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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, 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 WORLD ACTION FUND

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 455

City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20037

D Employer identification number: 59-3786428

E Telephone number: (202) 676-2314

G Gross receipts $ 6,330,546

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.

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HUMANEACTION.ORG

H(c) Group exemption number

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

L Year of formation: 2004

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PASS ANIMAL PROTECTION LAWS, EDUCATE THE PUBLIC, AND SUPPORT HUMANE CANDIDATES FOR OFFICE.

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,988,906	5,897,760
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	319,698	339,369
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,303	93,417
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,330,907	6,330,546
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,041,264	2,880,129
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	156,901	67,440
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,204,685		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,457,834	3,117,515
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,655,999	6,065,084
	19	Revenue less expenses. Subtract line 18 from line 12	(325,092)	265,462

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,726,461	11,417,226
	21	Total liabilities (Part X, line 26)	2,053,363	1,954,621
	22	Net assets or fund balances. Subtract line 21 from line 20	8,673,098	9,462,605

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

WILLIAM H HALL, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TODD TERESCO, CPA				P00247720
Firm's name: BDO USA, P.A.			Firm's EIN	13-5381590
Firm's address: 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102			Phone no.	(703) 893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

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:

SEE SCHEDULE O

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 $ 2,276,976 including grants of $) (Revenue $)

FEDERAL & STATE LEGISLATIVE ACTIVITY/FEDERAL REGULATORY ACTIVITY

LEGISLATIVE:
HUMANE WORLD ACTION FUND (THE ACTION FUND), FORMERLY KNOWN AS HUMANE SOCIETY LEGISLATIVE FUND (HSLF), FEDERAL AFFAIRS FOCUSES ON SUPPORT OF FEDERAL ANIMAL PROTECTION LEGISLATION AND REGULATION.

FEDERAL AFFAIRS CONTINUED WORK ADVOCATING FOR THE BETTER CARE FOR ANIMALS ACT (H.R. 5041/ S. 2555), HUMANE COSMETICS ACT (H.R. 5399), PREVENT ALL SORING TACTICS (PAST) ACT (H.R. 3090/S. 4004), PUPPY PROTECTION ACT (H.R. 1624), AND THE SAVE AMERICA'S FORGOTTEN EQUINES (SAFE) ACT (H.R.3475/S.2037).

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 2,090,293 including grants of $) (Revenue $)

PUBLICATIONS AND EDUCATION

HUMANE SCORECARD: THE ACTION FUND, FKA HSLF, PUBLISHED ONLINE ITS ANALYSIS OF KEY MEASURES (VOTES AND CO-SPONSORSHIPS) BY FEDERAL LEGISLATORS ON ANIMAL PROTECTION ISSUES. THE ANNUAL HUMANE SCORECARD ENABLES THE READER TO ASSESS HOW U.S. SENATORS AND REPRESENTATIVES VOTE ON THESE ISSUES. THE ACTION FUND, FKA HSLF, ALSO PUBLISHED ONLINE VERSIONS OF ITS ANALYSIS OF KEY MEASURES (VOTES AND CO-SPONSORSHIPS) BY STATE LEGISLATURES ON ANIMAL PROTECTION ISSUES IN STATE HUMANE SCORECARDS IN COLORADO, IOWA, ILLINOIS, INDIANA, MARYLAND, AND VIRGINIA.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses $ 349,052 including grants of $) (Revenue $)

POLITICAL ACTIVITY

THE ACTION FUND, FKA HSLF, ENDORSED ONE CANDIDATE FOR U.S. PRESIDENT, 234 CANDIDATES FOR U.S. CONGRESS, 16 CANDIDATES FOR STATE LEGISLATURE IN ARIZONA, 20 CANDIDATES FOR STATE LEGISLATURE IN CALIFORNIA, TWO BALLOT MEASURES AND 11 CANDIDATES FOR STATE LEGISLATURE IN COLORADO, A NO VOTE ON A CONSTITUTIONAL AMENDMENT, ONE CANDIDATE FOR MAYOR, ONE CANDIDATE FOR SHERIFF, TWO CANDIDATES FOR COUNTY COMISSION AND 19 CANDIDATES FOR STATE LEGISLATURE IN FLORIDA, THREE CANDIDATES FOR COUNTY BOARD, ONE CANDIDATE FOR FOREST PRESERVE BOARD OF COMMISSIONERS, AND 56 CANDIDATES FOR STATE LEGISLATURE IN ILLINOIS.

(CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 4,716,321

Part IV Checklist of Required Schedules

		Line	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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	✔	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *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 line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *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 on 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	12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	✔	

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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	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 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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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?		15		✔
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		✔
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

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	9		
	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	9		
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
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 on 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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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.

WILLIAM H. HALL, 1255 23RD STREET, NW, SUITE 455, WASHINGTON, DC 20037, (202) 452-1100

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA AMUNDSON PRESIDENT	38.0 0.0			✔				305,016	0	38,414
(2) TRACIE LETTERMAN VP. FEDERAL AFFAIRS	40.0 0.0				✔			197,455	0	35,522
(3) DAVID BALMER SENIOR PHILANTHROPY OFFICER	40.0 0.0					✔		149,224	0	23,244
(4) JENNIFER ESKRA DIRECTOR, LEGISLATIVE	40.0 0.0					✔		146,816	0	20,074
(5) MIRIAM BRODY SENIOR POLICY ADVISER, FEDERAL AFFAIRS	40.0 0.0					✔		133,931	0	31,651
(6) BRADLEY PYLE POLITICAL DIRECTOR	40.0 0.0					✔		141,197	0	21,009
(7) KATHERINE BLOCHER DIRECTOR, DIGITAL COMMUNICATIONS	40.0 0.0					✔		136,681	0	19,390
(8) C. THOMAS MCMILLEN VICE CHAIR OF THE BOARD	0.1 0.0	✔						0	0	0
(9) CATHY KANGAS DIRECTOR	0.1 0.0	✔						0	0	0
(10) CHARLES A. LAUE DIRECTOR	0.3 0.0	✔						0	0	0
(11) DAVID ROBB CHAIR OF THE BOARD	0.3 0.0	✔						0	0	0
(12) EILEEN MILZCIK DIRECTOR	0.2 0.0	✔						0	0	0
(13) KATHLEEN M. LINEHAN, ESQ. DIRECTOR	0.0 0.0	✔						0	0	0
(14) LAURISA SCHUTT DIRECTOR	0.2 0.0	✔						0	0	0

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)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) SARAH H. TROTT DE SEVE DIRECTOR	0.3 0.0	✔						0	0	0
(16) THOMAS J. SABATINO, JR. DIRECTOR	0.1 0.0	✔						0	0	0
(17) ZACHARY BREZ DIRECTOR	0.1 0.0	✔						0	0	0
(18) ALISON GREGG CORCORAN CHIEF DEVELOPMENT & MARKETING OFFICER	1.0 0.0			✔				0	0	0
(19) ANGELA CICCOLO GENERAL COUNSEL & CHIEF LEGAL OFFICER	1.5 0.0			✔				0	0	0
(20) CRISTOBEL BLOCK CHIEF EXECUTIVE OFFICER	0.0 0.0			✔				0	0	0
(21) ERIN FRACKLETON CHIEF OPERATING OFFICER	1.0 0.0			✔				0	0	0
(22) JEFFREY FLOCKEN CHIEF INTERNATIONAL OFFICER	0.0 0.0			✔				0	0	0
(23) JOHANIE V. PARRA SECRETARY	2.0 0.0			✔				0	0	0
(24) MARSHALL TAYLOR CHIEF PEOPLE OFFICER	1.0 0.0			✔				0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,210,320	0	189,304
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,210,320	0	189,304

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 8

		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
SG AL HOLDINGS, LLC, 1146 19TH STREET, NW, SUITE 600, WASHINGTON, DC 20036	FUNDRAISING CONSULTANT	518,766
MARK D. RODGERS, 6506 LOISDALE ROAD, SUITE 203, SPRINGFIELD, VA 22150	FEDERAL LOBBYING	408,425
EDGEMARK PARTNERS, INC., 4510 COX ROAD, SUITE 305, GLEN ALLEN, VA 23060	PRINT, DESIGN & COPY SERVICES	345,485
NGP VAN INC. DBA EVERYACTION INC., 655 15TH STREET, NW, SUITE 650, WASHINGTON, DC 20005	DIGITAL OUTREACH AND ADVOCACY	211,487
AKIN GUMP STRAUSS HAUER & FELD LLP, 2001 K STREET, NW, WASHINGTON, DC 20006	FEDERAL LOBBYING	130,000

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 7

Part VIII Statement of Revenue

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

Section	Line	Description			(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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,897,760				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			5,897,760			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			339,369			339,369
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(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	MISCELLANEOUS REVENUE	900099		69,731			69,731
	b	LIST RENTAL	900099		23,686			23,686
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			93,417			
	12	**Total revenue.** See instructions			6,330,546	0	0	432,786

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	576,407	489,888	17,350	69,169
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	1,829,560	1,549,399	55,575	224,586
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,216	83,270	2,994	11,952
9 Other employee benefits	209,425	177,564	6,382	25,479
10 Payroll taxes	166,521	141,251	5,063	20,207
11 Fees for services (nonemployees):				
a Management				
b Legal	13,164	12,590	574	0
c Accounting	118,702	100,449	3,312	14,941
d Lobbying	646,242	520,995	14,338	110,909
e Professional fundraising services. See Part IV, line 17	67,440			67,440
f Investment management fees	9,137	0	9,137	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	867,017	698,982	19,236	148,799
12 Advertising and promotion	164,154	69,404	0	94,750
13 Office expenses	83,413	81,802	1,021	590
14 Information technology	42,485	36,119	1,210	5,156
15 Royalties				
16 Occupancy	64,856	61,991	2,865	0
17 Travel	50,357	35,649	701	14,007
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,463	6,823	188	1,452
20 Interest	79,553	79,553	0	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	10,456	10,000	456	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EDUCATION AND MARKETING MATERIAL	868,337	475,930	0	392,407
b STATE REGISTRATION FEES, INCOME AND OTHER TAX	91,179	84,662	3,676	2,841
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	6,065,084	4,716,321	144,078	1,204,685
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)	1,241,147	702,543	0	538,604

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	895,804	1	691,998
	2	Savings and temporary cash investments	4,229,095	2	857,735
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	70,441	4	109,300
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0	9	15,641
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a 0			
	b	Less: accumulated depreciation . . . 10b 0	0	10c	0
	11	Investments—publicly traded securities	3,474,366	11	5,540,572
	12	Investments—other securities. See Part IV, line 11	2,056,755	12	4,201,980
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	10,726,461	16	11,417,226
Liabilities	17	Accounts payable and accrued expenses	433,901	17	360,956
	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	1,619,462	25	1,593,665
	26	**Total liabilities.** Add lines 17 through 25	2,053,363	26	1,954,621
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	8,533,314	27	8,918,855
	28	Net assets with donor restrictions	139,784	28	543,750
		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	8,673,098	32	9,462,605
	33	Total liabilities and net assets/fund balances	10,726,461	33	11,417,226

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	6,330,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,065,084
3	Revenue less expenses. Subtract line 2 from line 1	3	265,462
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,673,098
5	Net unrealized gains (losses) on investments	5	524,045
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	9,462,605

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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(25) NICOLE PAQUETTE CHIEF PROGRAMS & POLICY OFFICER	1.0 0.0			✓				0	0	0
(26) STEPHANIE BRIGGS CHIEF PEOPLE OFFICER	0.0 0.0			✓				0	0	0
(27) WILLIAM H. HALL CHIEF FINANCIAL OFFICER	2.0 0.0			✓				0	0	0

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
HUMANE WORLD ACTION FUND	59-3786428

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(4) (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 $33\frac{1}{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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	N/A	$ 2,643,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	N/A	$ 301,416	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	N/A	$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	N/A	$ 63,478	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	N/A	$ 51,464	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
7	N/A	$ 47,281	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	N/A	$ 44,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	N/A	$ 33,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
13	N/A	$ 23,405	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	N/A	$ 20,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	N/A	$ 19,192	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	N/A	$ 15,963	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
19	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24	N/A	$ 8,147	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
25	N/A	$ 8,063	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27	N/A	$ 7,380	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28	N/A	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29	N/A	$ 6,325	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30	N/A	$ 6,020	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
31	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32	N/A	$ 5,660	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33	N/A	$ 5,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34	N/A	$ 5,322	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
37	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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
43	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
HUMANE WORLD ACTION FUND	59-3786428

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
		$	

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

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

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

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

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

Name of organization	Employer identification number
HUMANE WORLD ACTION FUND	59-3786428

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

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)

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

2024

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

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

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

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

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

Name of organization	**Employer identification number (EIN)**
HUMANE WORLD ACTION FUND	59-3786428

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 . . . $ 349,052

3 Volunteer hours for political campaign activities. See instructions . . . 0

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 . . . $ 349,052

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . $ 0

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . $ 349,052

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

5 Enter the names, addresses, and EINs 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:	**THEN 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.

		(a)	(b)
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)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(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?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART I-A, LINE 1 - DESCRIPTION OF POLITICAL ACTIVITIES	THE ACTION FUND, FKA HSLF, ENDORSED ONE CANDIDATE FOR U.S. PRESIDENT, 234 CANDIDATES FOR U.S. CONGRESS, 16 CANDIDATES FOR STATE LEGISLATURE IN ARIZONA, 20 CANDIDATES FOR STATE LEGISLATURE IN CALIFORNIA, TWO BALLOT MEASURES AND 11 CANDIDATES FOR STATE LEGISLATURE IN COLORADO, A NO VOTE ON A CONSTITUTIONAL AMENDMENT, ONE CANDIDATE FOR MAYOR, ONE CANDIDATE FOR SHERIFF, TWO CANDIDATES FOR COUNTY COMISSION, AND 19 CANDIDATES FOR STATE LEGISLATURE IN FLORIDA, THREE CANDIDATES FOR COUNTY BOARD, ONE CANDIDATE FOR FOREST PRESERVE BOARD OF COMMISSIONERS, AND 56 CANDIDATES FOR STATE LEGISLATURE IN ILLINOIS, 34 CANDIDATES FOR STATE LEGISLATURE IN INDIANA, ONE CANDIDATE FOR SHERIFF, ONE CANDIDATE FOR BOARD OF COUNTY SUPERVISORS, AND 58 CANDIDATES FOR STATE LEGISLATURE IN IOWA, 19 CANDIDATES FOR STATE LEGISLATURE IN KANSAS, 40 CANDIDATES FOR STATE LEGISLATURE IN MASSACHUSETTS, 24 CANDIDATES FOR STATE LEGISLATURE IN MICHIGAN, 12 CANDIDATES FOR STATE LEGISLATURE IN MISSOURI, ONE CANDIDATE FOR MAYOR, ONE CANDIDATE FOR COUNTY COMISSION, AND 22 CANDIDATES FOR STATE LEGISLATURE IN NEVADA, ONE CANDIDATE FOR GOVERNOR AND 26 CANDIDATES FOR STATE LEGISLATURE IN NEW HAMPSHIRE, ONE CANDIDATE FOR DISTRICT ATTORNEY AND 53 CANDIDATES FOR STATE LEGISLATURE IN NEW YORK, ONE CANDIDATE FOR ATTORNEY GENERAL AND SIX CANDIDATES FOR STATE LEGISLATURE IN NORTH CAROLINA, 29 CANDIDATES FOR STATE LEGISLATURE IN OREGON, AND 67 CANDIDATES FOR STATE LEGISLATURE IN TEXAS. THE ACTION FUND, FKA HSLF, SOLICITED FUNDS THROUGH PEER-TO-PEER FUNDRAISING OF ITS MEMBERS FOR ITS FEDERAL AFFILIATED POLITICAL ACTION COMMITTEE AND SEVERAL STATE AFFILIATED POLITICAL ACTION COMMITTEES.

SCHEDULE D (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
HUMANE WORLD ACTION FUND	59-3786428

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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 in Part XIII . . . . ☐

Part V **Endowment Funds**

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

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

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

a Board designated or quasi-endowment ________ %

b Permanent endowment ________ %

c Term endowment ________ %

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

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

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

Part VII **Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	4,201,980	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	4,201,980	

Part VIII **Investments—Program Related**

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

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

Part IX **Other Assets**

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

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

Part X **Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO HUMANE WORLD FOR ANIMALS, INC.	1,593,665
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,593,665

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	6,846,252
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	524,045		
b	Donated services and use of facilities	2b	798		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	(9,137)		
e	Add lines **2a** through **2d**			2e	515,706
3	Subtract line **2e** from line **1**			3	6,330,546
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,330,546

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	6,056,745
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	798		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	798
3	Subtract line **2e** from line **1**			3	6,055,947
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	9,137		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	9,137
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,065,084

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	
	(a) Description	**(b)** Amount
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	INVESTMENT EXPENSES	- 9,137

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	IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE ACTION FUND, FKA HSLF, 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 FEW EXCEPTIONS, THE ACTION FUND, FKA HSLF, IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2021 AND PRIOR. MANAGEMENT HAS EVALUATED THE ACTION FUND, FKA HSLF'S TAX POSITIONS AND HAS CONCLUDED THAT THE ACTION FUND, FKA HSLF, HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

SCHEDULE G (Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization: HUMANE WORLD ACTION FUND

Employer identification number: 59-3786428

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 nongovernment 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	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	SG AL HOLDINGS, LLC, 1146 19TH STREET, NW, SUITE 600, WASHINGTON, DC 20036	FUNDRAISING CONSULTANTS		✔	2,151,896	67,440	2,084,456
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					2,151,896	67,440	2,084,456

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, ME, MD, MA, MN, MS, MO, NJ, 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(V) - PAYMENT OF FUNDRAISING EXPENSES	IN ADDITION TO THE ORGANIZATION WHICH APPEARS ON SCHEDULE G, PART I, THE ACTION FUND, FKA HSLF, DID ENTER INTO ARRANGEMENTS WITH SIX FUNDRAISING VENDORS WHERE THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR FUNDRAISING EXPENSES BUT 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, BUT 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 J
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
HUMANE WORLD ACTION FUND	59-3786428

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? . . . If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		✔
	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? . . . If "Yes" on line 5a or 5b, describe in Part III.	**5b**		✔
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? . . . If "Yes" on line 6a or 6b, describe in Part III.	**6b**		✔
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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SARA AMUNDSON	(i)	305,016	0	0	17,402	21,012	343,430	0
	PRESIDENT	(ii)	0	0	0	0	0	0	0
2	TRACIE LETTERMAN	(i)	197,455	0	0	7,670	27,852	232,977	0
	VP. FEDERAL AFFAIRS	(ii)	0	0	0	0	0	0	0
3	DAVID BALMER	(i)	149,224	0	0	0	23,244	172,468	0
	SENIOR PHILANTHROPY OFFICER	(ii)	0	0	0	0	0	0	0
4	JENNIFER ESKRA	(i)	146,816	0	0	9,027	11,047	166,890	0
	DIRECTOR, LEGISLATIVE	(ii)	0	0	0	0	0	0	0
5	MIRIAM BRODY	(i)	133,931	0	0	6,169	25,482	165,582	0
	SENIOR POLICY ADVISER, FEDERAL AFFAIRS	(ii)	0	0	0	0	0	0	0
6	BRADLEY PYLE	(i)	141,197	0	0	8,780	12,229	162,206	0
	POLITICAL DIRECTOR	(ii)	0	0	0	0	0	0	0
7	KATHERINE BLOCHER	(i)	132,681	4,000	0	8,419	10,971	156,071	0
	DIRECTOR, DIGITAL COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
8		(i)							
		(ii)							
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, THE ACTION FUND, FKA HSLF'S TOP MANAGEMENT OFFICIAL, WAS ESTABLISHED BY THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, HUMANE WORLD FOR ANIMALS INC. BLOCK WAS APPOINTED AS THE PRESIDENT AND CEO OF THE HUMANE WORLD FOR ANIMALS INC. (FKA THE HUMANE SOCIETY OF THE UNITED STATES) IN JANUARY OF 2019. AS PART OF THAT PROCESS, THE HUMANE WORLD FOR ANIMALS INC. BOARD EXAMINED COMPARABILITY DATA TO GUIDE ITS DETERMINATIONS REGARDING BLOCK'S COMPENSATION. IN ACCORDANCE WITH THE "SAFE HARBOR" PROVISIONS OF TREAS. REG. 53.4958-6, THIS PROCESS INVOLVED ATTENTION TO AND AVOIDANCE OF CONFLICTS OF INTEREST, USE OF COMPARABILITY DATA GATHERED AND PRESENTED BY AN OUTSIDE COMPENSATION EXPERT, AND CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS, AND DECISIONS OF THE HUMANE WORLD FOR ANIMALS INC. BOARD.

SCHEDULE O (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service	**Supplemental Information to Form 990 or 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	OMB No. 1545-0047 **Open to Public Inspection**

Name of the organization	Employer identification number
Humane World Action Fund	59-3786428

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	THE ACTION FUND, FKA HSLF'S MISSION IS TO UNDERTAKE AND SUPPORT PROGRAMS DESIGNED TO ENHANCE AND PROTECT THE STATUS OF ANIMALS THROUGH EDUCATION OF THE PUBLIC AND MOBILIZATION OF PUBLIC OPINION AND THROUGH THE REFORM OF LAWS, ENACTMENT OF REMEDIAL LEGISLATION AND CHANGES IN PUBLIC POLICY. THE GOAL OF THE ACTION FUND, FKA HSLF, IS TO ADVANCE SOCIAL WELFARE BY HELPING TO PASS STATE AND FEDERAL LAWS THAT PROTECT ANIMALS FROM CRUELTY, SUFFERING, AND UNNECESSARY KILLING AND USE.
FORM 990, PART III, LINE 4A - FEDERAL & STATE LEGISLATIVE ACTIVITY/FEDERAL REGULATORY ACTIVITY	CONTINUED FROM PART III, LINE 4A FEDERAL AFFAIRS ALSO WORKED IN SUPPORT OF OTHER ANIMAL PROTECTION BILLS SUCH AS THE PET AND WOMEN SAFETY REAUTHORIZATION (PAWS) ACT OF 2023 (S. 2734), CAPTIVE PRIMATE SAFETY ACT H.R.8164 / S.4206), PROHIBIT WILDLIFE KILLING CONTESTS ACT (H.R. 8492), AND VETERINARY SERVICES TO IMPROVE PUBLIC HEALTH IN RURAL COMMUNITIES ACT (S.4365). FEDERAL AFFAIRS LOBBIED AGAINST THE EXPOSING AGRICULTURAL TRADE SUPPRESSION (EATS) ACT (S.2019/H.R.4417), WHICH COULD WIPE OUT OVER A THOUSAND STATE LAWS RELATING TO THE PRODUCTION AND SALE OF AGRICULTURAL PRODUCTS, MANDATING THAT IF ANY STATE TOLERATES A PRACTICE - NO MATTER HOW HAZARDOUS, DESTRUCTIVE, OR INHUMANE TO PEOPLE OR ANIMALS - OTHER STATES MUST PERMIT IT, TOO. FEDERAL AFFAIRS ALSO LOBBIED AGAINST THE PROTECTING INTERSTATE COMMERCE FOR LIVESTOCK PRODUCERS ACT (S.3382), A BILL SIMILAR IN NATURE TO THE EATS ACT. FEDERAL AFFAIRS LOBBIED AGAINST LEGISLATION THAT WOULD NEGATIVELY IMPACT WILDLIFE SUCH AS THE TRUST THE SCIENCE ACT (H.R. 764) AND PROTECTING ACCESS FOR HUNTERS AND ANGLERS ACT (H.R. 615). FEDERAL AFFAIRS LOBBIED FOR AND AGAINST PROVISIONS IN THE FEDERAL FARM BILL (H.R. 8467/S. 5335). THIS INCLUDES SUPPORT FOR THE INCLUSION OF ANIMAL WELFARE IMPROVEMENTS LIKE THE BETTER CARE FOR ANIMALS ACT AND PUPPY PROTECTION ACT AND THE EXCLUSION OF LANGUAGE THAT WOULD NEGATIVELY IMPACT ANIMALS LIKE THE EATS ACT. REGULATORY: FEDERAL AFFAIRS ENCOURAGED THE USFWS TO FINALIZE A RULE THAT WOULD BETTER REGULATE THE IMPORTS OF AFRICAN ELEPHANTS AND THEIR PARTS, LIKE HUNTING TROPHIES, INTO THE UNITED STATES WHICH WAS FINALIZED IN MARCH 2024. FEDERAL AFFAIRS ENCOURAGED THE NPS TO FINALIZE A RULE TO BAN BEAR BAITING PRACTICES ON NATIONAL PRESERVES IN ALASKA. THIS RULE WAS FINALIZED IN JUNE 2024. FEDERAL AFFAIRS ENCOURAGED THE USDA TO FINALIZE ITS HORSE PROTECTION ACT RULE TO PROHIBIT THE USE OF DEVICES AND SUBSTANCES INTEGRAL TO SORING AND ELIMINATE THE INDUSTRY-RUN ENFORCEMENT SYSTEM AND ASSIGN SOLE RESPONSBILITY TO USDA APHIS TO SCREEN, TRAIN AND AUTHORIZE INSPECTORS. THIS RULE WAS FINALIZED IN MAY 2024. FEDERAL AFFAIRS ENCOURAGED THE NATIONAL INSTITUTES OF HEALTH TO RETIRE FEDERALLY OWNED CHIMPANZEES FORMERLY USED IN RESEARCH TO CHIMP HAVEN, THE FEDERAL SANCTUARY IN LOUISIANA. NIH ANNOUNCED IN NOVEMBER 2024 THAT THE 23 REMAINING CHIMPS AT ALAMOGORDO AIR FORCE BASED WOULD BE MOVED TO SANCTUARY IN 2025. FEDERAL AFFAIRS ENCOURAGED THE FOOD AND DRUG ADMINSTRATION TO REDUCE ANIMAL TESTING THROUGH A PETITION, FILED IN MAY 2024, REQUESTING THAT THE AGENCY TAKE A SERIES OF STEPS TO MAKE IT CLEAR THAT ANIMAL TESTING IS NOT LEGALLY REQUIRED FOR DRUG APPROVAL AND THAT THE AGENCY ENCOURAGE COMPANIES TO USE NON-ANIMAL METHODS WHEN AVAILABLE. APPROPRIATIONS: THE ACTION FUND, FKA HSLF, PRIORITIZED SEEKING POSITIVE ANIMAL PROTECTION PROVISIONS AND LANGUAGE IN THE FY25 APPROPRIATIONS LEGISLATION. THIS INCLUDED FUNDING TO STRENGTHEN ENFORCEMENT EFFORTS AGAINST HORSE SORING, FUNDING TO EXPAND SHELTERING OPTIONS FOR SURVIVORS OF DOMESTIC VIOLENCE AND THEIR PETS, AND FUNDING TO PROVIDE STUDENT LOAN REPAYMENT TO VETERINARIANS WORKING IN UNDERSERVED AREAS. THE ACTION FUND, FKA HSLF, ALSO WORKED TO SECURE DIRECTIVES TO PREVENT HORSE SLAUGHTER IN THE U.S., DIRECT THE FDA AND EPA TO REDUCE ANIMAL TESTING AND ADVANCE NON-ANIMAL METHODS, DIRECT FWS TO FULLY IMPLEMENT THE BIG CAT PUBLIC SAFETY ACT, DIRECT NOAA TO FULLY IMPLEMENT THE SHARK FIN SALES ELIMINATION ACT, DIRECT THAT THE DOJ AND USDA TO SHARE INFORMATION ON ANIMAL WELFARE ACT VIOLATIONS, ENHANCE ANIMAL WELFARE ENFORCEMENT AT PUPPY MILLS, ZOOS, AND OTHER FACILITIES, DIRECT THE CDC TO MODIFY THEIR RULES ON THE IMPORTATION OF DOGS, PROHIBIT EFFORTS TO UNDERMINE STATE FARM ANIMAL WELFARE LAWS, PROHIBIT EFFORTS TO WEAKEN THE ENDANGERED SPECIES ACT INCLUDING DELISTING NATIVE CARNIVORES LIKE THE GRAY WOLF AND GRIZZLY BEAR, AND PROHIBIT FUNDING FOR EXPANDING PRIMATE INFRASTRUCTURE AT NIH.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Humane World Action Fund

Employer identification number: 59-3786428

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PUBLICATIONS AND EDUCATION	CONTINUED FROM PART III, LINE 4B COALITION-BUILDING: THE ACTION FUND, FKA HSLF, BUILDS PARTNERSHIPS AND COLLABORATES IN AREAS OF COMMON INTEREST WITH INDUSTRY TRADE ASSOCIATIONS AND THEIR INDIVIDUAL MEMBERS AND WORKS WITH OTHER NON-PROFITS ON A RANGE OF ANIMAL-RELATED ISSUES. ANIMALS & POLITICS: THE ACTION FUND, FKA HSLF, PUBLISHED ONLINE VERSIONS OF THE BLOG "ANIMALS & POLITICS" WHICH PROVIDES DETAILED REPORTS OF ACTIVITIES REGARDING LEGISLATION, REGULATIONS, AND POLICIES AS WELL AS NEWS UPDATES AND ACTION ALERTS. THE BLOG IS A CRUCIAL CHANNEL FOR THE ACTION FUND, FKA HSLF, PUBLIC POLICY EDUCATION EFFORTS.
FORM 990, PART III, LINE 4C - POLITICAL ACTIVITY	CONTINUED FROM PART III, LINE 4C THE ACTION FUND, FKA HSLF, ALSO ENDORSED 34 CANDIDATES FOR STATE LEGISLATURE IN INDIANA, ONE CANDIDATE FOR SHERIFF, ONE CANDIDATE FOR BOARD OF COUNTY SUPERVISORS, AND 58 CANDIDATES FOR STATE LEGISLATURE IN IOWA, 19 CANDIDATES FOR STATE LEGISLATURE IN KANSAS, 40 CANDIDATES FOR STATE LEGISLATURE IN MASSACHUSETTS, 24 CANDIDATES FOR STATE LEGISLATURE IN MICHIGAN, 12 CANDIDATES FOR STATE LEGISLATURE IN MISSOURI, ONE CANDIDATE FOR MAYOR, ONE CANDIDATE FOR COUNTY COMISSION, AND 22 CANDIDATES FOR STATE LEGISLATURE IN NEVADA, ONE CANDIDATE FOR GOVERNOR AND 26 CANDIDATES FOR STATE LEGISLATURE IN NEW HAMPSHIRE, ONE CANDIDATE FOR DISTRICT ATTORNEY AND 53 CANDIDATES FOR STATE LEGISLATURE IN NEW YORK, ONE CANDIDATE FOR ATTORNEY GENERAL AND 6 CANDIDATES FOR STATE LEGISLATURE IN NORTH CAROLINA, 29 CANDIDATES FOR STATE LEGISLATURE IN OREGON, AND 67 CANDIDATES FOR STATE LEGISLATURE IN TEXAS. THE ACTION FUND, FKA HSLF, SOLICITED FUNDS THROUGH PEER-TO-PEER FUNDRAISING OF ITS MEMBERS FOR ITS FEDERAL AFFILIATED POLITICAL ACTION COMMITTEE AND SEVERAL STATE AFFILIATED POLITICAL ACTION COMMITTEES.
FORM 990, PART V, LINE 2A - NUMBER OF EMPLOYEES REPORTED ON FORM W-3	HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES, PAYS WAGES TO THE EMPLOYEES OF THE ACTION FUND, FKA HSLF, AND FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS, INCLUDING FORM W-3. THE ACTION FUND, FKA HSLF, DOES NOT REPORT EMPLOYEES ON FORM W-3.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	OFFICERS AMUNDSON, BLOCK, BRIGGS, CICCOLO, CORCORAN, FLOCKEN, FRACKLETON, HALL, PAQUETTE, PARRA, AND TAYLOR WERE EMPLOYED BY ANOTHER ORGANIZATION ON WHOSE BOARD DIRECTORS KANGAS, LAUE, LINEHAN, MCMILLEN, AND SABATINO SERVED. THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AFTER THE INTERNAL ACCOUNTING STAFF OF THE ACTION FUND, FKA HSLF, DRAFTS THE 990, THE DRAFT IS SUBMITTED TO THE ACTION FUND, FKA HSLF'S CORPORATE OFFICERS AND OUTSIDE INDEPENDENT TAX PREPARERS FOR THEIR REVIEW AND REVISION. THE REVISED DRAFT IS THEN GIVEN TO THE ACTION FUND, FKA HSLF'S CHIEF FINANCIAL OFFICER FOR FURTHER REVIEW. ONCE ALL STAFF AND PROFESSIONAL REVIEWS/REVISIONS ARE DONE, THE CHIEF FINANCIAL OFFICER SENDS THE PROPOSED FINAL OF THE FORM 990 TO THE BOARD FOR ITS CONSIDERATION. ONCE THE BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND COMMENT, THE FINALIZED VERSION IS FILED WITH THE IRS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Humane World Action Fund

Employer identification number: 59-3786428

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ACTION FUND, FKA HSLF, IS AN AFFILIATE OF HUMANE WORLD FOR ANIMALS, INC., FKA THE HUMANE SOCIETY OF THE UNITED STATES (HSUS). ALL POLICIES AND PROCEDURES OF HUMANE WORLD FOR ANIMALS, INC., FKA HSUS, APPLY TO THE ACTION FUND, FKA HSLF, INCLUDING, INTER ALIA, THOSE CODIFIED IN THE CURRENT EMPLOYEE HANDBOOK OF HUMANE WORLD FOR ANIMALS, INC., FKA HSUS. IN CASES WHERE THE LITERAL READING OF THE HUMANE WORLD FOR ANIMALS, INC., FKA HSUS POLICIES AND PROCEDURES MAY OR COULD CAUSE CONFUSION (E.G., THE CONFLICT OF INTEREST POLICY'S REFERENCES TO HUMANE WORLD FOR ANIMALS, INC., FKA HSUS DIRECTORS), FOR PURPOSES OF INTERNAL ACTION FUND, FKA HSLF ACTIVITIES, THESE POLICIES WILL BE READ TO APPLY AS CLOSE AS POSSIBLE TO THE ACTION FUND, FKA HSLF, MAKING SUBSTITUTIONS IN TERMINOLOGY AS NECESSARY TO ACHIEVE THE DESIRED GOAL. IN CASE OF ANY CONFLICT BETWEEN THE POLICIES AND PROCEDURES OF THE HUMANE WORLD FOR ANIMALS, INC., FKA HSUS, AND THE ACTION FUND, FKA HSLF, THE STRICTER WILL CONTROL. THE ACTION FUND, FKA HSLF, HAS ADOPTED A CONFLICT OF INTEREST POLICY TO REINFORCE THE OBLIGATION OF OFFICERS AND DIRECTORS TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS. THE POLICY COVERS THE ACTION FUND, FKA HSLF OFFICERS AND DIRECTORS. THE ACTION FUND, FKA HSLF BOARD MEMBERS AND/OR OFFICERS WHO ARE DIRECTORS OR SENIOR STAFF MEMBERS OF HUMANE WORLD FOR ANIMALS, FKA HSUS ARE SUBJECT TO ADDITIONAL ANNUAL REPORTING REQUIREMENTS IN THOSE CAPACITIES. A DECISION AS TO WHETHER A CONFLICT EXISTS AND HOW IT SHOULD BE ADDRESSED WITH REGARD TO THE ACTION FUND, FKA HSLF IS MADE AT THE ACTION FUND, FKA HSLF EXECUTIVE LEVEL OR, IF NECESSARY, BY ITS BOARD. CONSIDERATION OF POSSIBLE CONFLICTS IS ALSO PROVIDED DURING THE LEGAL REVIEW OF PROPOSED TRANSACTIONS AND CONCERNS ARE ADDRESSED BEFORE PROCEEDING. INDIVIDUALS HAVING POSSIBLE CONFLICTS OF INTEREST CANNOT VOTE OR PARTICIPATE IN BOARD OR COMMITTEE DELIBERATIONS ON THE SUBJECT OR TO BE COUNTED TOWARD MEETING A QUORUM; HOWEVER, THEY MAY RESPOND TO QUESTIONS.
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, MN, MO, MS, NC, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ACTION FUND, FKA HSLF, MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE TO DONORS FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS AND ARE MADE AVAILABLE TO MAJOR DONORS AND, WHERE REQUIRED BY STATE LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST. THE ACTION FUND, FKA HSLF, MAKES COPIES OF ITS FORM 1024 APPLICATION FOR RECOGNITION OF TAX-EXEMPT STATUS AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT THE ACTION FUND, FKA HSLF'S HEADQUARTERS IN WASHINGTON, DC. THE ACTION FUND, FKA HSLF, MAKES COPIES OF THE THREE MOST RECENTLY-FILED FORMS 990 AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT THE ACTION FUND, FKA HSLF'S HEADQUARTERS IN WASHINGTON, DC, AS WELL AS ON THE ACTION FUND, FKA HSLF'S WEBSITE, AS SET FORTH IN IRS CODE SECTION 6104(D). THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(see table below)
FORM 990, PART XII, LINE 2C - AUDIT OVERSIGHT	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS. THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE BOARD WHICH ACTS AS ITS OWN COMMITTEE.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

(a) Description	**(b)** Total Expenses	**(c)** Program Service Expenses	**(d)** Management and General Expenses	**(e)** Fundraising Expenses
GENERAL CONSULTANTS	650,530	524,452	14,433	111,645
VOTER OUTREACH	216,487	174,530	4,803	37,154
Total	**867,017**	**698,982**	**19,236**	**148,799**

SCHEDULE R (Form 990)
(Rev. January 2025)
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
Open to Public Inspection

Name of the organization: HUMANE WORLD ACTION FUND
Employer identification number: 59-3786428

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

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

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

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

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

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

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

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

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

			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) HUMANE WORLD ACTION FUND PAC, FKA 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 WORLD ACTION FUND, FKA HUMANE SOCIETY LEGISLATIVE FUND	✓	

Form **8453-TE**

Department of the Treasury
Internal Revenue Service

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2024, or tax year beginning ______________, 2024, and ending ______________, 20____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to *www.irs.gov/Form8453TE* for the latest information.

OMB No. 1545-0047

2024

Name of filer	EIN or SSN
HUMANE WORLD ACTION FUND	59-3786428

Part I Type of Return and Return Information

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

1a	**Form 990** check here	☑	b	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	6,330,546
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 V, line 5)	4b	
5a	**Form 8868** check here	☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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

and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here

Signature of officer or person subject to tax	Date	Title, if applicable
a J Fel	9 Oct., 2025	CHIEF FINANCIAL OFFICER

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

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

ERO's Use Only

ERO's signature	Date	Check if also paid preparer ☐	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	Preparer's signature	Date	Check if self-employed ☐	PTIN
TODD TERESCO, CPA	Todd P. Teresco	10/8/2025		P00247720
Firm's name BDO USA, P.A.			Firm's EIN	13-5381590
Firm's address 8401 GREENSBORO DRIVE - SUITE 800, MCLEAN, VA 22102			Phone no.	(703) 893-0600