PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

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

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

D Employer identification number 52-1769464

E Telephone number (202) 452-1100

G Gross receipts $ 21,764,889

F Name and address of principal officer: CRISTOBEL BLOCK
SAME AS C ABOVE

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

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

J Website: ► WWW.HSI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1991

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: HUMANE SOCIETY INTERNATIONAL WORKS AROUND THE GLOBE TO PROMOTE THE HUMAN-ANIMAL BOND, RESCUE AND PROTECT DOGS AND CATS, IMPROVE (CONTINUED ON SCHEDULE O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	26
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,993,566	21,382,166
9	Program service revenue (Part VIII, line 2g)		355,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,757	185
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,376	27,538
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,029,699	21,764,889

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,333,616	5,088,673
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)	3,724,378	3,912,391
16a	Professional fundraising fees (Part IX, column (A), line 11e)	245,412	316,756
b	Total fundraising expenses (Part IX, column (D), line 25) ► 2,732,563		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,810,510	9,252,582
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,113,916	18,570,402
19	Revenue less expenses. Subtract line 18 from line 12	(84,217)	3,194,487

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,806,480	6,366,457
21	Total liabilities (Part X, line 26)	1,451,941	817,431
22	Net assets or fund balances. Subtract line 21 from line 20	2,354,539	5,549,026

Part II Signature Block

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

Sign Here

Signature of officer — Date

MICHAELEN BARSNESS, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARC R. BERGER CPA				P01871563

Firm's name ► BDO USA, LLP — Firm's EIN ► 13-5381590
Firm's address ► 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102 — Phone no. (703) 893-0600

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

HUMANE SOCIETY INTERNATIONAL WORKS AROUND THE GLOBE TO PROMOTE THE HUMAN-ANIMAL BOND, RESCUE AND PROTECT DOGS AND CATS, IMPROVE FARM ANIMAL WELFARE, PROTECT WILDLIFE, PROMOTE ANIMAL-FREE TESTING AND RESEARCH, RESPOND TO NATURAL DISASTERS AND CONFRONT CRUELTY TO ANIMALS IN ALL OF ITS FORMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 5,880,832 including grants of $ 1,780,849) (Revenue $ 0)

(COMPANION ANIMALS) HSI HAS PERMANENTLY CLOSED 15 DOG MEAT FARMS IN SOUTH KOREA SINCE 2014 AND HAS RESCUED AND REHOMED OVER 2,000 DOGS FROM THESE FARMS. DURING THE CLOSURE OF THE 15TH DOG MEAT FARM, 90 DOGS WERE RESCUED AND ALTHOUGH THIS WAS ONE OF THE SMALLER RESCUES HSI HAS DONE, THIS RESCUE HAD A LARGE IMPACT REGARDING EXPOSURE TO THE ISSUE. FOR THE FIRST TIME, HSI HAD KOREAN CELEBRITIES VISIT A FARM WHILE IT WAS BEING CLOSED. A TOP KOREAN TV STATION, KBS, FILMED THEIR VISITS. FURTHER, BRITISH AMBASSADOR SMITH ENDORSED HSI'S WORK IN SOUTH KOREA AND SAID: "WE HAVE BEEN DELIGHTED TO HOST A RECEPTION FOR HUMANE SOCIETY INTERNATIONAL AT THE EMBASSY, TO BRING ATTENTION TO THEIR WORK TACKLING THE ANIMAL WELFARE PROBLEMS OF THE DOG MEAT TRADE. HSI'S APPROACH IS COMMENDABLE AND CLEARLY EFFECTIVE, WORKING COLLABORATIVELY WITH DOG FARMERS KEEN TO LEAVE THE TRADE BEHIND THEM, AND SUPPORTING THEIR WILLING TRANSITION TO ALTERNATIVE HUMANE LIVELIHOODS. WE ARE DELIGHTED TO SEE PROGRESS BEING MADE FOR DOGS HERE IN KOREA."

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 3,042,017 including grants of $ 268,614) (Revenue $ 355,000)

(ANIMAL TESTING) IN BRAZIL, REGULATIONS GOVERNING THE TESTING OF PESTICIDES WERE MODIFIED, INCLUDING THE ABOLITION OF A YEAR-LONG POISONING TEST THAT WAS BEING PERFORMED ON DOGS. HSI'S INTERVENTION LED TO THE RELEASE OF 36 BEAGLE DOGS THAT WERE ENDURING THIS PESTICIDE TEST. THIS ONE-YEAR DOG PESTICIDE-POISONING TEST HAS NOW ALSO BEEN ABOLISHED GLOBALLY. ALSO GLOBALLY, AVON & ESTEE LAUDER COMPANIES BOTH JOINED HSI'S #BECRUELTYFREE CAMPAIGN, CALLING FOR A WORLDWIDE BAN ON COSMETICS TESTING ON ANIMALS. AND JULIA FENTEM, FROM UNILEVER, RECEIVED THE 2019 CORPORATE CONSCIOUSNESS AWARD FOR UNILEVER'S PARTNERSHIP WITH HSI'S RESEARCH & TOXICOLOGY TEAM TO END COSMETIC TESTING ON ANIMALS.

4c (Code:) (Expenses $ 3,026,320 including grants of $ 1,202,653) (Revenue $ 0)

(FARM ANIMALS) HSI CONTINUED TO LEAD THE GLOBAL MOVEMENT TO END THE LIFELONG CONFINEMENT OF EGG-LAYING HENS IN BATTERY CAGES IN 2019 BY WORKING WITH COMPANIES AROUND THE WORLD TO ADOPT CAGE-FREE EGG PROCUREMENT POLICIES. HIGHLIGHTS INCLUDED: IN THAILAND, TESCO-LOTUS, ONE OF THE LARGEST RETAILERS IN THAILAND, ANNOUNCED A CAGE-FREE POLICY ACROSS THEIR 2,000 STORES BY 2028. IN CHILE, UNIFOOD, THE LARGEST FAST-FOOD CHAIN IN CHILE, COMMITTED TO GOING CAGE-FREE BY 2025. FURTHER, PARROQUIA DE VERECRUZ, A RESTAURANT CHAIN WITH 32 LOCATIONS IN MEXICO, COMMITTED TO BUYING ONLY CAGE-FREE EGGS BY 2025. BRAZIL ACHIEVED SUCCESS WITH WALMART, THE 3RD LARGEST RETAILER IN BRAZIL, AS THEY COMMITTED TO SELL CAGE-FREE EGGS ONLY BY 2028 IN THEIR 471 STORES. AND PREMIER PET, ONE OF THE LARGEST PET FOOD COMPANIES IN BRAZIL, COMMITTED TO GOING CAGE-FREE. THEY WERE THE FIRST PET FOOD COMPANY TO ANNOUNCE SUCH A POLICY IN BRAZIL. REGARDING PORK IN BRAZIL, PAMPLONA, WHO IS THE 5TH LARGEST PORK EXPORTER IN BRAZIL, COMMITTED TO GOING CRATE-FREE BY 2026.

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses $ 3,164,976 including grants of $ 1,836,557) (Revenue $ 0)

4e Total program service expenses ▶ 15,114,145

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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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 Revenue Procedure 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? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		✔
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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		✔
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✔
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✔	
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	✔	
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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	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? *If "Yes," complete Schedule H*	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	✔	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete 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		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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		✔
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✔
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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "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		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in non-cash 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? *If "Yes," complete Schedule M*	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? *If "Yes," complete Schedule R, Part I*	33		✔
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? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in 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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✔	
b	If "Yes," enter the name of the foreign country ▶ BE, CA, CS, IN, KS, LI, MX, SF, UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✔

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✔	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✔	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✔	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b			✔
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	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?			
a	The organization's CEO, Executive Director, or top management official	15a		✔
b	Other officers or key employees of the organization	15b		✔
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

MICHAELEN BARSNESS, 700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879, (202) 452-1100

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRISTOBEL BLOCK	10.0									
CHIEF EXECUTIVE OFFICER	30.0			✔				136,705	232,768	41,536
(2) G. THOMAS WAITE, III	1.0									
TREASURER	39.0			✔				0	255,877	37,909
(3) KATHERINE KARL	0.0									
FORMER GENERAL COUNSEL	40.0						✔	0	261,787	14,790
(4) JEFFREY FLOCKEN	40.0									
PRESIDENT	0.0			✔				182,451	0	22,198
(5) MICHAELEN BARSNESS	5.0									
ASSISTANT TREASURER	35.0			✔				0	173,306	22,872
(6) DELENIA MCIVER	35.0									
GENERAL COUNSEL & SECRETARY	5.0			✔				0	158,548	23,845
(7) THERESA REESE	2.0									
ASSISTANT TREASURER	38.0			✔				0	146,363	15,262
(8) NINA PENA	35.0									
ASSISTANT TREASURER	5.0			✔				0	135,228	14,863
(9) ALEXANDRA FREIDBERG	40.0									
SENIOR VICE PRESIDENT	0.0			✔				121,695	0	26,666
(10) DONNA GADOMSKI	15.6									
SENIOR DIRECTOR, EXTERNAL AFFAIRS	24.4					✔		48,479	75,826	21,749
(11) TERESA TELECKY	40.0									
VICE PRESIDENT, WILDLIFE	0.0					✔		122,995	0	12,138
(12) JULIE JANOVSKY	40.0									
VICE PRESIDENT, FARM ANIMALS	0.0					✔		117,132	0	15,902
(13) ANNA FROSTIC	6.0									
SENIOR VICE PRESIDENT	34.0			✔				17,151	97,189	17,224
(14) CAITLIN HART	10.0									
ASSISTANT TREASURER	30.0			✔				0	94,136	32,134

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ADAM PARASCANDOLA	40.0									
SENIOR DIRECTOR, ANIMAL PROTECTION & CRISIS RESPONSE	0.0					✔		102,547	0	21,632
(16) CAROL ENGLAND	26.0									
ASSISTANT SECRETARY	14.0			✔				0	69,280	21,415
(17) BRUCE FOGLE	3.0									
BOARD CHAIRMAN	0.0	✔		✔				0	0	0
(18) LESLIE BARCUS	1.0									
BOARD TREASURER	0.0	✔		✔				0	0	0
(19) ERIC L. BERNTHAL, ESQ.	0.0									
DIRECTOR	2.3	✔						0	0	0
(20) MARCELO DE ANDRADE	1.0									
DIRECTOR	0.0	✔						0	0	0
(21) NICOLAS IBARGUEN	1.0									
DIRECTOR	0.0	✔						0	0	0
(22) SUSAN ATHERTON	3.0									
DIRECTOR	2.9	✔						0	0	0
(23) VERNA SIMPSON	1.0									
DIRECTOR	0.0	✔						0	0	0
(24)										
(25)										
1b **Subtotal** ▶								849,156	1,700,308	362,136
c **Total from continuation sheets to Part VII, Section A** ▶								0	0	0
d **Total (add lines 1b and 1c)** ▶								849,156	1,700,308	362,136

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	✔	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	✔	
5 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*	5		✔

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FACEBOOK, INC., 1601 WILLOW ROAD, MENLO PARK, CA 94025	ONLINE ADVERTISING AND FUNDRAISING	1,909,506
RKD GROUP, LLC, 35 PARKWOOD DRIVE, SUITE 160, HOPKINTON, MA 01748	FUNDRAISING, MARKETING & MAILING CONSULTANTS	625,156
INNERWORKINGS, INC., 600 W CHICAGO AVENUE, SUITE 850, CHICAGO, IL 60654	PRINT, DESIGN & COPY SERVICE	254,348
ENGAGING NETWORKS LIMITED, 24 LITCHFIELD STREET, LONDON, WC2H 9NJ, UK	ONLINE FUNDRAISING	223,446
EMPLOY AFRICA HR SERVICES (PTY) LTD, 36 SILVERTON ROAD, OFFICE 301, DURBAN, SF	CHIMPANZEE CARE AND FEEDING	187,008

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 ▶ 6

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	8,797				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	6,052,177				
	e	Government grants (contributions)	1e	133,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,188,192				
	g	Noncash contributions included in lines 1a–1f	1g	$ 1,187,950				
	h	**Total.** Add lines 1a–1f ▶			21,382,166			
Program Service Revenue				Business Code				
	2a	ALTERNATIVE TOXICOLOGY RESEARCH		541715	355,000	355,000		
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f ▶			355,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			185			185
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶			4,364			4,364
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss) ▶						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0 / 0				
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue				Business Code				
	11a	LIST RENTAL		900099	19,188			19,188
	b	OTHER INCOME		900099	3,986			3,986
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d ▶			23,174			
	12	**Total revenue.** See instructions ▶			21,764,889	355,000	0	27,723

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	99,101	99,101		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	8,795	8,795		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,980,777	4,980,777		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	524,819	476,850	35,425	12,543
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	2,622,473	2,382,936	176,721	62,816
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,527	141,299	10,566	3,662
9	Other employee benefits	392,483	356,579	26,659	9,245
10	Payroll taxes	217,089	197,231	14,737	5,121
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	4,824	114	4,710	0
d	Lobbying	100,163	86,830	7,351	5,982
e	Professional fundraising services. See Part IV, line 17	316,756			316,756
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.)	3,884,346	3,368,838	283,404	232,104
12	Advertising and promotion	2,086,982	991,345	29,673	1,065,964
13	Office expenses	513,496	202,789	47,270	263,437
14	Information technology				
15	Royalties				
16	Occupancy	50,559	46,155	4,404	0
17	Travel	889,529	811,559	76,502	1,468
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,105	10,132	955	18
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,610	10,599	1,011	0
23	Insurance	15,960	14,570	1,390	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
a	EDUCATION AND MARKETING MATERIAL	1,675,499	922,658	2,873	749,968
b	STATE REGISTRATION FEES	8,509	4,988	42	3,479
c					
d					
e	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24e	18,570,402	15,114,145	723,693	2,732,563
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 ▶ ☑ if following SOP 98-2 (ASC 958-720)	5,575,423	3,074,255	0	2,501,168

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,303,669	1	59,678
	2	Savings and temporary cash investments			2	2,015,832
	3	Pledges and grants receivable, net		1,478,725	3	1,663,770
	4	Accounts receivable, net		409,614	4	1,204,981
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	273,370
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,414			
	b	Less: accumulated depreciation	10b 13,648	15,000	10c	64,766
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		599,472	13	920,151
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0	15	163,909
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,806,480	16	6,366,457
Liabilities	17	Accounts payable and accrued expenses		1,451,941	17	817,431
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		1,451,941	26	817,431
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		(8,445,103)	27	(5,670,404)
	28	Net assets with donor restrictions		10,799,642	28	11,219,430
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,354,539	32	5,549,026
	33	Total liabilities and net assets/fund balances		3,806,480	33	6,366,457

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	21,764,889
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,570,402
3	Revenue less expenses. Subtract line 2 from line 1	3	3,194,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,354,539
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,549,026

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," explain in 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 compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✔
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,487,743	14,607,117	16,347,041	17,993,566	21,382,166	82,817,633
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	12,487,743	14,607,117	16,347,041	17,993,566	21,382,166	82,817,633
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)						3,302,361
6 **Public support.** Subtract line 5 from line 4						79,515,272

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	12,487,743	14,607,117	16,347,041	17,993,566	21,382,166	82,817,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,679	110	1,343	15,758	4,549	24,439
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,156	27,754	37,425	20,375	23,174	122,884
11 **Total support.** Add lines 7 through 10						82,964,956
12 Gross receipts from related activities, etc. (see instructions)					12	387,665

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.84 %
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	97.56 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d Total (add lines 1a, 1b, and 1c)	**1d**		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 Minimum Asset Amount (add line 7 to line 6)	**8**		

Section C—Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2 Enter 85% of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . .			
b	Excess from 2016 . . .			
c	Excess from 2017 . . .			
d	Excess from 2018 . . .			
e	Excess from 2019 . . .			

Part VI

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

Return Reference - Identifier	Explanation

SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Description	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
LIST RENTAL INCOME	14,156	27,754	37,425	20,375	23,174	122,884
Total	14,156	27,754	37,425	20,375	23,174	122,884

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization: HUMANE SOCIETY INTERNATIONAL

Employer identification number: 52-1769464

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 6,026,650	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2		$ 1,560,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3		$ 1,049,616	☑ Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contributions.)
4		$ 848,746	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
5		$ 501,835	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: HUMANE SOCIETY INTERNATIONAL

Employer identification number: 52-1769464

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES	$ 1,049,616	12/24/2019
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization: HUMANE SOCIETY INTERNATIONAL

Employer identification number: 52-1769464

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ► $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ **Yes** ☐ **No**

4a Was a correction made? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ► $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✔	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✔		
c Media advertisements?	✔		42,500
d Mailings to members, legislators, or the public?	✔		29,853
e Publications, or published or broadcast statements?	✔		65,920
f Grants to other organizations for lobbying purposes?	✔		365,544
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✔		29,278
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i Other activities?	✔		19,913
j Total. Add lines 1c through 1i			553,008
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✔	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1B - PAID STAFF OR MANAGEMENT	HSI MANAGEMENT AND STAFF PLAN, COORDINATE, AND IMPLEMENT A PUBLIC POLICY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF CONGRESS, EXECUTIVE AND REGULATORY AGENCIES, ANIMAL WELFARE COALITIONS, AND OTHER NATIONAL AND INTERNATIONAL ORGANIZATIONS.
SCHEDULE C, PART II-B, LINE 1C - MEDIA ADVERTISEMENTS	HSI PUBLISHED ADVERTISEMENTS IN AN EFFORT TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA.
SCHEDULE C, PART II-B, LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC	HSI SENT ELECTRONIC UPDATES ON ANIMAL WELFARE LEGISLATION TO INTERESTED PARTIES.
SCHEDULE C, PART II-B, LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS	HSI MADE STATEMENTS IN ITS ELECTRONIC AND PRINT PUBLICATIONS, AS WELL AS IN PUBLISHED OR BROADCAST STATEMENTS INTENDED TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS.
SCHEDULE C, PART II-B, LINE 1F - GRANTS TO OTHER ORGANIZATIONS	HSI MADE GRANTS TO OTHER ORGANIZATIONS TO FURTHER ANIMAL WELFARE LEGISLATION.
SCHEDULE C, PART II-B, LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, ETC.	IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA, HSI STAFF HAVE DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.
SCHEDULE C, PART II-B, LINE 1I - OTHER ACTIVITIES	HSI STAFF HAVE INTERNAL CONFERENCE CALLS AND/OR MEETINGS AND CONFERENCE CALLS AND/OR MEETINGS WITH OTHER ORGANIZATIONS TO DISCUSS STRATEGY, ENDORSEMENTS, ETC.

SCHEDULE D (Form 990)

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

2019

Open to Public Inspection

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

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		78,414	13,648	64,766
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				64,766

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY IN HUMANE SOCIETY INTERNATIONAL MEXICO, A.C.	877,036	COST
(2) EQUITY IN HUMANE SOCIETY INTERNATIONAL KOREA	43,115	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶	920,151	

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	30,051,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	111,624		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	8,174,991		
e	Add lines **2a** through **2d**			2e	8,286,615
3	Subtract line **2e** from line **1**			3	21,764,704
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	185		
c	Add lines **4a** and **4b**			4c	185
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	21,764,889

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

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

1	Total expenses and losses per audited financial statements			1	27,270,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	111,624		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	8,588,694		
e	Add lines **2a** through **2d**			2e	8,700,318
3	Subtract line **2e** from line **1**			3	18,570,402
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	18,570,402

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.

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL – EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL – LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL – AFRICA, AND HUMANE SOCIETY INTERNATIONAL KOREA (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) REVENUE NOT INCLUDED IN TAX RETURN **(b)** Amount: 8,174,991
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description: INTEREST REVENUE **(b)** Amount: 185
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: HUMANE SOCIETY INTERNATIONAL (UK), HUMANE SOCIETY INTERNATIONAL/CANADA, FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS, HUMANE SOCIETY INTERNATIONAL – EUROPE, HUMANE SOCIETY INTERNATIONAL:INDIA, ASSOCIATION HUMANE SOCIETY INTERNATIONAL – LATIN AMERICA, HUMANE SOCIETY INTERNATIONAL MEXICO, A.C., HUMANE SOCIETY INTERNATIONAL – AFRICA, AND HUMANE SOCIETY INTERNATIONAL KOREA (FOREIGN RELATED ORGANIZATIONS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS) EXPENSES NOT INCLUDED IN TAX RETURN **(b)** Amount: 8,588,694

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 THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATES (THE SOCIETY): HSUS (THE HUMANE SOCIETY OF THE UNITED STATES), FFA (FUND FOR ANIMALS), HSI, HSVMA (HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION), SFWC (SOUTH FLORIDA WILDLIFE CENTER), HSWLT (HUMANE SOCIETY WILDLIFE LAND TRUST), AND PC (PROJECT CHIMPS) QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. DDAL (DORIS DAY ANIMAL LEAGUE) QUALIFIES UNDER SECTION 501(C)(4) OF THE IRC. THEREFORE, THE SOCIETY IS GENERALLY NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS; HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES. TOTAL UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2019 WAS NOT SIGNIFICANT TO THE FINANCIAL STATEMENTS. IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE SOCIETY RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. WITH A FEW EXCEPTIONS, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2016 AND PRIOR. MANAGEMENT HAS EVALUATED THE SOCIETY'S TAX POSITIONS AND HAS CONCLUDED THAT THE SOCIETY HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	14	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	256,763
(2)	EAST ASIA AND THE PACIFIC	0	51	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	2,868,769
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	18	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	633,651
(4)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	15	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	478,311
(5)	SOUTH AMERICA	0	30	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	718,544
(6)	SOUTH ASIA	0	17	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	654,559
(7)	SUB-SAHARAN AFRICA	0	33	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	1,003,929
(8)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		718,706
(9)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		643,822
(10)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		834,317
(11)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		1,205,032
(12)	SOUTH AMERICA	0	0	GRANTMAKING		140,489
(13)	SOUTH ASIA	0	0	GRANTMAKING		1,077,810
(14)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		349,020
(15)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		11,581
(16)						
(17)						
3a	Subtotal	0	178			11,595,303
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	178			11,595,303

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W **Schedule F (Form 990) 2019**

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 29

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	CENTRAL AMERICA AND THE CARIBBEAN	9	7,600	EFT			
(2)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	CENTRAL AMERICA AND THE CARIBBEAN	14	9,820	WIRE			
(3)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	EAST ASIA AND THE PACIFIC	7	12,415	EFT			
(4)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	EAST ASIA AND THE PACIFIC	9	16,252	WIRE			
(5)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	4,975	EFT			
(6)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	5,230	WIRE			
(7)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	MIDDLE EAST AND NORTH AFRICA	2	2,035	EFT			
(8)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	MIDDLE EAST AND NORTH AFRICA	9	9,546	WIRE			
(9)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	NORTH AMERICA (CANADA & MEXICO ONLY)	4	3,650	WIRE			
(10)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	SOUTH AMERICA	7	8,900	EFT			
(11)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	SOUTH AMERICA	9	7,920	WIRE			
(12)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	SOUTH ASIA	2	2,935	EFT			
(13)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	SOUTH ASIA	3	6,140	WIRE			
(14)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	SUB-SAHARAN AFRICA	10	18,613	EFT			
(15)	SCHOLARSHIP TO ATTEND 2019 ANIMAL CARE EXPO	SUB-SAHARAN AFRICA	6	11,755	WIRE			
(16)	EUROPEAN JOINT RESEARCH CENTER SUMMER SCHOOL	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	962	EFT			
(17)	EUROPEAN JOINT RESEARCH CENTER SUMMER SCHOOL	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	1,190	WIRE			
(18)	(SEE STATEMENT)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☑ Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☑ Yes	☐ No

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apraisal, other)
(1)		SUB-SAHARAN AFRICA	EXPAND ELEPHANT AND RHINO HABITAT IN ITHALA GAME RESERVE	147,323	WIRE			
(2)		SUB-SAHARAN AFRICA	PROVIDE VACCINATIONS AND VETERINARY CARE FOR ANIMALS IN MALAWI AFFECTED BY CYCLONE IDAI	11,804	WIRE			
(3)		EAST ASIA AND THE PACIFIC	PROMOTE CAGE-FREE HOUSING FOR EGG LAYING HENS, IMPLEMENT MASS DOG VACCINATION PROGRAM	41,097	EFT			
(4)		CENTRAL AMERICA AND THE CARIBBEAN	DEVELOP TWO WORKSHOPS ON ILLEGAL WILDLIFE TRAFFIC FOR ENFORCEMENT OFFICERS IN GUATEMALA, RELEASE REHABILITATED MONKEYS INTO THE WILD	20,190	EFT			
(5)		CENTRAL AMERICA AND THE CARIBBEAN	DELIVER LOW COST VETERINARY SERVICES AND PET CARE EDUCATION TO COSTA RICAN COMMUNITIES.	5,000	WIRE			
(6)		SOUTH ASIA	DEVELOP OUTREACH CAMPAIGN TO PROMOTE PLANT-BASED DIET IN INDIAN SCHOOLS AND COMPANIES.	28,800	EFT			
(7)		EAST ASIA AND THE PACIFIC	HUMAN-ELEPHANT CONFLICT MITIGATION TRAINING	26,004	EFT			
(8)		EAST ASIA AND THE PACIFIC	TRAINING OF OFFICERS TO COMBAT WILDLIFE TRAFFICKING	58,040	WIRE			
(9)		EAST ASIA AND THE PACIFIC	PROMOTE CAGE FREE ENVIRONMENTS FOR HENS AND SOWS	11,374	EFT			
(10)		EAST ASIA AND THE PACIFIC	RESCUE AND CARE FOR URBAN STRAY ANIMALS, CARE FOR COMPANION AND FARM ANIMALS DURING NATURAL DISASTERS	243,300	WIRE			
(11)		SUB-SAHARAN AFRICA	ADDRESS HUMAN-LION CONFLICT	15,000	EFT			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apraisal, other)
			THROUGH DIALOGUE WITH COMMUNITIES AND FARMERS IN NAMIBIA					
(12)		SOUTH ASIA	REDUCE MASS ANIMAL SACRIFICE AT GADHIMAI FESTIVAL IN NEPAL	59,286	WIRE			
(13)		SOUTH AMERICA	DELIVER LOW-COST VETERINARY SERVICES AND PET CARE EDUCATION TO RESIDENTS OF GUYANA.	6,988	WIRE			
(14)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	127,775	WIRE			
(15)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	1,197,382	WIRE			
(16)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	815,907	WIRE			
(17)		SOUTH ASIA	GENERAL SUPPORT, VACCINATIONS AND SPAY AND NEUTER PROGRAM	841,499	WIRE			
(18)		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	218,759	WIRE			
(19)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	676,096	WIRE			
(20)		SOUTH AMERICA	AWARENESS-RAISING AND EDUCATION CAMPAIGNS TO IMPROVE THE CONDITIONS OF ANIMALS RAISED FOR FOOD	68,511	WIRE			
(21)		SOUTH ASIA	EDUCATIONAL CAMPAIGN AGAINST ANIMAL SACRIFICE AT TEEJ FESTIVAL AND CAMPAIGN AGAINST ANIMAL SACRIFICE AT GADHIMAI FESTIVAL IN NEPAL	8,000	WIRE			
(22)		SOUTH ASIA	ANIMAL WELFARE TRAINING FOR JOURNALISTS	5,438	WIRE			
(23)		SOUTH AMERICA	CAMPAIGN TO END COSMETIC ANIMAL TESTING IN CHILE	25,082	WIRE			
(24)		SOUTH ASIA	CAMPAIGN FOR BETTER HOUSING CONDITIONS FOR EGG LAYING HENS IN INDIA, OUTREACH IN SCHOOLS AND URBAN AREAS OF NORTHERN INDIA TO PROMOTE PLANT BASED DIET	70,455	WIRE			
(25)		SOUTH ASIA	SUPPORT PUSH FOR ANIMAL	51,683	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apraisal, other)
			WELFARE LEGISLATION IN SRI LANKA, SUPPORT FOR PLANT BASED DIET CAMPAIGN					
(26)		SOUTH AMERICA	CAMPAIGN TO ENCOURAGE RESTAURANTS TO INCLUDE PLANT BASED ITEMS ON THEIR MENUS	24,517	WIRE			
(27)		EAST ASIA AND THE PACIFIC	CARE OF ANIMALS DURING NATURAL DISASTER	11,391	EFT			
(28)		SUB-SAHARAN AFRICA	DEVELOPMENT OF A PLANT BASED COOKING COURSE	14,138	WIRE			
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FUNDS FOR PURCHASE AND MAINTENANCE OF OPTICAL AND ACOUSTIC EQUIPMENT, FUEL FOR RESEARCH VESSEL, AND PROTECTIVE CLOTHING FOR RESEARCHERS	5,138	EFT			

Part III **Grants and Other Assistance to Individuals Outside the United States** (continued)

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, apraisal, other)
(18) FUNDING FOR CARE OF CHIMPS IN LIBERIA	SUB-SAHARAN AFRICA	9	1,087	WIRE			
(19) ISAE CONFERENCE TRAVEL	NORTH AMERICA (CANADA & MEXICO ONLY)	2	4,000	WIRE			
(20) SUBMISSION OF REVIEW ARTICLE ON RENAL DISEASE	SOUTH AMERICA	1	1,507	WIRE			

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); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	HUMANE SOCIETY INTERNATIONAL USES A COMBINATION OF GRANT AGREEMENTS, WHICH OUTLINE SPECIFIC REPORTING REQUIREMENTS, AND SITE VISITS TO MONITOR THE USE OF GRANT FUNDS. RECORDS ARE MAINTAINED THROUGH THE RECEIPT OF FINANCIAL AND PROGRAMMATIC REPORTS FROM GRANTEES.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: EAST ASIA AND THE PACIFIC (E) SPECIFIC TYPES OF SERVICES IN REGION: PROMOTE THE AWARENESS ON THE IMPORTANCE OF PROTECTING SHARKS; STREET DOGS/CATS PROGRAM-PREVENTION OF RABIES; PROMOTE SPAY & NEUTER PROGRAMS; HELP RESCUE AND CARE FOR DOGS USED FOR THE DOG MEAT TRADE; DISASTER RELIEF ACTIVITIES.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: CENTRAL AMERICA AND THE CARIBBEAN (E) SPECIFIC TYPES OF SERVICES IN REGION: PROMOTE SPAY & NEUTER PROGRAMS; EFFORTS TO ERADICATE DOGFIGHTING; ANTI-RABIES CAMPAIGN TO PROTECT THE HUMAN AND ANIMAL POPULATIONS; ANIMAL-HANDLING TRAINING; TRAININGS TO HELP COMBAT ANIMAL CRUELTY AND TO ENFORCE ANTI-CRUELTY LEGISLATION; DISASTER RELIEF ACTIVITIES.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: NORTH AMERICA (CANADA AND MEXICO ONLY) (E) SPECIFIC TYPES OF SERVICES IN REGION: EFFORTS TO IMPROVE LIVES OF FARM ANIMALS; SUPPORT ANTI-SEALING COALITION; TRAININGS TO HELP COMBAT ANIMAL CRUELTY AND TO ENFORCE RELATED LEGISLATION; PASS LEGISLATION TO REDUCE NUMBER OF ANIMALS USED IN RESEARCH AND PRODUCT TESTING; ANIMAL RESCUE; PROMOTE PLANT-BASED EATING.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS; ANIMAL RESCUE OPERATIONS; REDUCE RESEARCH AND TOXICOLOGY ANIMAL TESTING; EFFORTS TO IMPROVE THE LIVES OF FARM ANIMALS; PROMOTE PLANT-BASED EATING.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION: PROMOTE SPAY & NEUTER OF CATS/DOGS; DISASTER RELIEF MEASURES; STUDENT EDUCATION AND AWARENESS ON WORKING TOWARDS WELFARE OF ANIMALS; ANTI-CRUELTY WORK; EFFORTS TO IMPROVE LIVES OF FARM ANIMALS; END DOG CULLING; STREET DOG MANAGEMENT PROGRAM; COMBAT WILDLIFE TRAFFICKING; TRAINING FOR NATURAL DISASTER SITUATIONS; PROMOTE PLANT-BASED EATING.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES PROVIDED WITHIN REGION	REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: PROMOTE AWARENESS OF BIODIVERSITY PROTECTION; PROMOTE HUMANE ELEPHANT MANAGEMENT; CONSERVATION AND WELFARE OF APES; PROMOTE HUMANE CONDITIONS FOR FARM ANIMALS; SUPPORT STREET DOG INITIATIVES; PROMOTE CONSERVATION OF ENDANGERED SPECIES; DISASTER RELIEF; PROMOTE PLANT-BASED EATING; IMPROVE THE LIVES OF COMMUNITY CATS AND DOGS IN LOCAL COMMUNITIES.
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICES WITHIN REGION	REGION: EUROPE (INCLUDING ICELAND & GREENLAND) (E) SPECIFIC TYPES OF SERVICES IN REGION: PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS; VETERINARY TRAINING; PROMOTE THE IMPORTANCE OF ANTI-CRUELTY LEGISLATION ENFORCEMENT; CURB TRADE IN WILDLIFE; REDUCE NUMBER OF ANIMALS USED IN RESEARCH AND PRODUCT TESTING; IMPROVE CONDITIONS FOR ANIMALS ON FARMS; END THE FUR TRADE; PROMOTE PLANT-BASED EATING.
SCHEDULE F, PART II, LINE 1 - METHOD 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 NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

Return Reference - Identifier	Explanation
SCHEDULE F, PART III - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1	RKD GROUP, LLC, 35 PARKWOOD DRIVE, SUITE 160, HOPKINTON, MA 01748	FUNDRAISING CONSULTANTS		✔	1,797,728	299,063	1,498,665
2	DONOR SERVICES GROUP, LLC, 6715 SUNSET DRIVE BOULEVARD, LOS ANGELES, CA 90028	(SEE STATEMENT)		✔	32,505	6,880	25,625
3	CHARITABLE ADULT RIDE AND SERVICES, 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123	AUTO RECOVERY SERVICES	✔		17,581	5,801	11,780
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ►				1,847,814	311,744	1,536,070

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B - PAYMENT OF FUNDRAISING EXPENSES	THE AGREEMENTS HUMANE SOCIETY INTERNATIONAL ENTERED INTO WITH RKD GROUP, LLC AND DONOR SERVICES GROUP, 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 SOCIETY INTERNATIONAL TO IDENTIFY WHICH COSTS ARE RELATED TO GENERAL FUNDRAISING EXPENSES. HUMANE SOCIETY INTERNATIONAL PAID OUT $326,093 AND $23,189 TO RKD GROUP, LLC AND DONOR SERVICES GROUP, LLC, RESPECTIVELY, FOR FUNDRAISING EXPENSES. IN ADDITION TO THE ORGANIZATIONS WHICH APPEAR ON SCHEDULE G, PART I, HUMANE SOCIETY INTERNATIONAL ENTERED INTO ARRANGEMENTS WITH THREE 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.
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 2	TELEPHONE FUNDRAISING TO OBTAIN MULTI YEAR REVENUE

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	46-3399761	501 (C)(3)	6,000				(SEE STATEMENT)
(2) GUAM ANIMALS IN NEED, INC. 464 CHALAN SETBISIO, YIGO, GU, 96929, GQ	66-0457503	501 (C)(3)	10,030				(SEE STATEMENT)
(3) (SEE STATEMENT)	53-0225390	501 (C)(3)	12,332				(SEE STATEMENT)
(4) PUERTO RICO ANIMAL WELFARE SOCIETY 10228 BO BAJURAS, ISABELA, PR, 00662, RQ	66-0588444	501 (C)(3)	30,000				(SEE STATEMENT)
(5) SPECIES SURVIVAL NETWORK PO BOX 507, HIGHLAND, MD 20777	52-2133713	501 (C)(3)	32,000				(SEE STATEMENT)
(6) FRIENDS OF MEXICAN ANIMAL WELFARE 23825 15TH AVENUE SE, BOTHELL, WA 98021	27-0665925	501(C)(3)	6,704				(SEE STATEMENT)
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(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 assistance
1	FUNDING TO ATTEND 2019 ANIMAL CARE EXPO	5	4,795			
2	ICFAW MEMBERSHIP FEE	1	1,500			
3	FUNDING TO ATTEND ISAE CONFERENCE	2	1,500			
4	VETERINARIAN TRAINING PROGRAM	1	1,000			
5						
6						
7						

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

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	HUMANE SOCIETY INTERNATIONAL ISSUES GRANTS TO ORGANIZATIONS THAT MEET THE MISSION CRITERIA. GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BAJA CALIFORNIA SPAY NEUTER FOUNDATION 511 E SAN YSIDRO BOULEVARD, #5218, SAN YSIDRO, CA 92173
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BAJA CALIFORNIA SPAY NEUTER FOUNDATION: HAY AND FOOD FOR CATTLE, HORSES, DOGS AND CATS AFFECTED BY WILDFIRES IN BAJA CALIFORNIA
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GUAM ANIMALS IN NEED, INC.: DELIVER LOW-COST VETERINARY SERVICES AND PET CARE EDUCATION TO RESIDENTS OF GUAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE HUMANE SOCIETY OF THE UNITED STATES: FUNDING FOR HUMANE EDUCATION COALITION, INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY, AND GENERAL SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PUERTO RICO ANIMAL WELFARE SOCIETY: DELIVER LOW-COST VETERINARY SERVICES AND PET CARE EDUCATION TO RESIDENTS OF ISABELA, PUERTO RICO
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SPECIES SURVIVAL NETWORK: GENERAL SUPPORT FOR ORGANIZATION THAT WORKS TO SECURE CITES PROTECTION FOR PLANTS AND ANIMALS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FRIENDS OF MEXICAN ANIMAL WELFARE: FUNDING FOR CONTINUING EDUCATION INSTRUCTORS

SCHEDULE J
(Form 990)

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I Questions Regarding Compensation

			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)			
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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✔
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	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:			
a	The organization?	6a		✔
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 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)?	9		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	G. THOMAS WAITE, III	(i)	0	0	0	0	0	0	0
	TREASURER	(ii)	255,877	0	0	21,922	15,988	293,786	0
2	MICHAELEN BARSNESS	(i)	0	0	0	0	0	0	0
	ASSISTANT TREASURER	(ii)	173,306	0	0	9,026	13,846	196,177	0
3	THERESA REESE	(i)	0	0	0	0	0	0	0
	ASSISTANT TREASURER	(ii)	146,363	0	0	14,027	1,235	161,625	0
4	CRISTOBEL BLOCK	(i)	136,705	0	0	7,860	7,509	152,073	0
	CHIEF EXECUTIVE OFFICER	(ii)	232,768	0	0	13,383	12,785	258,936	0
5	DELENIA MCIVER	(i)	0	0	0	0	0	0	0
	GENERAL COUNSEL & SECRETARY	(ii)	158,548	0	0	8,222	15,624	182,393	0
6	NINA PENA	(i)	0	0	0	0	0	0	0
	ASSISTANT TREASURER	(ii)	135,228	0	0	6,823	8,040	150,091	0
7	JEFFREY FLOCKEN	(i)	182,451	0	0	7,282	14,916	204,650	0
	PRESIDENT	(ii)	0	0	0	0	0	0	0
8	KATHERINE KARL	(i)	0	0	0	0	0	0	0
	FORMER GENERAL COUNSEL	(ii)	261,787	0	0	11,414	3,376	276,577	0
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	✔	30	17,581	MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	15	1,170,369	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		✔
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	✔	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2019 Open to Public Inspection

Name of the Organization	Employer Identification Number
HUMANE SOCIETY INTERNATIONAL	52-1769464

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	FARM ANIMAL WELFARE, PROTECT WILDLIFE, PROMOTE ANIMAL-FREE TESTING AND RESEARCH, RESPOND TO NATURAL DISASTERS AND CONFRONT CRUELTY TO ANIMALS IN ALL OF ITS FORMS.
FORM 990, PART I, LINE 1 - BRIEF MISSION	ACTIONS TO END THE COMMERCIAL KILLING OF SEALS FOR FUR, TO END COMMERCIAL WHALING, TO END SHARK FINNING, TO END TROPHY HUNTING AND TO PROMOTE HUMANE APPROACHES TO RESOLVING HUMAN-WILDLIFE CONFLICT ISSUES.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM PART III, LINE 4A) AND THE VICTORIA DERBYSHIRE PROGRAMME ON BBC TWO AND BBC NEWS CHANNEL HIGHLIGHTED HSI'S WORK IN SOUTH KOREA AND SAID IN A STATEMENT, "POPULARITY FOR DOG MEAT IN SOUTH KOREA HAS DECLINED IN RECENT YEARS, AS PET OWNERSHIP RISES AND NEW GENERATIONS HAVE DIFFERENT ATTITUDES TO EATING DOMESTIC ANIMALS. HUMANE SOCIETY INTERNATIONAL IS A CHARITY THAT'S BEEN WORKING TOGETHER WITH DOG FARMERS SINCE 2014 TO CLOSE THEIR FARMS AND FIND THE FARMED DOGS NEW HOMES." OTHER HIGHLIGHTS OF THE SUCCESS IN HSI'S DOG MEAT CAMPAIGN IN SOUTH KOREA IN 2019 ARE AS FOLLOWS: AUTHORITIES SHUT DOWN THE GUPO DOG MEAT MARKET, WHICH WAS NOTORIOUSLY KNOWN FOR BEING ONE OF THE COUNTRY'S LARGEST MARKETS: 80 DOGS WERE RESCUED. AND SEOUL'S LAST THREE DOG MEAT SHOPS AGREED TO END DOG SLAUGHTER ON-SITE, FOLLOWING OVER A YEAR OF CAMPAIGNING FROM SEOUL'S MAYOR PARK WON-SOON AND THE SOUTH METROPOLITAN GOVERNMENT, AND FIVE YEARS OF WORK BY HSI IN THE REGION. THE CAPITAL CITY HAS DECLARED THEIR CITY IS NOW FREE OF DOG SLAUGHTERING. HSI SPAYED/NEUTERED AND/OR VACCINATED OVER 153,000 DOGS AND CATS IN 2019, ACROSS LATIN AMERICA, ASIA, AND AFRICA.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM PART III, LINE 4C) THIS WILL ALLEVIATE OVER 40,000 SOWS FROM INTENSIVE CONFINEMENT IN GESTATION CRATES. IN INDIA, THE HIGH COURT OF DELHI BANNED THE ESTABLISHMENT OF BATTERY CAGES THROUGHOUT INDIA AND DIRECTED THE GOVERNMENT OF INDIA TO REGULATE THE POULTRY INDUSTRY. ALL WERE DIRECTED TO UPHOLD THIS DECISION AND ENSURE THAT NO NEW BATTERY CAGES ARE INSTALLED IN ANY FARMS OR FACILITIES. ON A GLOBAL FRONT, STANDARD CHARTER, WHICH FINANCES COMPANIES IN ASIA, THE MIDDLE EAST, AND AFRICA, STATED THAT THEY WILL ONLY PROVIDE FINANCIAL SERVICES TO CLIENTS USING CAGE-FREE PRODUCTION SYSTEMS FOR LIVESTOCK. THIS IS THE FIRST TIME A FINANCIAL INSTITUTION HAS ANNOUNCED SUCH A POLICY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $2,772,730 INCLUDING GRANTS OF $1,624,492)(REVENUE $0) WILDLIFE HSI WILDLIFE PROGRAMS COVER A WIDE RANGE OF ISSUES FROM CAMPAIGNING AGAINST THE COMMERCIAL KILLING OF WILDLIFE (CANADIAN SEALS, SHARKS, TURTLES, WHALES, RHINOS, ELEPHANTS, TROPHY HUNTED SPECIES) TO ENDING TRADE IN WILDLIFE AND WILDLIFE PARTS TO RESOLVING HUMAN-WILDLIFE CONFLICT IN A HUMANE MANNER (E.G., ELEPHANTS IN SOUTHERN AFRICA, BADGERS AND RODENTS IN THE UK). THE HSI WILDLIFE DEPARTMENT HAD THE FOLLOWING PROGRAM ACCOMPLISHMENTS IN 2019: GLOBALLY, CITES PARTIES AGREED TO PROTECT GIRAFFES FOR THE FIRST TIME BY LISTING THE SPECIES ON APPENDIX II, WHICH WILL NOW REGULATE THE INTERNATIONAL TRADE OF GIRAFFE PARTS, SUCH AS HIDES, BONES, MEAT, AND TROPHIES. THIS WILL PROVIDE CRITICAL MEASURES TO TRACK AND TRACE THIS TRADE. JAPAN AGREED TO CEASE SELLING ELEPHANT IVORY PRODUCTS ON ITS E-COMMERCE PLATFORMS. THEIR ANNOUNCEMENT FOLLOWS AN INTENSE IVORY TRADE DEBATE AT CITES. IN WASHINGTON, DC, HSI AND THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) RELEASED FINDINGS OF AN UNDERCOVER INVESTIGATION REVEALING A LUCRATIVE IVORY TRADE IN WASHINGTON, DC. LEGISLATION HAS BEEN INTRODUCED IN THE COUNCIL OF THE DISTRICT OF COLUMBIA THAT WOULD PROHIBIT SALES IN DC OF CERTAIN IVORY PRODUCTS AND PRODUCTS MADE FROM RHINO HORN. IN THE UNITED KINGDOM, SNOW + ROCK, A MAJOR RETAIL CHAIN SPECIALIZING IN OUTDOOR WEAR WITH OVER TWENTY STORES ACROSS THE UK, ADOPTED A NO FUR POLICY, FOLLOWING OUTREACH AND CONVERSATIONS WITH HSI. AND HER MAJESTY QUEEN ELIZABETH II ANNOUNCED SHE IS GOING FUR-FREE. IN VIETNAM, OFFICIAL APPROVAL WAS RECEIVED FROM THE VIETNAM MINISTRY OF EDUCATION AND TRAINING (MOET) TO INCLUDE A COMPREHENSIVE THREATENED SPECIES CURRICULUM (WHICH INCLUDES LESSONS ON SEVERAL THREATENED SPECIES INCLUDING PANGOLINS, TIGERS, RHINOS, ELEPHANTS, PRIMATES, HORNBILLS, AND MORE) INTO THE NATIONAL PRIMARY SCHOOL EXTRACURRICULAR LESSONS.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $392,246 INCLUDING GRANTS OF $212,065)(REVENUE $0) CONFRONTING CRUELTY HSI RESPONDS TO DISASTERS AROUND THE WORLD BY PROVIDING RESCUE EFFORTS, MEDICAL EQUIPMENT/SUPPLIES AND FOOD. HSI RESPONDED TO ASSIST ANIMALS DURING THE FOLLOWING IN 2019: IN MALAWI AND MOZAMBIQUE, AFTER CYCLONE IDAI'S DEVASTATION, HSI PROVIDED VETERINARY CARE AND SUPPLIES TO DOGS, CATS, AND FARM ANIMALS. IN THE BAHAMAS, HSI PROVIDED RELIEF FROM HURRICANE DORIAN BY ASSISTING WITH SEARCH & RESCUE OF LOST/DISPLACED PETS, ASSISTING WITH CARE OF ANIMALS THAT NEEDED MEDICAL ATTENTION, AND ASSISTING WITH TRANSPORT OF ANIMALS THAT WERE BEING CARED FOR AT A TEMPORARY SHELTER. IN BOLIVIA, HSI PROVIDED VETERINARY CARE & HELPED IN REUNITING DOGS AND CATS WITH THEIR FAMILIES AFTER A MAJOR LANDSLIDE LEFT HUNDREDS OF PEOPLE HOMELESS. IN CANADA, HSI'S STAFF, ALONG WITH THE MONTREAL SPCA, RESCUED MORE THAN 200 WILD ANIMALS FROM A ROADSIDE ZOO OUTSIDE OF QUEBEC. ANIMALS RESCUED INCLUDED LIONS, TIGERS, ZEBRAS, AND BEARS. ALL ANIMALS RECEIVED CARE AND HSI ASSISTED IN PLACEMENT AND TRANSPORT OF THE ANIMALS. MANY ANIMALS WERE TRANSPORTED TO PARTNER SANCTUARIES THROUGHOUT NORTH AMERICA. IN NEPAL, A MASS BEHEADING OF 3,500 BUFFALOES AT NEPAL'S GADHIMAI FESTIVAL TOOK PLACE, BUT THE DEATH TOLL WAS A RECORD LOW, THANKS TO A CRACKDOWN BY HSI AND OTHER ANIMAL GROUPS, AND INDIAN LAW ENFORCEMENT.
FORM 990, PART V, LINE 2A - NUMBER OF EMPLOYEES REPORTED ON FORM W-3	THE HUMANE SOCIETY OF THE UNITED STATES PAYS WAGES TO THE EMPLOYEES OF HSI AND FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS, INCLUDING FORM W-3. HSI DOES NOT REPORT EMPLOYEES ON FORM W-3.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	OFFICERS WAITE, BARSNESS, BLOCK, HART, FROSTIC, PENA, REESE, AND MCIVER WERE EMPLOYED BY ANOTHER TAX EXEMPT ORGANIZATION ON WHOSE BOARD DIRECTORS ATHERTON AND BERNTHAL SERVED. THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	HSI'S BYLAWS WERE REVISED DURING 2019. SIGNIFICANT CHANGES TO THE BYLAWS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: THERE IS NO LONGER A REQUIREMENT TO HAVE A CHAIRMAN AND VICE CHAIRMAN OF THE BOARD; OFFICERS WILL NOW BE ELECTED BY A MAJORITY OF THE BOARD OF DIRECTORS RATHER THAN A MAJORITY OF DIRECTORS PRESENT AT A PARTICULAR MEETING; AN OFFICER'S TERM IS NO LONGER LIMITED TO ONE YEAR. EACH OFFICER SHALL HOLD OFFICE UNTIL HIS OR HER SUCCESSOR IS ELECTED AND QUALIFIED OR UNTIL HIS OR HER EARLIER RESIGNATION OR REMOVAL; NEW OFFICER POSITIONS OF CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER WERE CREATED. THE CHIEF EXECUTIVE OFFICER WORKS WITH THE PRESIDENT TO CARRY OUT ALL ORDERS AND RESOLUTIONS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF HUMANE SOCIETY INTERNATIONAL.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF HUMANE SOCIETY INTERNATIONAL AND CAN ALSO REMOVE THEM AT WILL. THE HUMANE SOCIETY OF THE UNITED STATES ALSO APPROVES ANY CHANGES TO THE BYLAWS OF HSI.
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THE BOARD OF HUMANE SOCIETY INTERNATIONAL HAS NO COMMITTEES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AFTER INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS SUBMITTED TO HSI'S INDEPENDENT TAX PREPARERS FOR THEIR REVIEW AND REVISION, AS MAY BE APPROPRIATE. THE REVISED DRAFT IS THEN GIVEN TO HSI'S TREASURER FOR FURTHER REVIEW. ONCE ALL STAFF AND PROFESSIONAL REVIEWS/REVISIONS ARE DONE, THE TREASURER SENDS THE PROPOSED FINAL OF THE FORM 990 TO THE HSI BOARD FOR ITS CONSIDERATION. ONCE THE BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND COMMENT, THE FINALIZED VERSION IS FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	HSI RELIES UPON AND FOLLOWS THE CONFLICT OF INTEREST POLICY OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES. THE MONITORING AND COMPLIANCE PROCESS IS FACILITATED BY THE OVERLAP IN STAFF AND BOARDS BETWEEN THE TWO ORGANIZATIONS. THE IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY EMPHASIZES AVOIDING CONFLICTS TO BEGIN WITH. THE GENERAL COUNSEL'S OFFICE FIELDS AND USUALLY RESOLVES CONFLICTS OF INTEREST AND QUESTIONS RAISED BY STAFF OR BOARD MEMBERS.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV

<table>
<tr><th>Return Reference - Identifier</th><th>Explanation</th></tr>
<tr><td>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</td><td>HSI MAKES COPIES OF ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE TO SUPPORTERS FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS, ARE MADE AVAILABLE TO MAJOR DONORS, ARE POSTED ON HSI'S WEBSITE AND, WHERE REQUIRED BY STATE LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST. COPIES OF HSI'S FORM 1023 APPLICATION FOR RECOGNITION OF TAX EXEMPT STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT HSI'S OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. HSI MAKES COPIES OF THE THREE MOST RECENTLY-FILED FORMS 990 AVAILABLE ON ITS WEBSITE AND UPON REQUEST BY MAIL AND IN PERSON AT HSI'S OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.</td></tr>
<tr><td>FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (A) - OFFICERS</td><td>THE LIST INCLUDES OFFICERS ELECTED BY THE BOARD OF DIRECTORS.</td></tr>
<tr><td>FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES</td><td>
<table>
<tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr>
<tr><td>ANIMAL PROTECTION CAMPAIGNS</td><td>2,734,213</td><td>2,371,344</td><td>199,490</td><td>163,379</td></tr>
<tr><td>COMMUNICATION AND PLANNING EXPENSES</td><td>178,672</td><td>154,960</td><td>13,036</td><td>10,676</td></tr>
<tr><td>VETERINARY/MEDICAL EXPENSES</td><td>571,239</td><td>495,427</td><td>41,678</td><td>34,134</td></tr>
<tr><td>OTHER EXPENSES</td><td>400,222</td><td>347,107</td><td>29,200</td><td>23,915</td></tr>
</table>
</td></tr>
<tr><td>FORM 990, PART XII, LINE 2C - AUDIT OVERSIGHT</td><td>CONSISTENT WITH PRIOR YEARS, THE HUMANE SOCIETY OF THE UNITED STATES (HSUS), THROUGH ITS AUDIT COMMITTEE, PROVIDES OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS (WHICH INCLUDES HUMANE SOCIETY INTERNATIONAL) AND SELECTION OF AN INDEPENDENT ACCOUNTANT (APPOINTED BY THE AUDIT COMMITTEE OF HSUS) THAT AUDITED THE FINANCIAL STATEMENTS.</td></tr>
<tr><td>GENERAL NOTE - JOINT COST ALLOCATIONS</td><td>FOR MANY YEARS, HUMANE SOCIETY INTERNATIONAL (HSI) HAS RELIED ON DIRECT MAIL, EMAIL, SOCIAL MEDIA AND OTHER MEANS OF SOLICITATION TO RECRUIT, EXPAND AND MAINTAIN ITS MEMBERSHIP. DIRECT MARKETING AND OTHER DONOR CHANNELS ALLOW THE HSI TO SHARE SPECIFIC DETAILS ABOUT RECENT ACCOMPLISHMENTS AND TO PROVIDE INFORMATION ABOUT CURRENT CAMPAIGNS AND PRIORITIES TO MILLIONS OF SUPPORTERS. HSI ALSO USES POSTAL MAIL -- AND OTHER CHANNELS -- TO EDUCATE AND TO CALL THE PUBLIC TO ACTION TO ADVANCE ITS MISSION AND LIFESAVING WORK FOR ANIMALS.

THIS IS WHY, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES, HSI ALLOCATES A PORTION OF ITS DIRECT MAIL, EMAIL, SOCIAL MEDIA AND OTHER COMMUNICATION COSTS TO PROGRAM SERVICES AND TO FUNDRAISING. SUCH COSTS ARE ALLOCATED TO EACH MAJOR PROGRAM, INCLUDING -

1)COMPANION ANIMALS - HSI'S SPAY/NEUTER CLINICS IN LATIN AMERICA, INDIA, BHUTAN, THE PHILIPPINES, BANGLADESH, AND NEPAL HAVE RESULTED IN THE STERILIZATION AND VACCINATION OF MANY THOUSANDS OF DOGS AND CATS. HSI HAS PERMANENTLY CLOSED SEVERAL DOG MEAT FARMS IN SOUTH KOREA AND HAS RESCUED AND REHOMED DOGS FROM THESE FARMS. HSI RESPONDS TO DISASTERS AROUND THE WORLD BY PROVIDING RESCUE EFFORTS, MEDICAL EQUIPMENT/SUPPLIES AND FOOD.

2)WILDLIFE - HSI WILDLIFE PROGRAMS COVER A WIDE RANGE OF ISSUES FROM CAMPAIGNING AGAINST THE COMMERCIAL KILLING OF WILDLIFE (CANADIAN SEALS, SHARKS, TURTLES, WHALES, RHINOS, ELEPHANTS, TROPHY HUNTED SPECIES) TO ENDING TRADE IN WILDLIFE AND WILDLIFE PARTS TO RESOLVING HUMAN-WILDLIFE CONFLICT IN A HUMANE MANNER (E.G. ELEPHANTS IN SOUTHERN AFRICA, BADGERS AND RODENTS IN THE UK).

3)FARM ANIMALS - HSI HAS OBTAINED COMMITMENTS FROM SEVERAL COMPANIES (INCLUDING HOTEL CHAINS, HOSPITALITY COMPANIES AND FOOD COMPANIES) IN MULTIPLE COUNTRIES TO SOURCE THEIR EGG INVENTORIES FROM 100% CAGE-FREE EGG PRODUCERS.

4)CONFRONTING CRUELTY - HSI WORKS TO CONFRONT CRUELTY ON MULTIPLE FRONTS. EXAMPLES INCLUDE - HSI/CANADA WAS HEAVILY INVOLVED IN GETTING THE GOVERNMENT OF BRITISH COLUMBIA (BC) TO PROHIBIT ALL TROPHY HUNTING OF GRIZZLIES THROUGHOUT BC. HSI/MEXICO WAS INVOLVING IN GETTING LEGISLATION PASSED TO BAN DOGFIGHTING THROUGHOUT MEXICO. INDIA BANNED THE IMPORT OF REPTILE SKINS AND FUR IN A LANDMARK DECISION THAT WILL SPARE THE LIVES OF TENS OF THOUSANDS OF ANIMALS FROM THE CRUEL EXOTIC LEATHER INDUSTRIES.

5)ANIMAL TESTING - HSI WORKS TO END ANIMAL TESTING FOR MEDICINAL AND COSMETIC PRODUCTS.</td></tr>
</table>

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DORIS DAY ANIMAL LEAGUE (95-4117651) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	CA	501(C)(4)		THE HUMANE SOCIETY OF THE UNITED STATES		✓
(2) HUMANE SOCIETY OF THE UNITED STATES CALIFORNIA BRANCH (94-6050420) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	CA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(3) HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH, INC. (22-1671626) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NJ	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(4) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, INC. (22-2768664) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(5) SOUTH FLORIDA WILDLIFE CENTER, INC. (23-7086391) 3200 SW 4TH AVENUE, FORT LAUDERDALE, FL 33315	ANIMAL WELFARE	FL	501(C)(3)	10	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(6) 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		✓
(7) HUMANE SOCIETY INTERNATIONAL/CANADA 4035 SAINT AMBROISE STREET, SUITE 320, MONTREAL, QUEBEC, H4C2E1, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(8) HUMANE SOCIETY INTERNATIONAL:INDIA REGUS 5TH & 6TH FLOOR, MAFATLAL HOUSE (BUILDING) HT PAREKH MARG BACKBAY RECLAMATION, MUMBAI, 400020, IN	ANIMAL WELFARE	INDIA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(9) ASSOCIATION HUMANE SOCIETY INTERNATIONAL -LATIN AMERICA BARRIO ESCALANTE, 100 MTS ESTE Y NORTE, CASA #951, SAN JOSE, 11501, CS	ANIMAL WELFARE	COSTA RICA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(10) HUMANE SOCIETY INTERNATIONAL (UK) 5 UNDERWOOD STREET, LONDON, N1 7LY, UK	ANIMAL WELFARE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(11) HUMANE SOCIETY INTERNATIONAL - EUROPE LEVELS 20 & 21 BASTION TOWER, 5 PLACE DU CHAMP DE MARS, B-1050 BRUSSELS, BE	ANIMAL WELFARE	BELGIUM			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(12) FRIENDS OF HUMANE SOCIETY INTERNATIONAL FOR THE PROTECTION AND CONSERVATION OF ANIMALS 4035 SAINT AMBROISE STREET, SUITE 320, MONTREAL, QUEBEC, H4C2E1, CA	ANIMAL WELFARE	CANADA			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(13) PROJECT CHIMPS (47-1439557) P.O. BOX 2140, BLUE RIDGE, GA 30513	ANIMAL WELFARE	OR	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(14) HUMANE SOCIETY INTERNATIONAL MEXICO, A.C. VICENTE SUAREZ 73, COLONIA CONDESA, DELEGACION CUAUHTEMOC, MEXICO CITY, 06140, MX	ANIMAL WELFARE	MEXICO			THE HUMANE SOCIETY OF THE UNITED STATES		✓
(15) HUMANE SOCIETY INTERNATIONAL - AFRICA GROUND FLOOR, STATE STREET HOUSE, RIVER PARK - GLOUCESTER ROAD, MOWBRAY, CAPE TOWN, 7700, SF	ANIMAL WELFARE	SOUTH AFRICA			THE HUMANE SOCIETY OF THE UNITED STATES		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(16) HUMANE SOCIETY LEGISLATIVE FUND (59-3786428) 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(4)		THE HUMANE SOCIETY OF THE UNITED STATES		✓
(17) HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE (27-0906603) 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037	POLITICAL ACTION COMMITTEE	DC	527 POL. ORG.		HUMANE SOCIETY LEGISLATIVE FUND		✓
(18) THE HUMANE SOCIETY WILDLIFE LAND TRUST (52-1808517) 1255 23RD STREET, NW, SUITE 450, WASHINGTON, DC 20037	ANIMAL WELFARE	DC	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(19) THE FUND FOR ANIMALS, INC. (13-6218740) 1255 23RD STREET, NW, SUITE 460, WASHINGTON, DC 20037	ANIMAL WELFARE	NY	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		✓
(20) HUMANE SOCIETY INTERNATIONAL KOREA POSCO P&S TOWER 16F & 17F, TEHERANRO 134, GANGNAMGU, SEOUL, KS	ANIMAL WELFARE	KOREA, REPUBLIC OF (SOUTH)			THE HUMANE SOCIETY OF THE UNITED STATES		✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

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

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning _____, 2019, and ending _____, 20_____

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-0047

2019

Name of exempt organization: HUMANE SOCIETY INTERNATIONAL

Employer identification number: 52-1769464

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** 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 ▶	☑	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	21,764,889
2a	**Form 990-EZ** check here ▶	☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶	☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶	☐	b	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶	☐	b	**Balance due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ 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 organization's 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 organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here ▶ Michaelen Barsness | 10/26/20 ▶ TREASURER

Signature of officer | Date | Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO 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 organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
				Phone no.

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

Paid Preparer Use Only

Print/Type preparer's name: MARC R. BERGER CPA	Preparer's signature: Marc R Berger	Date: 10/26/2020	Check if self-employed ☐	PTIN: P01871563
Firm's name ▶ BDO USA, LLP			Firm's EIN ▶	13-5381590
Firm's address ▶ 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102			Phone no.	(703) 893-0600

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Cat. No. 36606Q Form **8453-EO** (2019)