERCIAL KILLING OF SEALS FOR FUR, COMMERCIAL WHALING, SHARK FINNING, AND ALSO WORKS TO PROMOTE HUMANE APPROACHES TO RESOLVING HUMAN-WILDLIFE CONFLICT ISSUES. HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA 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.
FORM 990, PART III, LINE 4A -	CONTINUED FROM PART III, LINE 4A (1 OF 2)
END THE CRUELEST PRACTICES (CONTINUED)	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WORKED IN VIET NAM WITH THREE EGG PRODUCERS TO EXPAND THEIR CURRENT CAGE-FREE PRODUCTION OR TO TRANSITION FROM BATTERY CAGES, IMPACTING A TOTAL OF 27,000 HENS. BY EXPANDING THE AVAILABILITY OF CAGE-FREE EGGS, CORPORATIONS CAN SWITCH THEIR PURCHASING FROM EGGS LAID BY HENS KEPT IN BATTERY CAGES TO EGGS FROM CAGE-FREE HENS AND MAKE PROGRESS TOWARD FULFILLING THEIR CAGE-FREE COMMITMENTS. IN BRAZIL, BRAZIL'S LIV UP, A FROZEN MEALS AND FOOD DELIVERY COMPANY, AND CEPÊRAA MAYONNAISE AND SAUCE MANUFACTURER, BOTH FULLY TRANSITIONED TO USING ONLY EGGS FROM CAGE-FREE HENS. LEADING BRANDS IN THE SECTOR WHO PREVIOUSLY MADE COMMITMENTS, SUCH AS KRAFT AND UNILEVER, LED THE WAY IN THEIR COMMITMENTS TO HIGHER WELFARE CAGE-FREE EGGS.
	IN SUPPORT OF HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S PLANT-BASED EATING CAMPAIGN, THE ORGANIZATION TRAINED 224 CHEFS AND NUTRITIONISTS IN PLANT-BASED EATING AROUND THE WORLD. THAILAND SECURED COMMITMENTS TO TRANSITION ANIMAL-BASED MEALS TO PLANT-BASED FROM TWO MARRIOTT HOTELS, FOUR POINTS BY SHERATON AND ALOFT SUKHUMVIT WHICH SERVE 30,600 MEALS EVERY YEAR AND WILL SPARE AN ESTIMATED 1,500 ANIMALS A YEAR. IN EL SALVADOR, THE SALVADOR SCHOOL DISTRICT, WHICH SERVES MORE THAN 10 MILLION PLANT-BASED MEALS TO 170,000 STUDENTS EVERY YEAR, IMPLEMENTED HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S PLANT-BASED PROCUREMENT PROGRAM IN A RECORD 5-MONTHS, AND TO KEEP THE PROGRAM STRONG, THE ORGANIZATION WILL BE CONDUCTING A WORKSHOP FOR ALL SCHOOL MANAGERS AND NEW CHEFS. THIS PROGRAM IS ESTIMATED TO SPARE 185,920 ANIMALS EVERY YEAR.
	WILDLIFE: THE HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WILDLIFE DEPARTMENT HAD THE FOLLOWING PROGRAM ACCOMPLISHMENTS IN 2024: THE ORGANIZATION WORKED TO ELIMINATE THE IMPORT OF HUNTING TROPHIES INTO EUROPE, THE UNITED KINGDOM, AND THE UNITED STATES, AND TO PROHIBIT THE HUNTING AND EXPORT OF IMPERILED SPECIES FROM AFRICA AND EUROPE. POLAND HELD A VISUALLY POWERFUL PHOTOGRAPHY EXHIBIT, WHERE THE PHOTOGRAPHS CAPTURED HAUNTING IMAGES OF TROPHY HUNTING EXAMPLES OF ANIMAL BODIES, SKINS, PAWS AND HEADS. THE ONCE LIVING CREATURES HAVE BEEN REDUCED TO LIFELESS TROPHIES. THIS WAS AN IMPACTFUL WAY TO VISUALLY SHOW WHY HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, IS DETERMINED TO END TROPHY HUNTING GLOBALLY. IN GUATEMALA, MULTIPLE MAMMALS AND BIRDS WERE RELEASED BACK INTO THE GUATEMALAN RAINFOREST AFTER BEING RESCUED AND REHABILITATED FROM INCIDENTS OF ILLEGAL TRAFFICKING AND CRUELTY. THIS PROJECT AIMED TO TACKLE WILDLIFE TRAFFICKING FOR THE PET TRADE AND OTHER HUMAN ACTIVITIES THAT NEGATIVELY IMPACT WILD ANIMALS. FURTHER IN GUATEMALA, NINETEEN SCARLET MACAWS, AN EMBLEMATIC SPECIES IN THE CENTRAL AMERICAN REGION, WERE RETURNED TO THEIR NATURAL HABITAT, AFTER HAVING BEEN RESCUED AND CONFISCATED FROM ILLEGAL WILDLIFE TRAFFICKING.

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Humane World for Animals International

Employer identification number
52-1769464

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	CONTINUED FROM PART III, LINE 4A (2 OF 2)
END THE CRUELEST PRACTICES (CONTINUED)	IN VIET NAM, A LAUNCH EVENT WAS HELD TO HIGHLIGHT THE IMPLEMENTATION OF THE THREE ELEPHANT CONSERVATION INITIATIVES IN TWO PROVINCES AND THE ORGANIZATION WILL PROVIDE SUPPORT IN THREE OTHER PROVINCES. THE GOAL OF THESE INITIATIVES WAS TO HELP IMPROVE THE HIGHLY ENDANGERED ASIAN ELEPHANTS IN VIET NAM.
	WILDLIFE: END FUR TRADE HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WORKED TO ELIMINATE FUR FARMING ACROSS THE WORLD. THE ROMANIAN PARLIAMENT VOTED OVERWHELMINGLY TO BAN CHINCHILLA AND MINK FUR FARMING. ROMANIA BECAME THE 22ND COUNTRY IN EUROPE TO BAN FUR FARMING, MARKING A SIGNIFICANT MILESTONE IN HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S GLOBAL CAMPAIGN TO END THE CRUEL PRACTICE OF BREEDING AND KILLING ANIMALS FOR FUR FASHION. IN ITALY, AND GLOBALLY, AFTER A STRONG CAMPAIGN THAT INCLUDED HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, AND HUMANE WORLD FOR ANIMALS, INC., FKA THE HSUS, MAX MARA FASHION GROUP OFFICIALLY ANNOUNCED A FUR FREE POLICY.
	COMPANION ANIMALS: DOG MEAT HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WORKED TO ELIMINATE DOG MEAT FARMS AND DOG MEAT CONSUMPTION ACROSS ASIA IN 2024. IN KOREA, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, HAS RESCUED AND REHOMED OVER 3,000 DOGS FROM THESE FARMS SINCE THE LAUNCH OF THIS CAMPAIGN. IN 2024, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, IN VIET NAM CLOSED A CAT FATTENING FARM AND RESCUED 20 YOUNG CATS. THIS CAT FARM IS THE SIXTH FARM CLOSED, SINCE THE VIET NAM MODELS FOR CHANGE PROGRAM LAUNCHED IN THE COUNTRY IN 2022. FURTHER IN VIET NAM, MORE THAN 50 PUPPIES WERE RESCUED FROM TWO DOG MEAT FATTENING FARMS. VIET NAM ALSO SECURED ANOTHER SUCCESSFUL CLOSURE OF A DOG SLAUGHTERHOUSE IN DONG NAI, WHERE A TOTAL OF 16 DOGS WERE RESCUED AND TAKEN TO A TEMPORARY SHELTER RENOVATED BY HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI. THE CLOSURE WAS A COLLABORATIVE ACTIVITY BETWEEN HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, AND THE DONG NAI DEPARTMENT OF ANIMAL HEALTH. IN SOUTH KOREA, THERE WAS AN ANNOUNCEMENT OF THE BASIC PLAN FOR THE PHASE OUT OF THE DOG MEAT INDUSTRY; THE BASIC PLAN CONTAINS DETAILS THE COMPENSATION PACKAGES FOR FARMERS AND OTHERS INVOLVED IN THE DOG MEAT INDUSTRY.
	END ANIMAL TESTING HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WORKED TO OUTLAW COSMETIC TESTING ON ANIMALS IN THE WORLD'S LARGEST AND MOST INFLUENTIAL BEAUTY MARKETS. IN 2024, BRAZIL'S PRESIDENT SIGNED INTO LAW THE COUNTRY'S FIRST CHEMICAL LAW, WHICH INCLUDES A SERIES OF ANIMAL PROTECTIVE MEASURES THANKS TO YEARS OF NEGOTIATION BY THE HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI. THE LAW INCLUDES: ANIMAL TESTING SHOULD BE THE LAST RESORT TO DETERMINE THE DANGER OF A CHEMICAL SUBSTANCE AND CAN ONLY BE USED IF ALL POSSIBILITIES OF ALTERNATIVE METHODS HAVE BEEN EXHAUSTED; THE PUBLIC AUTHORITIES WILL DESIGNATE A SUPERVISORY BODY, THAT WILL, AFTER THE CONSULTATION WITH THE RELATED INSTITUTIONS, ESTABLISH A STRATEGIC PLAN TO PROMOTE THE USE OF ALTERNATIVE METHODS TO ANIMAL TESTING. FURTHER, IN THE EU, THE EUROPEAN DIRECTORATE FOR QUALITY OF MEDICINES (EDQM) REMOVED A CRUEL AND OBSOLETE TEST ON RABBITS TO DETECT FEVER-INDUCING CONTAMINANTS IN INJECTABLE DRUGS. THIS MOVE WILL SPARE HUNDREDS OF THOUSANDS OF RABBITS EACH YEAR.
FORM 990, PART III, LINE 4B -	CONTINUED FROM PART III, LINE 4B (1 OF 2)
CARE FOR ANIMALS IN CRISIS (CONTINUED)	ROMANIA KICKED OFF A COMMUNITY-WIDE PROGRAM TO DELIVER FREE VETERINARY CARE TO STREET DOGS AND CATS. THE INITIATIVE IS PART OF A BROADER EFFORT TO SUPPORT LOCAL AUTHORITIES IN ADOPTING HUMANE POPULATION CONTROL STRATEGIES, WHILE PROMOTING PUBLIC EDUCATION ON ANIMAL WELFARE AND RESPONSIBLE PET OWNERSHIP. ALSO IN ROMANIA, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, HOSTED THE FIRST EVER ROUNDTABLE FOCUSED ON COMPANION ANIMAL MANAGEMENT AT THE ROMANIAN PARLIAMENT WHERE HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, PRESENTED A VISION FOR HUMANE DOG AND CAT POPULATION MANAGEMENT IN THE COUNTRY. THE ORGANIZATION'S PROGRAM IN MEXICO, IN COLLABORATION WITH STATE AND MUNICIPAL PARTNERS, PROVIDED VETERINARY CARE AND OTHER PET CARE RESOURCES IN UNDERSERVED AREAS. ALSO, GERMANY LAUNCHED A NEW PILOT PROJECT TO SUPPORT COMMUNITY CAT MANAGEMENT AS PART OF HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S WIDER STRATEGY TO SUPPORT DOG AND CAT POPULATION MANAGEMENT.

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Humane World for Animals International

Employer identification number
52-1769464

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B -	CONTINUED FROM PART III, LINE 4B (2 OF 2)
CARE FOR ANIMALS IN CRISIS (CONTINUED)	WILDLIFE: ELEPHANT IMMUNOCONTRACEPTION IN SOUTH AFRICA IN 2024, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, CONTINUED TO WORK WITH RESERVES. HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, NOW WORKS WITH 48 RESERVES TO ADMINISTER AN IMMUNOCONTRACEPTION VACCINE TO OVER 1,670 FEMALE ELEPHANTS TO HUMANELY MANAGE POPULATION SIZES.
	COMPANION ANIMALS: RESCUE & DISASTER HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, WORKS GLOBALLY TO RESCUE ANIMALS IN NEED FROM DISASTERS AND CRUELTY. IN 2024, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, DEPLOYED ITS DISASTER RESPONSE PROFESSIONALS TO DIFFERENT GLOBAL INCIDENTS, INCLUDING GIVING A GRANT TO PAW AID, TO HELP RESCUE DISPLACED DOGS FROM PALESTINE TO ISRAEL. FURTHER, THROUGH HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S PARTNERSHIPS WITH THE UKRAINIAN RED CROSS AND OTHER GROUPS, TENS OF THOUSANDS OF DOGS AND CATS IN UKRAINE HAVE BEEN HELPED THIS YEAR.
FORM 990, PART III, LINE 4C -	CONTINUED FROM PART III, LINE 4C
BUILD A STRONGER ANIMAL PROTECTION MOVEMENT (CONTINUED)	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HUMANE SOCIETY INTERNATIONAL GRANTED FUNDS TO ASSOCIATION HUMANE WORLD FOR ANIMALS COSTA RICA, FKA ASSOCIATION HUMANE SOCIETY INTERNATIONAL -LATIN AMERICA, TO SUPPORT ONGOING ANIMAL ADVOCACY WORK. USING THESE FUNDS, ASSOCIATION HUMANE WORLD FOR ANIMALS COSTA RICA, FKA ASSOCIATION HUMANE SOCIETY INTERNATIONAL -LATIN AMERICA CONDUCTED THREE COMPREHENSIVE TRAININGS FOR COSTA RICAN AUTHORITIES ON HOW TO PROPERLY HANDLE WILDLIFE EITHER SEIZED OR RESCUED IN POLICE AND JUDICIAL OPERATIONS. THESE WORKSHOPS ARE PART OF THE "IMPROVING COSTA RICA'S CAPACITY TO COMBAT WILDLIFE TRAFFICKING" PROJECT. THROUGH THESE GLOBAL TRAINING PROGRAMS, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, TRAINED LAW ENFORCEMENT, GOVERNMENT AND NGO OFFICERS WHO DEAL WITH ANIMAL CRUELTY CASES-INCLUDING POLICE, VETERINARIANS, PROSECUTORS, BORDER CONTROL, AND FIREFIGHTERS.
FORM 990, PART V, LINE 2A - NUMBER OF EMPLOYEES REPORTED ON FORM W-3	HUMANE WORLD FOR ANIMALS, INC., FKA THE HSUS, PAYS WAGES TO THE EMPLOYEES OF HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, AND FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS, INCLUDING FORM W-3. HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, DOES NOT REPORT EMPLOYEES ON FORM W-3.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	OFFICERS AMUNDSON, BHATIA, BLOCK, BRIGGS, CARANI, CICCOLO, CORCORAN, FRACKLETON, FRIEDBERG, HALL, PAQUETTE, PARRA, TAYLOR AND WALLACE WERE EMPLOYED BY ANOTHER TAX EXEMPT ORGANIZATION ON WHOSE BOARD DIRECTOR ATHERTON 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, HUMANE WORLD FOR ANIMALS INC., FKA THE HSUS, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF HUMANE WORLD FOR ANIMALS INTERNTIONAL, FKA HSI.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, HUMANE WORLD FOR ANIMALS INC., FKA THE HSUS, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, AND CAN ALSO REMOVE THEM AT WILL. HUMANE WORLD FOR ANIMALS INC., FKA THE HSUS, ALSO APPROVES ANY CHANGES TO THE BYLAWS OF HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI.
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THE BOARD OF HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, 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 HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S INDEPENDENT TAX PREPARERS FOR THEIR REVIEW AND REVISION, AS MAY BE APPROPRIATE. THE REVISED DRAFT IS THEN GIVEN TO HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA 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 VERSION OF THE FORM 990 TO THE HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI BOARD FOR ITS CONSIDERATION. ONCE THE BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND COMMENT, THE FINALIZED VERSION IS FILED WITH THE IRS.

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberHumane World for Animals International52-1769464

D (D () 11 (iii		
Return Reference - Identifier FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, RELIES UPON AND FO CONFLICT OF INTEREST POLICY OF A RELATED ORGANIZATION, HUMANE WORL INC., FKA THE HSUS. THE MONITORING AND COMPLIANCE PROCESS IS FACILITA OVERLAP IN STAFF AND BOARDS BETWEEN THE TWO ORGANIZATIONS. ADDITIC QUESTIONNAIRE IS DISTRIBUTED TO DIRECTORS, OFFICERS, AND KEY EMPLOYI BASIS IN ORDER TO ASCERTAIN THE PRESENCE OF ANY CONFLICTS AND ENABL ORGANIZATION TO ANSWER PART VI, LINES 1B AND 2. THE QUESTIONNAIRES AF SIGNED, AND RETURNED TO THE HUMANE WORLD FOR ANIMALS INTERNATIONA GENERAL COUNSEL & CORPORATE SECRETARY. THE BOARD OF DIRECTORS RE INVOLVING DIRECTORS AND OFFICERS. THE IMPLEMENTATION OF THE CONFLIC POLICY EMPHASIZES AVOIDING CONFLICTS TO BEGIN WITH. THE GENERAL COUFIELDS AND USUALLY RESOLVES CONFLICTS OF INTEREST AND QUESTIONS RABOARD MEMBERS.	D FOR ANIMALS TED BY THE NALLY, A EES ON AN ANNUAL E THE RE COMPLETED, AL, FKA HSI, EVIEWS CONFLICTS T OF INTEREST NSEL'S OFFICE
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	HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, MAKES COPIES OF ITS INCORPORATION AND BYLAWS AVAILABLE TO SUPPORTERS FREE OF CHARGE IS FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITABLE REGISTRATIONS, ARE MADE AVAILABLE TO MAJOR DONORS, ARE POSTED ON TRELATED PARTY, HUMANE WORLD FOR ANIMALS INC., FKA THE HSUS, AND, WHIS STATE LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST. COPIES OF HUMANIMALS INTERNATIONAL, FKA HSI'S FORM 1023 APPLICATION FOR RECOGNITIC STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL A HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI'S OFFICE IN WASHING WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, MAKES COPIES OF THE THREE FILED FORMS 990 AVAILABLE ON THE WEBSITE OF HUMANE WORLD FOR ANIMAL HSUS, AND UPON REQUEST BY MAIL AND IN PERSON AT HUMANE WORLD FOR ANIMAL INTERNATIONAL, FKA HSI'S OFFICE IN WASHINGTON, D.C THE CONFLICT OF INT NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.	JPON REQUEST. E SOLICITATION HE WEBSITE OF A ERE REQUIRED BY MANE WORLD FOR IN OF TAX EXEMPT ND IN PERSON AT TON, D.C HUMANE MOST RECENTLY- LS INC., FKA THE INIMALS
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (A) - OFFICERS	THE LIST INCLUDES OFFICERS ELECTED BY THE BOARD OF DIRECTORS.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description FOREIGN AFFILIATE MANAGEMENT FEES	(b) Amount - 1,012,713
GENERAL NOTE - JOINT COST ALLOCATIONS	FOR MANY YEARS, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, HAD DIRECT MAIL, EMAIL, TELEPHONE AND OTHER MEANS OF SOLICITATION TO REC MAINTAIN ITS SUPPORTERS. DIRECT MARKETING AND OTHER DONOR CHANNEL HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, TO SHARE SPECIFIC DRECENT ACCOMPLISHMENTS AND TO PROVIDE INFORMATION ABOUT CURRENT PRIORITIES TO MILLIONS OF SUPPORTERS. HUMANE WORLD FOR ANIMALS INTERNATION ALSO USES POSTAL MAIL AND OTHER CHANNELS TO EDUCATE AND TO TO ACTION TO ADVANCE ITS MISSION AND LIFESAVING WORK FOR ANIMALS.	RUIT, EXPAND AND S ALLOW THE DETAILS ABOUT CAMPAIGNS AND RNATIONAL, FKA
	THIS IS WHY, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOAI GUIDELINES, HUMANE WORLD FOR ANIMALS INTERNATIONAL, FKA HSI, ALLOCA' ITS DIRECT MAIL, EMAIL, PHONE AND OTHER COMMUNICATION COSTS TO PROGRADD TO FUNDRAISING. SUCH COSTS ARE ALLOCATED TO EACH MAJOR PROGRA	TES`A PORTION OF FRAM SERVICES
	1) END THE CRUELEST PRACTICES - HUMANE WORLD FOR ANIMALS INTERNATION FOCUSED ON ENDING THE WORST FORMS OF INSTITUTIONALIZED ANIMAL SUFFMILLS, FUR FARMS, TROPHY HUNTING, EXTREME CONFINEMENT OF FARM ANIMANIMALS IN COSMETICS TESTS AND THE DOG MEAT TRADE. THE PROGRESS IS THE WORK WITH GOVERNMENTS, THE PRIVATE SECTOR AND MULTINATIONAL BAWARENESS AND CONSUMER EDUCATION CAMPAIGNS; PUBLIC POLICY EFFORT	ERING - PUPPY ALS, THE USE OF THE RESULT OF ODIES; PUBLIC
	2) CARE FOR ANIMALS IN CRISIS - HUMANE WORLD FOR ANIMALS INTERNATIONARESPONDS TO LARGE-SCALE CRUELTY CASES AND DISASTERS AROUND THE WRESCUE, HANDS-ON CARE, LOGISTICS AND EXPERTISE WHEN ANIMALS ARE CA	ORLD, PROVIDING
	3) BUILD A STRONGER ANIMAL PROTECTION MOVEMENT - THROUGH PARTNERS SUPPORT, COLLABORATION AND MORE, HUMANE WORLD FOR ANIMALS INTERN IS BUILDING A MORE HUMANE WORLD BY EMPOWERING AND EXPANDING THE CANIMAL WELFARE ADVOCATES AND ORGANIZATIONS IN THE UNITED STATES AN GLOBE. TOGETHER, FASTER CHANGE WILL BE BROUGHT ABOUT FOR ANIMALS.	ATIONAL, FKA HSÍ, APACITY OF

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Humane World for Animals International

Employer identification number
52-1769464

Humane World for Animals Internation	18I 52-1769464						
Return Reference - Identifier	Explanation						
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES WITHIN	REGION: NORTH AMERICA (CANADA & MEXICO ONLY)						
REGION	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE; ENDING THE FUR TRADE. COMPANION ANIMAL PROGRAMS: IMPROVING POLICY AND ENFORCEMENT OF LEGISLATION RELATED TO ANIMAL CRUELTY. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH						
SCHEDULE F, PART I, LINE 3(E)	REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)						
- PROGRAM SERVICES WITHIN REGION	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE; ENDING TROPHY HUNTING. ENDING THE FUR TRADE. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH. COMPANIC ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER OF CATS/DOGS.	4					
SCHEDULE F, PART I, LINE 3(E)	REGION: SOUTH AMERICA						
- PROGRAM ŚERVICÉS WITHÌN REGION	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. ANIMAL RESCUE PROGRAMS: DISASTER RELIEF. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER OF CATS/DOGS; TRAINING VETERINARIANS. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH						
SCHEDULE F, PART I, LINE 3(E)	REGION: SOUTH ASIA						
- PROGRAM SERVICES WITHIN REGION	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER CATS/DOGS; IMPROVING POLICY AND ENFORCEMENT OF LEGISLATION RELATED TO ANIMAL CRUELTY. ANIMAL RESCUE PROGRAMS: IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMAL DISASTERS; DISASTER RELIEF. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL FREE TESTING AND RESEARCH.	OF .S IN					
SCHEDULE F, PART I, LINE 3(E)	REGION: EAST ASIA AND THE PACIFIC						
- PROGRAM ŚERVICÉS WITHÌN REGION	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	FARM ANIMAL PROGRAMS: PREVENTING CRUEL CONFINEMENT OF FARM ANIMALS; PROMOTING PLANT-BASED EATING. WILDLIFE PROGRAMS: PROMOTING THE PROTECTION OF MARINE WILDL PROMOTING HUMAN-WILDLIFE COEXISTENCE; PREVENTING WILDLIFE TRADE. ANIMAL RESCUE PROGRAMS: DISASTER RELIEF. COMPANION ANIMAL PROGRAMS: PROMOTING SPAY & NEUTER CATS/DOGS; ENDING THE DOG MEAT TRADE. RESEARCH AND TOXICOLOGY PROGRAMS: PROMOTING ANIMAL-FREE TESTING AND RESEARCH.	.IFE;					
SCHEDULE F, PART I, LINE 3(E)	REGION: MIDDLE EAST AND NORTH AFRICA						
- PROGRAM SERVICES WITHÌN REGION	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF IN ISRAEL.						
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES WITHIN	REGION: RUSSIA AND NEIGHBORING STATES	_					
REGION SERVICES WITHIN	(E) SPECIFIC TYPES OF SERVICES IN REGION:						
	ANIMAL RESPONSE PROGRAMS: IMPROVING THE CAPACITY OF TEAMS TO HELP ANIMALS IN DISASTERS; DISASTER RELIEF IN UKRAINE.						

Related Organizations and Unrelated Partnerships

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

HUMANE W	VORLD FOR ANIMALS INTERNATIONAL					52	2-1769464	
Part I	Identification of Disregarded Entities. Comple	te if the organizatio	on answered "Yes	s" on Form 990, Pa	art IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) (c) (d) Primary activity Legal domicile (state or foreign country) End-of-					
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Complete it uring the tax year.	f the organization	answered "Yes" o	on Form 990, Pa	art IV, line 34, bed	cause it h	nad
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (st or foreign countr		n Public charity sta (if section 501(c)		con	(g) n 512(b)(1 ntrolled ntity?
							Yes	No
(1) (SEE S	STATEMENT)							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

Page **2**

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	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)			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)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) (Rev. 1-2025)

Page 3

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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		~
b	Gift, grant, or capital contribution to related organization(s)	1b	/	
С	Gift, grant, or capital contribution from related organization(s)	1c	~	
d	Loans or loan guarantees to or for related organization(s)	1d		~
е	Loans or loan guarantees by related organization(s)	1e		1
f	Dividends from related organization(s)	1f		~
q	Sale of assets to related organization(s)	1g		~
h	Purchase of assets from related organization(s)	1h		~
i	Exchange of assets with related organization(s)	1i		~
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		~
•		•		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		~
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	~	
m.		1m	~	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	~	
0	Sharing of paid employees with related organization(s)	10	~	
Ū			•	
n	Reimbursement paid to related organization(s) for expenses	1p	/	
q	Reimbursement paid by related organization(s) for expenses	1q	~	
ч	The inibulise mentipalid by related diganization(s) for expenses	14	_	
_	Other transfer of cash or property to related organization(s)	1r	~	
r	Other transfer of cash or property from related organization(s)	1s	~	
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	_		
		n unre	esnoi	us.
	(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of determining	amoui	nt invo	lved
	type (a—s)	uou.		
(1)				
(' '				
(2)				
(3)				
(4)				
(5)				
(5)				
(C)				
(6)				

Schedule R (Form 990) (Rev. 1-2025)

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	Are all sec 501 organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) (Rev. 1-2025)

(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) Society States	ection b)(13) d entity?
(1) HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH, INC. (22-1671626) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NJ	501(C)(3)	7	HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(2) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC. (22-2768664) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(3) HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES (53-0225390) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DE	501(C)(3)	7	N/A		✓
(4) HUMANE WORLD FOR ANIMALS CANADA, FKA HUMANE SOCIETY INTERNATIONAL/CANADA 215 MONTEE COTE DOUBLE, VAUDREUIL-DORION, QUEBEC, H4P 2A6, CA	ANIMAL WELFARE	CANADA			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(5) HUMANE WORLD FOR ANIMALS INDIA FOUNDATION, FKA HUMANE SOCIETY INTERNATIONAL:INDIA SHOP NO.39, SHREEJI SHOPPING ARCADE, SHETH GH COMP., M.G.RD, BORIVALI(E), MUMBAI, MAHARASHTRA, 400066, IN	ANIMAL WELFARE	INDIA			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(6) ASSOCIATION HUMANE WORLD FOR ANIMALS COSTA RICA, FKA ASSOCIATION HUMANE SOCIETY INTERNATIONAL -LATIN AMERICA BARRIO ESCALANTE, 100 MTS ESTE Y NORTE, CASA #951, SAN JOSE, 11501, CS	ANIMAL WELFARE	COSTA RICA			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		>
(7) HUMANE WORLD FOR ANIMALS UNITED KINGDOM, FKA THE HUMANE SOCIETY INTERNATIONAL (UK) 5 UNDERWOOD STREET, LONDON, N1 7LY, UK	ANIMAL WELFARE	UNITED KINGDOM			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		>
(8) HUMANE WORLD FOR ANIMALS EUROPE, FKA HUMANE SOCIETY INTERNATIONAL - EUROPE RUE BELLIARD 40, BRUSSELS, 1040, BE	ANIMAL WELFARE	BELGIUM			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(9) HUMANE WORLD FOUNDATION CANADA, FKA FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS 215 MONTEE COTE DOUBLE, VAUDREUIL-DORION, QUEBEC, H4P 2A6, CA	ANIMAL WELFARE	CANADA			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓

(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) So 512(b) controlle	ection o)(13) d entity?
						Yes	No
(10) HUMANE WORLD FOR ANIMALS MEXICO, A.C, FKA HUMANE SOCIETY INTERNATIONAL MEXICO, A.C. VICENTE SUAREZ 73, COLONIA CONDESA, DELEGACION CUAUHTEMOC, MEXICO CITY, 06140, MX	ANIMAL	MEXICO			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		~
(11) HUMANE WORLD FOR ANIMALS SOUTH AFRICA TRUST, FKA HUMANE SOCIETY INTERNATIONAL - AFRICA BLOCK B, N PARK, BLACK RIVER PARK, 2 FIR STREET, OBSERVATORY, CAPE TOWN, 7700, SF	ANIMAL WELFARE	SOUTH AFRICA			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(12) THE HUMANE SOCIETY WILDLIFE LAND TRUST (52-1808517) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(3)	7	HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(13) THE FUND FOR ANIMALS, INC. (13-6218740) 1255 23RD STREET, NW, SUITE 460, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(14) HUMANE WORLD FOR ANIMALS KOREA, FKA HUMANE SOCIETY INTERNATIONAL KOREA POSCO P&S TOWER 16F & 17F, TEHERANRO 134, GANGNAMGU, SEOUL, KS	ANIMAL WELFARE	KOREA, REPUBLIC OF (SOUTH)			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(15) HUMANE WORLD FOR ANIMALS LIBERIA, INC., FKA HUMANE SOCIETY INTERNATIONAL LIBERIA, INC. HERITAGE HOUSE, 1 HERITAGE DRIVE, P.O. BOX 10-1760, CONGO TOWN, LI	ANIMAL WELFARE	LIBERIA			HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES		✓
(16) HUMANE WORLD FOR ANIMALS AUSTRALIA LIMITED, FKA HUMANE SOCIETY INTERNATIONAL LIMITED 27 OLD BARRENJOEY ROAD, AVALON, NEW SOUTH WALES, 2107, AS	ANIMAL WELFARE	AUSTRALIA			HUMANE WORLD FOR ANIMALS, INC., FKA 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	tion alloc s	rópor ate ation ?	(i) Code V - UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gen o mana parti	ner?	
							Yes	No	1003)	Yes	No	
	WELFARE OF FARM ANIMALS	тх	N/A	N/A	N/A	N/A			N/A			N/A

Eorm **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

OIVID	INO.	1545-	0047	

Department of the Treasury Internal Revenue Service

For calendar year 2024, or tax year beginning , 2024, and ending _____ 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.

HUMANE WORLD FOR ANIMALS INTERNATIONAL 52-1769464 Type of Return and Return Information Part I 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 . . V **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 35,136,528 2b **b Total revenue**, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here . 3a Form 1120-POL check here b **Total tax** (Form 1120-POL, line 22) 3b Form 990-PF check here . 4b 4a **b** Tax based on investment income (Form 990-PF, Part V, line 5) . Form 8868 check here . . **b Balance due** (Form 8868, line 3c) 5a **b Total tax** (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here **b Total tax** (Form 4720, Part III, line 1) Form 4720 check here . . 7b 7a Form 5227 check here . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . 8b **b Tax due** (Form 5330, Part II, line 19) 9b Form 5330 check here . . 9a П 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10h **Declaration of Officer or Person Subject to Tax** Part II ☐ 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. 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) and that I have examined a copy of the 2024 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 9 Oct, 2025 CHIEF FINANCIAL OFFICER Here Signature of officer or person subject to tax 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 periury 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. Date ERO's SSN or PTIN Check if also Check if self-ERO's ERO's paid preparer signature employed Use Firm's name (or yours if EIN self-employed), address, and ZIP code Only 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. Print/Type preparer's name Check if self-Paid TODD TERESCO, CPA employed P00247720 10/8/2025 **Preparer BDO USA** Firm's name Firm's EIN 13-5381590 Use Only 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102 Firm's address Phone no. (703) 893-0600