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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization HUMANE SOCIETY INTERNATIONAL, INC		D Employer identification number 52-1769464
		Doing Business As		E Telephone number 202-452-1100
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2100 L STREET, NW		G Gross receipts \$ 19,891,629.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ANDREW N. ROWAN SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.HUMANESOCIETYINTERNATIONAL.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1993 M State of legal domicile: DC				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. HSI CONDUCTS A RANGE OF PROGRAMS OVERSEAS INCLUDING PROMOTING THE HUMANE MANAGEMENT OF STREET	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	5 Total number of employees (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,599,255. Current Year 19,819,716.
	9 Program service revenue (Part VIII, line 2g)	1,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,003. 310.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,690. 70,603.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,640,948. 19,891,629.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	224,576. 245,310.
	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)	386,306. 2,203,107.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	106,168. 256,063.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 765,377.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,599,503. 4,306,934.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,316,553. 7,011,414.
19 Revenue less expenses. Subtract line 18 from line 12	<675,605.> 12,880,215.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,420,146. End of Year 1,802,130.
	21 Total liabilities (Part X, line 26)	13,136,047. 637,816.
	22 Net assets or fund balances. Subtract line 21 from line 20	<11,715,901.> 1,164,314.

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 11/8/10
	G. THOMAS WAITE, III Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date 11/07/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205			
EIN ▶				Phone no. ▶ 703-336-6400

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
HSI COORDINATES THE WORK OF THE HSUS AROUND THE GLOBE AND ADDRESSES
ISSUES SUCH AS PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMALS,
SEEKING AN END TO ANIMAL TESTING FOR HUMAN HAZARD AND RISK ASSESSMENT,
CAMPAIGNS AGAINST FARM ANIMAL SUFFERING, CAMPAIGNS AGAINST WILDLIFE

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 2,620,925. including grants of \$ 96,470.) (Revenue \$)
HSI CONDUCTS A VARIETY OF PROGRAMS AIMED AT STOPPING WILDLIFE SUFFERING
AND ABUSE. THESE INCLUDE A MAJOR CAMPAIGN AIMED AT STOPPING THE
KILLING OF SEALS FOR COMMERCIAL PURPOSES, A CAMPAIGN TO STOP SHARK
FINNING AND THE CONSUMPTION OF SHARK FIN SOUP, A CAMPAIGN AGAINST MERCY
RELEASE PROGRAMS THAT ENCOURAGE THE CAPTURE AND SUBSEQUENT RELEASE OF
WILD ANIMALS, AS WELL AS SUBSTANTIAL WORK ON WILDLIFE TRADE (VIA CITES
AND OTHER ACTIVITIES), ON EFFORTS TO STOP COMMERCIAL WHALING (VIA THE
IWC), AND ATTEMPTS TO IMPROVE WILDLIFE PROTECTION MECHANISMS IN
INTERNATIONAL TRADE NEGOTIATIONS. IN ADDITION, HSI IS ACTIVE IN
CAMPAIGNING AGAINST FUR GARMENTS AND IN PROMOTING WILDLIFE
CONTRACEPTION AS A HUMANE WAY TO MANAGE WILDLIFE POPULATIONS
(PARTICULARLY ELEPHANTS) WITHOUT THE STRESS OF CAPTURE AND

4b (Code) (Expenses \$ 1,817,175. including grants of \$ 139,645.) (Revenue \$ 1,000.)
HSI ACTIVELY SUPPORTS THE EDUCATION AND DEVELOPMENT OF ANIMAL
PROTECTION ORGANIZATIONS THROUGH A VARIETY OF EDUCATIONAL AND HANDS-ON
PROGRAMS. EVERY YEAR, HSI ORGANIZES AN INTERNATIONAL TRACK AS PART OF
THE ANIMAL CARE EXPO THAT IS AIMED SPECIFICALLY AT ATTENDEES FROM
INTERNATIONAL ANIMAL ORGANIZATIONS. HSI ALSO ORGANIZES AND SUPPORTS
WORKSHOPS ACROSS THE WORLD TO ENHANCE THE CAPACITY AND SKILLS OF THE
INTERNATIONAL ANIMAL MOVEMENT. AS PART OF THIS APPROACH, HSI HAS BEEN
DEVELOPING PROGRAMS AND TECHNOLOGIES THAT PERMIT HIGH VOLUME
STERILIZATION OF STREET DOGS. THESE PROJECTS TRAIN VETERINARIANS,
VETERINARY TECHNICIANS AND ANIMAL HANDLERS, CHANGE THE WAY COMMUNITIES
VIEW STREET ANIMALS, AND INDIRECTLY AND DIRECTLY ENHANCE THE CAPACITY
OF LOCAL ORGANIZATIONS WHILE ALSO IMPROVING THE WELLBEING OF STREET

4c (Code) (Expenses \$ 1,327,936. including grants of \$ 9,195.) (Revenue \$)
HSI HAS ACTIVE CAMPAIGNS AGAINST CONFINEMENT AGRICULTURE IN INDIA,
BRAZIL AND CANADA. IN ADDITION, HSI IS ENGAGING THE EU, THE FAO AND
THE OIE ON FARM ANIMAL WELFARE AND COOPERATING WITH INTERNATIONAL
ANIMAL NGOS TO PRESS FOR HUSBANDRY IMPROVEMENTS THAT WILL REDUCE ANIMAL
SUFFERING ACROSS THE GLOBE. IN CHINA, HSI IN COOPERATION WITH OTHER
ANIMAL NGOS HAVE HELD A SERIES OF WORKSHOPS AIMED AT RAISING CONCERNS
AMONG CHINESE REGULATORS AND FARM INDUSTRY EXECUTIVES ABOUT THE PLIGHT
OF FARM ANIMALS.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 5,766,036.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	X
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a	X
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	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	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	

Form 990 (2009)

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 in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
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 in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **G. THOMAS WAITE, III - 202-452-1100**
700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee[illegible]

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								428,421.	694,264.	237,306.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NATIONAL OUTDOOR SPORTS, 5151 WISCONSIN AVE, NW 4TH FL, WASHINGTON, DC 20016	DIRECT MAIL CONSULTING	130,092.
PELL&BALES LTD, 211OLD STREET, LONDON, UNITED KINGDOM EC1V 9N	TELEMARKETING	126,461.
SATURN CORPORATION 4701 LYDELL ROAD, CHEVERLY, MD 20781	LOCKBOX PROCESSOR	117,243.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3234104.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,585,612.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		19,819,716.				
Program Service Revenue	2 a EVENT INCOME	Business Code	900099	1,000.			1,000.
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,000.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			310.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a LIST RENTAL		511140	70,603.			70,603.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			70,603.				
12 Total revenue. See instructions.			19,891,629.	0.	0.	71,913.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	54,090.	54,090.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	191,220.	191,220.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	494,225.	400,322.	34,596.	59,307.
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	1,310,545.	1,099,635.	82,674.	128,236.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	176,469.	147,725.	11,214.	17,530.
9 Other employee benefits	74,472.	62,475.	4,701.	7,296.
10 Payroll taxes	147,396.	122,620.	9,549.	15,227.
11 Fees for services (non-employees):				
a Management				
b Legal	15,704.	13,740.	1,070.	894.
c Accounting	36,317.	31,775.	2,475.	2,067.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	256,063.			256,063.
f Investment management fees	57,310.	32,831.	13,338.	11,141.
g Other	1,395,614.	1,219,700.	95,850.	80,064.
12 Advertising and promotion				
13 Office expenses	238,806.	208,942.	16,273.	13,591.
14 Information technology				
15 Royalties				
16 Occupancy	24,244.	21,212.	1,652.	1,380.
17 Travel	518,217.	453,411.	35,311.	29,495.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,525.	3,959.	308.	258.
23 Insurance	1,451.	1,269.	99.	83.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DIRECT RESPONSE COSTS	1,408,970.	1,171,090.	129,614.	108,266.
b EDUCATION MATERIAL	600,211.	525,151.	40,898.	34,162.
c R/E AND OTHER TAXES	5,565.	4,869.	379.	317.
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	7,011,414.	5,766,036.	480,001.	765,377.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,046,887.	1,262,604.	61,407.	722,876.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,046,185.	1	1,109,027.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	352,640.	3	634,458.
	4 Accounts receivable, net	21,181.	4	10,190.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	140.	9	12,484.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,931.		
	b Less: accumulated depreciation	10b 3,960.	0.	10c 35,971.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,420,146.	16	1,802,130.	
Liabilities	17 Accounts payable and accrued expenses	104,777.	17	137,816.
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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. Complete Part X of Schedule D	13,031,270.	25	500,000.
	26 Total liabilities. Add lines 17 through 25	13,136,047.	26	637,816.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	<11,943,882.>	27	839,085.
	28 Temporarily restricted net assets	227,981.	28	325,229.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	<11,715,901.>	33	1,164,314.
34 Total liabilities and net assets/fund balances	1,420,146.	34	1,802,130.	

Form 990 (2009)

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

HUMANE SOCIETY INTERNATIONAL, INC

52-1769464

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,309,199.	3,033,109.	2,321,228.	2,599,255.	19,819,716.	30,082,507.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,309,199.	3,033,109.	2,321,228.	2,599,255.	19,819,716.	30,082,507.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						30,082,507.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,309,199.	3,033,109.	2,321,228.	2,599,255.	19,819,716.	30,082,507.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,507.	5,605.	48,522.	41,643.	70,913.	171,190.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		13,642.	158,195.	50.		171,887.
11 Total support. Add lines 7 through 10						30,425,584.
12 Gross receipts from related activities, etc. (see instructions)					12	1,166.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.87 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.55 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2008 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 **18** %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D
Form 990

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in 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 are a 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 programs
 e ☐ Other _____

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

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 organization answered "Yes" to 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 XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(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		39,931.	3,960.	35,971.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				35,971.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
1 Federal income taxes	
DUE TO/FROM GENERAL FUND	500,000.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,891,629.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,011,414.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,880,215.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,880,215.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,891,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	19,891,629.
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 XIV.)	4b	
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	19,891,629.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,011,414.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,011,414.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,011,414.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

HUMANE SOCIETY INTERNATIONAL, INC**52-1769464****Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b.

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	0	PROGRAM SERVICES	GENERAL STAFF OPERATIONS, MEXICAN BULL-FIGHTING CAMPAIGN, SHARK-FINNING CAMPAIGN,	292,509.
NORTH AMERICA	0	0	GRANTS	SUPPORT FOR PUPPYMILL SEIZURE; ANIMAL WELFARE AWARENESS PROGRAM; INVESTIGATION INTO	65,310.
CENTRAL AMERICA	1	2	PROGRAM SERVICES	COMPANION ANIMAL AND EQUINE WELFARE PROGRAMS; FARM ANIMAL PROJECTS, CARIBBEAN DOLPHIN	137,163.
CENTRAL AMERICA	0	0	GRANTS	SPAY/NEUTER SUPPORT; SUPPORT FOR AHPPA PROGRAM WORK ON OVERPOPULATION, ANIMAL	34,739.
SOUTH AMERICA	0	0	PROGRAM SERVICES	COMPANION ANIMAL AND EQUINE WELFARE PROGRAMS; FARM ANIMAL PROJECTS AND BRAZIL FACTORY FARMING	127,943.
SOUTH AMERICA	0	0	GRANTS	SPAY/NEUTER SUPPORT; SUPPORT FOR CHICHA CLINIC; INTERNATIONAL WILDLIFE PROTECTION	31,471.
EUROPE	1	0	PROGRAM SERVICES	FARM ANIMAL WELFARE ISSUES BEFORE EU, OIE, AND FAO; LABORATORY ANIMAL TESTING CAMPAIGN.	254,082.
EUROPE	0	0	GRANTS	SUPPORT FUNDS FOR STERILIZATION EQUIPMENT, SPAY/NEUTER, AND HELPING TO EDUCATE ABOUT ANIMAL	4,000.
Totals	4	2			2,105,753.

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT AHPPA'S PROGRAM WORK ON OVERPOPULATION; ANIMAL ADVOCACY	10,000, CHECK		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	SPAY/NEUTER FUNDS PROJECT.	5,000, WIRE TRANSFER		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	TRAINING AND SCHOLARSHIP.	11,500, WIRE TRANSFER		0.		
			EAST ASIA AND PACIFIC	SPONSORSHIP FOR APA CONFERENCE.	10,000, WIRE TRANSFER		0.		
			MIDDLE EAST AND NORTH AFRICA	VET-TRAINING SUPPORT.	12,000, WIRE TRANSFER		0.		
			NORTH AMERICA	FUNDS TO HELP SUPPORT ANIMAL WELFARE AWARENESS PROGRAM.	5,000, WIRE TRANSFER		0.		
			NORTH AMERICA	"CHICKEN-OUT" CAMPAIGN.	5,000, CHECK		0.		
			NORTH AMERICA	SUPPORT - MARISLA GRANT FOR MARINE NOISE IN MEXICO.	42,500, WIRE TRANSFER		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 123 Enter total number of other organizations or entities 12

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F, PART I, LINE 2: HUMANE SOCIETY INTERNATIONAL USES A COMBINATION OF MEMORANDUMS OF UNDERTANDING, WHICH OUTLINE SPECIFIC REPORTING REQUIREMENTS. ADDITIONALLY, SITE VISITS TO MONITOR THE USE OF GRANT FUNDS ARE PERFORMED. RECORDS ARE MAINTAINED THROUGH THE RECEIPT OF FINANCIAL AND PROGRAMMATIC REPORTS FROM GRANTEEES.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: GENERAL STAFF OPERATIONS, MEXICAN BULL-FIGHTING CAMPAIGN, SHARK-FINNING CAMPAIGN, LONG-DISTANCE FARM ANIMAL TRANSPORT CAMPAIGN; WILDLIFE CAMPAIGN SUPPORT AND ACTIVITIES
O E.G. DOLPHINARIA CAMPAIGN, IWC & CITES PREPARATION WORK; OTHER SUPPORT ACTIVITIES

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR PUPPYMILL SEIZURE; ANIMAL WELFARE AWARENESS PROGRAM; INVESTIGATION INTO CANADA BATTERY EGG FARMS; MARISA GRANT FOR MARINE NOISE; SUPPORT FOR "STOP TROPHY BEAR HUNTING"; PRINTING FOR CONFERENCE ON IMPROVING METHODS OF MUNICIPAL ANIMAL CONTROL

REGION: CENTRAL AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COMPANION ANIMAL AND EQUINE WELFARE PROGRAMS; FARM ANIMAL PROJECTS, CARIBBEAN DOLPHIN DISPLAY CAMPAIGN, SEA TURTLE PROTECTION, IWC & CITES PREPARATION WORK

REGION: CENTRAL AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SPAY/NEUTER SUPPORT; SUPPORT

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

FOR AHPPA PROGRAM WORK ON OVERPOPULATION, ANIMAL ADVOCACY; SUPPORT FOR
ABANDONED HORSES

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COMPANION ANIMAL AND EQUINE
WELFARE PROGRAMS; FARM ANIMAL PROJECTS AND BRAZIL FACTORY FARMING
CAMPAIGN; CHILE WHALE SANCTUARY, CARIBBEAN DOLPHIN DISPLAY CAMPAIGN, SEA
TURTLE PROTECTION, IWC & CITES PREPARATION WORK

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: FARM ANIMAL WELFARE ISSUES
BEFORE EU, OIE, AND FAO; LABORATORY ANIMAL TESTING CAMPAIGN, SHARK
PROTECTION, BULL-FIGHTING ; COMPANION ANIMAL ISSUES

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FUNDS FOR
STERILIZATION EQUIPMENT, SPAY/NEUTER, AND HELPING TO EDUCATE ABOUT ANIMAL
OVERPOPULATION AND PET CARE

REGION: EAST ASIA & PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISASTER RESPONSE IN MYANMAR,
VETERINARY TRAINING IN THE PHILIPPINES, CHINA DOG PROTECTION; CHINA
FACTORY FARMING CAMPAIGN; MERCY RELEASE CAMPAIGN IN TAIWAN, SHARK-FINNING
CAMPAIGN; WILDLIFE CAMPAIGNS, IWC AND CITES PREPARATION

REGION: EAST ASIA & PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: TSUNAMI DISASTER RELIEF
FUNDING; WEBSITE TO EDUCATE CHILDREN ABOUT DOLPHIN PROTECTION ISSUES;

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

ASSISTANCE TO SMALL CLINIC WITH FOOD/SUPPLIES**REGION: SOUTH ASIA****(E) SPECIFIC TYPES OF SERVICES IN REGION: BHUTAN DOG-STERILIZATION
PROJECT, DISASTER RESPONSE IN INDIA, STREET DOG PROTECTION IN INDIA;
INDIA FACTORY FARMING CAMPAIGN;****REGION: SUB-SAHARAN AFRICA****(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT - SPAY/NEUTER PROGRAM,
DONKEY HUMANE EDUCATOR, PURCHASE OF IMMUELEPHANT RADIO COLLARS TELEMTRY
EQUIPMENT****REGION: MIDDLE EAST & N. AFRICA****(E) SPECIFIC TYPES OF SERVICES IN REGION: MOROCCO CUSTOMS TRAINING,
CANNED HUNTING CAMPAIGN, IWC & CITES PREPARATION WORK; COMPANION ANIMAL
PROTECTION****PART II, COLUMN (D):****REGION: SOUTH ASIA****(D) PURPOSE OF GRANT: FUNDS TO PURCHASE A VEHICLE FOR STERILIZATION
PROGRAM AND FUNDS TO PURCHASE A NEW COMPUTER TO HOLD STERILIZATION DATA.**

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

Name of the organization HUMANE SOCIETY INTERNATIONAL, INC	Employer identification number 52-1769464
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Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	DISASTER RESPONSE IN MYANMAR, VETERINARY TRAINING IN THE PHILIPPINES, CHINA DOG	737,417.
EAST ASIA & PACIFIC	0	0	GRANTS	TSUNAMI DISASTER RELIEF FUNDING; WEBSITE TO EDUCATE CHILDREN ABOUT DOLPHIN PROTECTION	18,700.
SOUTH ASIA	1	0	PROGRAM SERVICES	BHUTAN DOG-STERILIZATION PROJECT, DISASTER RESPONSE IN INDIA, STREET DOG PROTECTION IN	206,508.
SOUTH ASIA	0	0	GRANTS	FUND SUPPORT FOR VEHICLE AND COMPUTER PURCHASE FOR STERILIZATION PROGRAM	6,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	VETERINARY TRAINING IN KENYA; COMPANION ANIMAL PROTECTION	147,283.
SUB-SAHARAN AFRICA	0	0	GRANTS	SUPPORT - SPAY/NEUTER PROGRAM, DONKEY HUMANE EDUCATOR, PURCHASE OF IMMUELEPHANT RADIO	19,000.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	MOROCCO CUSTOMS TRAINING, CANNED HUNTING CAMPAIGN, IWC & CITES PREPARATION WORK;	11,628.
MIDDLE EAST & N. AFRICA	0	0	GRANTS	VET-TRAINING SUPPORT	12,000.
Totals	1				1,158,536.

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

Schedule F-1 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

Part I

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

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

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

- 2 a** 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 ten 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 of individual or entry (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NATIONAL OUTDOOR SPORTS	DIRECT MAIL CONSULTANTS		X	1779996.	129,602.	1650394.
PELL&BALES LTD	TELE FR TO OBTAIN MULTI YR REVENUE		X	109,510.	126,461.	<16,951.>
Total				1889506.	256,063.	1633443.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less. Charitable 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. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to 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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated 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?**15a****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?**17a****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 ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number
52-1769464

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 (Form 990) if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFGHAN STRAY ANIMAL LEAGUE 3823 SOUTH 14TH STREET ARLINGTON, VA 22204	20-2119782	501 (C) (3)	6,090.	0.			2 VET SALARIES. A CONTRIBUTION TOWARD THE PUBLICATION OF A CRITICAL REVIEW OF RISK ASSESSMENT MODELS RELATED TO
CETACEAN SOCIETY INTERNATIONAL PO BOX 953 GEORGETOWN, CT 06829	06-6183660	501 (C) (3)	500.	0.			FUNDS TO SUPPORT JAMAICA SPAY/NEUTER CLINIC, JULY 2009.
INTERNATIONAL SPAY/NEUTER NETWORK 15127 PERDIDO DRIVE ORLANDO, FL 32828	20-2892114	501 (C) (3)	2,000.	0.			FUNDS TO SUPPORT PROJECT IN PACIFIC ISLAND (SAMOA).
ANIMAL BALANCE 1920 BLAKE STREET BERKELEY, CA 94704	68-0630714	501 (C) (3)	8,000.	0.			FUNDS TO SUPPORT SPAY/NEUTER PROJECT IN PACIFIC ISLAND (SAMOA).
PROTECTION & EDUCATION RE: ANIMALS CULTURE & THE ENVIRONMENT INC - 1134 MONROE STREET - DENVER, CO 50206	20-0061405	501 (C) (3)	2,500.	0.			FUNDS TO SUPPORT PROJECT/MOBILE VETERINARY SERVICE.
SPECIES SURVIVAL NETWORK 2100 L STREET, NW WASHINGTON, DC 20037	52-2133713	501 (C) (3)	30,000.	0.			TO SUPPORT ACTIVITIES OF THE SPECIES SURVIVAL NETWORK TO PROTECT WILD ANIMALS FROM
2 Enter total number of section 501(c)(3) and government organizations			7.				
3 Enter total number of other organizations			0.				

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: IN MOST CASES, GRANT RECIPIENTS ARE REQUIRED TO SUBMIT REPORTS ON HOW FUNDS WERE USED. GRANTEEES ARE NOTIFIED IN THEIR AWARD LETTER, THAT FAILURE TO SUBMIT A REPORT WHEN REQUESTED, JEOPARDIZES FUTURE FUNDING. REPORTS ARE SOLICITED AT THE END OF EACH GRANT YEAR AND ARE MAINTAINED WITH THEIR APPLICATIONS IN THE HSI OFFSITE STORAGE FACILITY. REPORTING REQUIREMENTS MAY BE RELAXED WHERE HSI STAFF ARE WORKING LOCALLY WITH THE GRANTEE.

Employer identification number

HUMANE SOCIETY INTERNATIONAL, INC

[illegible]

LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CETACEAN SOCIETY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: A CONTRIBUTION TOWARD THE
PUBLICATION OF A CRITICAL REVIEW OF RISK ASSESSMENT MODELS RELATED TO
H.S.I.'S MARINE NOISE CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIES SURVIVAL NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ACTIVITIES OF THE SPECIES
SURVIVAL NETWORK TO PROTECT WILD ANIMALS FROM INTERNATIONAL TRADE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDREW N. ROWAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 181,215.	0.	0.	49,254.	10,449.	240,918.	0.
WAYNE PACELLE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 234,026.	0.	0.	30,316.	4,838.	269,180.	0.
G. THOMAS WAITE, III	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 188,972.	0.	0.	51,874.	9,775.	250,621.	0.
PATRICIA FORKAN	(i) 192,603.	0.	0.	12,797.	5,973.	211,373.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ANIMALS, SEEKING AN END TO ANIMAL TESTING FOR HUMAN HAZARD AND RISK

ASSESSMENT, CAMPAIGNS AGAINST FARM ANIMAL SUFFERING, CAMPAIGNS AGAINST

WILDLIFE ABUSE AND SUFFERING, CONFRONTING A WIDE RANGE OF ANIMAL

CRUELTY, ESPECIALLY CRUELTY THAT IS SUPPORTED BY GOVERNMENT SUBSIDIES,

AND THE CELEBRATION OF THE HUMAN-ANIMAL BOND.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ABUSE AND SUFFERING, CONFRONTING A WIDE RANGE OF ANIMAL CRUELTY,

ESPECIALLY CRUELTY THAT IS SUPPORTED BY GOVERNMENT SUBSIDIES, AND THE

CELEBRATION OF THE HUMAN-ANIMAL BOND. HSI IS CONDUCTING ACTIVE

CAMPAIGNS TO END THE CONFINEMENT OF FARM ANIMALS IN FACTORY FARMING IN

INDIA, BRAZIL AND ELSEWHERE, TO END THE COMMERCIAL KILLING OF SEALS FOR

THEIR FUR, TO END COMMERCIAL WHALING, TO END THE PRACTICE OF SHARK

FINNING AND THE CONSUMPTION OF SHARK FIN SOUP, TO STOP THE ANIMAL

SUFFERING CAUSED BY MODERN "MERCY RELEASE" CEREMONIES, TO END ANIMAL

TESTING FOR HUMAN AND ENVIRONMENTAL HAZARD AND RISK ASSESSMENT, AND

OTHER MORE LOCAL CAMPAIGNS IN SPECIFIC REGIONS OF THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRANSLOCATION OR CULLING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ANIMALS. IN ADDITION, HSI ALSO RESPONDS TO CASES OF COMPANION ANIMAL

SUFFERING (E.G. RESCUING DOGS FROM PUPPY MILLS IN CANADA) AND TO MAJOR

DISASTERS THAT AFFECT ANIMALS BY SENDING SKILLED RESPONDERS AND FUNDING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

**SUPPORT TO AID WHEN DISASTERS OCCUR. IN 2009, HSI RESPONDED TO THE
DISASTER CAUSED BY HURRICANE NARGIS IN MYANMAR, TO FLOODS IN THE INDIAN
STATE OF BIHAR AND TO THE CHILEAN VOLCANO INCIDENT.**

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

**PLEASE NOTE THAT THIS FORM 990 IS TO REPORT ON THE ENTITY INCORPORATED
AS HUMANE SOCIETY INTERNATIONAL, INC. HUMANE SOCIETY INTERNATIONAL,
INC IS A SEPARATELY INCORPORATED 501(C)(3) AFFILIATE OF THE HUMANE
SOCIETY OF THE UNITED STATES AND AFFILIATES. INTERESTED PERSONS MAY GO
TO WWW.HUMANESOCIETY.ORG TO READ THE HUMANE SOCIETY OF THE UNITED
STATES AND AFFILIATES' CONSOLIDATED ANNUAL REPORT.**

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CANADA, UNITED KINGDOM, COSTA RICA, HONG KONG

**FORM 990, PART VI, SECTION A, LINE 2: OFFICERS ROWAN, PACELLE, WAITE, AND
FRAKE WERE EMPLOYED AS OFFICERS BY AND OF ANOTHER TAX-EXEMPT ORGANIZATION,
THE HUMANE SOCIETY OF THE UNITED STATES. THEREFORE, THESE INDIVIDUALS HAD
"BUSINESS RELATIONSHIPS" WITH EACH OTHER.**

**FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD OF HUMANE SOCIETY
INTERNATIONAL ("HSI") HAD NO COMMITTEES.**

**FORM 990, PART VI, SECTION B, LINE 10B: HSI ENSURES THAT ITS AFFILIATES'
ACTIVITIES ARE CONSISTENT WITH ITS OWN THROUGH THE USE OF OVERLAPPING**

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

PERSONNEL ON BOARDS AND EXECUTIVES STAFF.

FORM 990, PART VI, SECTION B, LINE 11: HSI USES THE FOLLOWING PROCESS TO
REVIEW ITS 990: AFTER INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT
IS SUBMITTED TO HSI'S INDEPENDENT TAX PREPARERS FOR THEIR REVIEW AND
REVISION, AS MAY BE APPROPRIATE. THE REVISED DRAFT IS THEN GIVEN TO HSI'S
TREASURER FOR FURTHER REVIEW. ONCE ALL STAFF AND PROFESSIONAL
REVIEWS/REVISIONS ARE DONE, THE TREASURER SENDS THE PROPOSED FINAL OF THE
FORM 990 TO THE HSI BOARD FOR ITS CONSIDERATION. ONCE THE BOARD HAS HAD AN
OPPORTUNITY TO REVIEW AND COMMENT, THE FINALIZED VERSION IS FILED WITH THE
IRS.

FORM 990, PART VI, SECTION B, LINE 12C: HSI RELIES UPON AND FOLLOWS THE
CONFLICT OF INTEREST POLICY OF ITS PARENT ORGANIZATION, THE HUMANE SOCIETY
OF THE UNITED STATES. THE MONITORING AND COMPLIANCE PROCESS IS FACILITATED
BY THE OVERLAP IN STAFF AND BOARDS BETWEEN THE TWO ORGANIZATIONS. THE
IMPLEMENTATION OF THE POLICY EMPHASIZES AVOIDING CONFLICTS TO BEGIN WITH.
THE GENERAL COUNSEL'S OFFICE FIELDS AND USUALLY RESOLVES CONFLICT OF
INTEREST AND QUESTIONS RAISED BY STAFF OR BOARD MEMBERS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MS,MN,MO,NC,ND,NJ,NH,NM
NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19: HSI MAKES COPIES OF ITS ARTICLES OF
INCORPORATION AND BYLAWS AVAILABLE TO DONORS FREE OF CHARGE UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number

52-1769464

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.
COPIES OF HSI'S FORM 1023 APPLICATION FOR RECOGNITION OF TAX-EXEMPT STATUS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT
HSI'S OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. HSI MAKES
COPIES OF THE THREE MOST RECENTLY-FILED FORMS 990 AVAILABLE ON ITS WEBSITE
AND UPON REQUEST BY MAIL AND IN PERSON AT HSI'S OFFICES IN WASHINGTON, D.C.
AND GAITHERSBURG, MARYLAND. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN
MADE AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART VII

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

	HSUS	FFA	DDAL	WLT	HSI	HSU	SPCA
WAYNE PACELLE	40	1	1	1	1	1	1
G. THOMAS WAITE III	40	1	1	1	1	1	1
ANDREW A. ROWAN	40	0	0	1	1	1	1
JANET D. FRAKE	40	0	1	0	1	0	1

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC

Employer identification number
52-1769464

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

(a) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
HUMANE SOCIETY WILDLIFE LAND TRUST - 52-1808517, 2100 L STREET, NW, WASHINGTON, DC 20037	PROTECTION OF WILDLIFE HABITATS	DISTRICT OF COLUMBIA	501(C)(3)	7	N/A
HUMANE SOCIETY OF THE UNITED STATES - 53-0225390, 2100 L STREET, NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DELAWARE	501(C)(3)	7	N/A
HUMANE SOCIETY UNIVERSITY - 27-0263498 2100 L STREET, NW WASHINGTON, DC 20037	EDUCATION IN ANIMAL SCIENCE, POLICY, AND ADVOCACY	DISTRICT OF COLUMBIA	501(C)(3)	7	N/A

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**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**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) HUMANE SOCIETY OF THE UNITED STATES	C	3,234,104.
(2)		
(3)		
(4)		
(5)		
(6)		

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	HUMANE SOCIETY INTERNATIONAL, INC	52-1769464
	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 L STREET, NW	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

G. THOMAS WAITE, III

- The books are in the care of ▶ **700 PROFESSIONAL DRIVE - GAITHERSBURG, MD 20879**

Telephone No. ▶ **202-452-1100**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year **2009** or▶ ☐ tax year beginning _____, and ending _____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	HUMANE SOCIETY INTERNATIONAL, INC	52-1769464
	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 L STREET, NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

G. THOMAS WAITE, III

- The books are in the care of **700 PROFESSIONAL DRIVE - GAITHERSBURG, MD 20879**
Telephone No. **202-452-1100** FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION AND FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **W** Title **Accountant** Date **8/2/10**