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Amended

021-010

No statute issue

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	C Name of organization HUMANE SOCIETY WILDLIFE LAND TRUST		D Employer identification number 52-1808517
	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		
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037		G Gross receipts \$ 2,520,825.
	F Name and address of principal officer: ANDREW N. ROWAN SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

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

J Website: **WWW.WLT.ORG**

K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ 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: PROTECTS WILD ANIMALS BY CREATING PERMANENT SANCTUARIES, PRESERVING AND ENHANCING NATURAL			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	35	
	7a Total 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	Current Year
		9 Program service revenue (Part VIII, line 2g)	3,942,541.	2,356,550.
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,084.	336.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		355,803.	163,939.	
		4,306,428.	2,520,825.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	133,950.	23,800.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	641,872.	612,459.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	153,723.	118,388.
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,829,775.	1,973,237.
		18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,759,320.	2,727,884.
	19 Revenue less expenses Subtract line 18 from line 12	547,108.	-207,059.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	4,833,974.	4,630,969.
		22 Net assets or fund balances. Subtract line 21 from line 20	27,337.	31,391.
			4,806,637.	4,599,578.

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 3/6/14			
	G. THOMAS WAITE III, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES SWEENEY, CPA	Preparer's signature	Date 02/28/2014	Check if self-employed ☐	PTIN
	Firm's name MCGLADREY LLP	Firm's EIN	Phone no. 703-336-6400		
Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102					

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

6/6 11

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

THE HUMANE SOCIETY WILDLIFE LAND TRUST PROTECTS WILDLIFE BY PRESERVING NATURAL HABITATS AND PERMANENT SANCTUARIES.

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.

4a (Code:) (Expenses \$ 1,768,471. including grants of \$) (Revenue \$)

EDUCATING THE PUBLIC IS THE ONLY WAY TO CREATE A HUMANE AND SUSTAINABLE WORLD FOR ALL ANIMALS-A WORLD THAT WILL ALSO BENEFIT PEOPLE.

MANAGEMENT AND STAFF OF THE WILDLIFE LAND TRUST DEVOTE SUBSTANTIAL PORTIONS OF THEIR TIME, AS WELL AS OPERATIONAL EXPENSES, TO THE OVERSIGHT, OPERATIONS, AND COLLABORATIVE EFFORTS FOR THE BENEFIT OF WILDLIFE HABITAT PROTECTION AND ENHANCEMENT. WLT SEEKS TO FORGE A LASTING AND COMPREHENSIVE CHANGE IN HUMAN CONSCIOUSNESS OF AND BEHAVIOR TOWARD ALL ANIMALS IN ORDER TO PROTECT WILD HABITATS AND THE ENTIRE COMMUNITY OF LIFE. EDUCATIONAL OUTREACH IS ACHIEVED THROUGH DIRECT MEETINGS, PUBLIC SERVICE ANNOUNCEMENTS (81,201 ESTIMATED BROADCASTS REACHING AN ESTIMATED AUDIENCE OF 152,895,760 WITH AN ESTIMATED DONATED VALUE FOR BROADCAST AIRTIME OF \$2,842,035), ELECTRONIC AND POSTAL

4b (Code:) (Expenses \$ 87,989. including grants of \$) (Revenue \$)

THE TRUST MAINTAINS A PORTFOLIO OF MORE THAN 100 WILDLIFE SANCTUARIES WHERE WILDLIFE HABITAT CONSERVATION VALUES ARE PROTECTED. TRUST STAFF, IN CONCERT WITH TRAINED VOLUNTEERS AND CONTRACTORS, CONDUCT AT LEAST ANNUAL MONITORING VISITS WHENEVER POSSIBLE TO EACH OF THE PROPERTIES FOR WHICH THE TRUST HAS STEWARDSHIP RESPONSIBILITY. THIS IS A PERPETUAL OBLIGATION AND, THEREFORE, IS EXPECTED TO CONTINUE INDEFINITELY. A TRUST GOAL IS TO INCREASE THE VOLUNTEER PARTICIPATION IN THIS MONITORING PROGRAM TO MAINTAIN COST EFFICIENT UTILIZATION OF STAFF AND DONATED REVENUES.

4c (Code:) (Expenses \$ 23,800. including grants of \$ 23,800.) (Revenue \$)

THE TRUST WORKS IN COLLABORATION WITH OTHER NON-GOVERNMENTAL ORGANIZATIONS THROUGHOUT THE UNITED STATES AND ABROAD TO PROMOTE ITS VALUES OF THE PROTECTION OF HABITAT AND WILDLIFE. THESE PARTNERSHIP EFFORTS TAKE THE FORM OF ACTIVE CONSULTATION BY TRUST STAFF AS WELL AS LIMITED FINANCIAL PARTICIPATION FOR PROPERTY ACQUISITION, MAINTENANCE, ENHANCEMENT, AND PROTECTION. AS OF DECEMBER 31, 2010, THE TRUST WAS INVOLVED IN 28 SUCH PROJECTS OF VARYING NATURES AND EXTENT PROTECTING OR ENHANCING SOME TWO MILLION ACRES.

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

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

4e Total program service expenses **1,880,260.**

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

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>	21 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>	22	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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	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>	27	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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
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?	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 X	
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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds 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?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b N/A	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a N/A	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a N/A	
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 N/A	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a N/A	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	5	
b Enter the number of voting members included in line 1a, above, who are independent	0	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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	
b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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 DR, GAITHERSBURG, MD 20879

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ANDREW N. ROWAN CHAIRMAN/PRESIDENT/DIRECTOR	2.00	X		X				0.	186,385.	65,932.
JOHN W. GRANDY VICE CHAIRMAN/DIRECTOR	2.00	X		X				0.	160,962.	58,552.
G. THOMAS WAITE III TREASURER/DIRECTOR	2.00	X		X				0.	194,256.	63,341.
HOLLY HAZARD DIRECTOR	1.00	X						0.	167,546.	28,276.
WAYNE PACELLE DIRECTOR	1.00	X						0.	248,076.	39,710.
PETER A. BENDER DIRECTOR	1.00	X						0.	6,154.	0.
ROBERT W. KOONS EXECUTIVE DIRECTOR	40.00			X				140,111.	0.	46,318.
STEPHEN W. SWARTZ SECRETARY	20.00			X				43,265.	45,030.	35,425.
GWEN CRANE ASSISTANT TREASURER	2.00			X				0.	117,640.	16,454.
THERESA S. MCNULTY ASSISTANT TREASURER	40.00			X				38,643.	0.	16,204.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Sub-total								222,019.	1,126,049.	370,212.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								222,019.	1,126,049.	370,212.

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 **1**

- 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 or individual 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
ARIZONA LOCKBOX, 18401 N. 25TH AVE, SUITE 120, PHOENIX, AZ 85023	CASH MANAGEMENT	142,565.
SOUTHWEST PUBLISHING & MAILING 2600 NW TOPEKA AVENUE, TOPEKA, KS 66617	DIRECT RESPONSE	142,563.
QUADRIGA ART 825 HYLTON ROAD, PENNSAUKEN, NJ 08110	DIRECT RESPONSE	118,543.
NATIONAL OUTDOOR SPORTS, 5151 WISCONSIN AVE, NW, 4TH FLOOR, WASHINGTON, DC 20016	FUNDRAISING CONSULTANT	118,387.
ALANIZ, LLC, 425 NORTH IRIS STREET, MT. PLEASANT, IA 52641	DIRECT RESPONSE	101,458.

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 **5**

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					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,356,550.				
	g Noncash contributions included in lines 1a-1f \$		53,004.				
h Total. Add lines 1a-1f			▶	2,356,550.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			▶	336.		336.
	4 Income from investment of tax-exempt bond proceeds			▶			
	5 Royalties			▶	105,943.		105,943.
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			▶	31,305.		31,305.
	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						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events			▶			
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities			▶			
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory			▶			
Miscellaneous Revenue			Business Code				
11 a LIST RENTAL		511140		26,349.		26,349.	
b OTHER INCOME		900099		342.		342.	
c							
d All other revenue							
e Total. Add lines 11a-11d			▶	26,691.			
12 Total revenue. See instructions			▶	2,520,825.	0.	0.	
						164,275.	

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 VII.	(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	23,800.	23,800.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,410.	257,898.	9,102.	36,410.
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	240,610.	188,052.	9,580.	42,978.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,882.	13,500.	476.	1,906.
9 Other employee benefits	12,564.	11,218.	214.	1,132.
10 Payroll taxes	39,993.	27,457.	2,371.	10,165.
11 Fees for services (non-employees):				
a Management				
b Legal	18,760.	13,535.	1,169.	4,056.
c Accounting	6,583.	4,750.	410.	1,423.
d Lobbying				
e Professional fundraising services See Part IV, line 17	118,388.			118,388.
f Investment management fees				
g Other	123,707.	89,253.	7,708.	26,746.
12 Advertising and promotion	11,783.	8,501.	734.	2,548.
13 Office expenses	66,209.	47,769.	4,125.	14,315.
14 Information technology	22,086.	15,935.	1,376.	4,775.
15 Royalties				
16 Occupancy	2,942.	2,123.	183.	636.
17 Travel	148,373.	107,049.	9,245.	32,079.
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	5,005.	3,611.	312.	1,082.
23 Insurance	1,605.	1,158.	100.	347.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DIRECT RESPONSE COSTS	1,506,119.	1,009,978.	112,016.	384,125.
b R/E AND OTHER TAXES	40,705.	40,705.	0.	0.
c EDUCATION MATERIAL	19,360.	13,968.	1,208.	4,184.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,727,884.	1,880,260.	160,329.	687,295.
26 Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,691,179.	953,174.	50,735.	687,270.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	202,333.	2	310,062.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	583,624.	4	103,711.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,602,271.		
	b Less: accumulated depreciation	10b 17,994.	2,534,881.	10c 2,584,277.
	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	1,513,136.	15	1,632,919.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,833,974.	16	4,630,969.	
Liabilities	17 Accounts payable and accrued expenses	27,337.	17	31,391.
	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		25	
	26 Total liabilities. Add lines 17 through 25	27,337.	26	31,391.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,988,514.	27	1,781,455.
28 Temporarily restricted net assets		226,969.	28	226,969.
29 Permanently restricted net assets		2,591,154.	29	2,591,154.
Organizations that do not follow SFAS 117, check here ☐ 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		4,806,637.	33	4,599,578.
34 Total liabilities and net assets/fund balances		4,833,974.	34	4,630,969.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,520,825.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,727,884.
3	Revenue less expenses. Subtract line 2 from line 1	3	-207,059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,806,637.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,599,578.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 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 separate basis, consolidated 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 (2010)

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

2010

**Open to Public
Inspection**

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

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

The organization is not a private foundation because it is. (For lines 1 through 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)(vii)**. (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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1454115.	4054346.	3947228.	3942541.	2356550.	15754780.
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	1454115.	4054346.	3947228.	3942541.	2356550.	15754780.
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						15754780.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1454115.	4054346.	3947228.	3942541.	2356550.	15754780.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	258,790.	213,970.	185,755.	363,830.	163,933.	1186278.
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.)			48.	57.	342.	447.
11 Total support. Add lines 7 through 10						16941505.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	93.00 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.64 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010Open to Public
Inspection

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	74
b Total acreage restricted by conservation easements	8,036.00
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 28

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 ▶ 1858

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 113,604.

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 the 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 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		2,580,985.		2,580,985.
b Buildings		11,259.	8,518.	2,741.
c Leasehold improvements				
d Equipment		10,027.	9,476.	551.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,584,277.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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
(1) DUE FROM AFFILIATE	1,632,919.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	
	1,632,919.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

2. FIN 48 (ASC 740) 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 (ASC 740).

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	2,520,825.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,727,884.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-207,059.
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	-207,059.

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	5,368,310.
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	2,847,485.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,847,485.
3	Subtract line 2e from line 1	3	2,520,825.
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	2,520,825.

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

1	Total expenses and losses per audited financial statements	1	5,575,369.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,847,485.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,847,485.
3	Subtract line 2e from line 1	3	2,727,884.
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	2,727,884.

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.

PART X, LINE 2: WLT QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC) AND ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT

PRIVATE FOUNDATIONS. THEREFORE, THE TRUST IS GENERALLY NOT SUBJECT TO TAX

UNDER PRESENT INCOME TAX LAWS; HOWEVER, ANY UNRELATED BUSINESS INCOME MAY

BE SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE TRUST HAD NO NET

UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2010.

ON JANUARY 1, 2009, THE TRUST ADOPTED THE ACCOUNTING STANDARD FOR

Part XIV Supplemental Information (continued)

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE TRUST MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE TRUST'S TAX POSITIONS AND CONCLUDED THAT THE SOCIETY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE TRUST IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART II LINE 5:

THE HUMANE SOCIETY WILDLIFE LAND TRUST HAS WRITTEN POLICIES REGARDING HOW IT WILL MONITOR, INSPECT, HANDLE VIOLATIONS OF, AND ENFORCE CONSERVATION EASEMENTS. THE POLICIES REQUIRE: ANNUAL MONITORING; PROMPTLY ADDRESSING VIOLATIONS, FOCUSING INITIALLY ON OBTAINING LANDOWNERS' VOLUNTARY COMPLIANCE; AND ESCALATING ENFORCEMENT ACTIONS INCLUDING, WHEN APPLICABLE, CRIMINAL PROSECUTION AND/OR CIVIL LITIGATION. THE TRUST'S CONSERVATION EASEMENTS INCLUDE LANGUAGE TO IMPLEMENT THESE POLICIES INCLUDING:

Part XIV Supplemental Information (continued)

AUTHORIZING ACCESS TO THE PROTECTED PROPERTY FOR MONITORING AND INSPECTION; ALLOWING THE TRUST TO SEEK TO ENJOIN A VIOLATION, SEEK DAMAGES FOR REMEDIATION, OR PURSUE OTHER AVAILABLE REMEDIES; FOR LANDOWNER WAIVER OF CERTAIN TECHNICAL DEFENSES THAT MIGHT IMPEDE ENFORCEMENT; AND FOR THE RECOVERY OF ATTORNEYS' FEES INCURRED TO ENFORCE THE EASEMENT.

PART II LINE 9:

CONSERVATION EASEMENTS ARE REPORTED AT \$1 ON THE BALANCE SHEET AND INCOME STATEMENT. EASEMENTS ARE INTENDED TO FULFILL THE MISSION OF THE TRUST AND ARE NOT INTENDED FOR SALE IN THE EXTERNAL MARKET.

PART II - ADDITIONAL INFORMATION

THE HUMANE SOCIETY WILDLIFE LAND TRUST UTILIZES VOLUNTEERS TO ENSURE THAT ITS WILDLIFE AND HABITAT PROTECTION MISSION AND GOALS ARE FULFILLED BY MONITORING PROTECTED SANCTUARIES, INCLUDING THOSE PROTECTED BY CONSERVATION EASEMENTS, TO IDENTIFY VIOLATIONS AND POTENTIAL MANAGEMENT PROBLEMS.

THE HUMANE SOCIETY WILDLIFE LAND TRUST USES CONSERVATION EASEMENTS AS ONE OF SEVERAL TOOLS FOR ACCOMPLISHING ITS CORPORATE PURPOSE TO PURCHASE OR OTHERWISE ACQUIRE INTERESTS IN REAL PROPERTY IN ORDER TO PERMANENTLY PRESERVE AND PROTECT THE OPEN SPACE AND HABITAT CONDITIONS UPON THE PROPERTY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" 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

2010

Open To Public
Inspection

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NATIONAL OUTDOOR SPORTS ADVERTISING, INC - 5151	FUNDRAISING CONSULTANT		X	1,968,666.	118,387.	1,850,279.
Total				1,968,666.	118,387.	1,850,279.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

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?

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity 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? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NATIONAL OUTDOOR SPORTS ADVERTISING, INC

(I) ADDRESS OF FUNDRAISER:

5151 WISCONSIN AVE, N.W. 4TH FLOOR, WASHINGTON, DC 20016

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number
52-1808517

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN WILDLANDS 114 W. PINE STREET MISSOULA, MT 59802	84-0750616	501 (C) (3)	5,000.	0.			WILDLIFE CONSERVATION NORTHERN ROCKIES
BUFFALO FIELD CAMPAIGN P O BOX 957 WEST YELLOWSTONE, MT 59758	36-3964401	501 (C) (3)	1,000.	0.			HABITAT/WOLVES - YELLOWSTONE NATIONAL PARK BISON HERD
COUGAR FUND INC 4506 SOUTH 174TH STREET OMAHA, NE 68135	31-1796418	501 (C) (3)	2,500.	0.			HABITAT/WOLVES - MOUNTAIN LION PROJECT
FRATERNAL ORDER OF POLICE 2445 WALDMAN DRIVE WILLIAMSPORT, PA 17701	25-1433604	501 (C) (8)	2,500.	0.			MEMORY OF OFFICER DAVID L GROV/WILDLIFE CONSERVATION OFFICER
GRAND CANYON TRUST, INC. 2601 N. FORT VALLEY ROAD FLAGSTAFF, AZ 86001	86-0512633	501 (C) (3)	7,500.	0.			WOLVES-BISON HABITAT MITIGATION
SECOND CHANCE CENTER FOR ANIMALS 11665 N US HWY 89 FLAGSTAFF, AZ 86004	26-2395228	501 (C) (3)	2,500.	0.			HABITAT ACQUISITION/ PROTECTION-PRAIRIE DOG HABITAT

2 Enter total number of section 501(c)(3) and government organizations

▶ **6.**

3 Enter total number of other organizations

▶ **1.**

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

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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: A REPORT ON THE USE OF THE FUNDS, THE OUTCOME OF THE PROJECT AND FUTURE IMPLICATIONS IS REQUIRED WITHIN 12 MONTHS OF FUNDING BY THE GRANTEE. THE WILDLIFE LAND TRUST'S STAFF ROUTINELY VISIT SITES WHERE JOINT EFFORTS ARE CONDUCTED, VERIFYING THE SCOPE AND PERFORMANCE OF THE GRANTEE. POST GRANT FOLLOW UP IN SUBSEQUENT YEARS IS ROUTINE TO HELP IN DETERMINING THE LONG TERM BENEFIT FOR WILDLIFE.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (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.

- | | |
|---|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed 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 from the organization or a related organization?
- 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 Regulations 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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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				
1 ANDREW N. ROWAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	186,385.	0.	54,715.	12,011.	253,111.	0.
2 JOHN W. GRANDY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	160,962.	0.	47,239.	11,608.	219,809.	0.
3 G. THOMAS WAITE III	(i)	0.	0.	0.	0.	0.	0.
	(ii)	194,256.	0.	53,605.	10,530.	258,391.	0.
4 HOLLY HAZARD	(i)	0.	0.	0.	0.	0.	0.
	(ii)	167,546.	0.	28,276.	794.	196,616.	0.
5 WAYNE PACELLE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	248,076.	0.	34,130.	6,374.	288,580.	0.
6 ROBERT W. KOONS	(i)	140,111.	0.	36,717.	10,395.	187,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other	X	3	3.	FMV
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	53,000.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	
33		

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

Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE HUMANE SOCIETY OF THE UNITED STATES SOLICITS
NON-CASH CONTRIBUTIONS ON BEHALF OF ITS AFFILIATE HUMANE SOCIETY
WILDLIFE LAND TRUST.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number
52-1808517

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

HABITAT, AND CONFRONTING CRUELTY.

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

DISTRIBUTION OF AN ANNUAL REPORT (APPROXIMATELY 35,000), ELECTRONIC
NEWSLETTERS (12 EDITIONS TO MORE THAN 95,000 TOTAL RECIPIENTS), WEBSITE
(ESTIMATED VIEWS IN EXCESS OF 1,000,000).

PLEASE NOTE THAT THIS FORM 990 IS TO REPORT ON THE ENTITY INCORPORATED
AS HUMANE SOCIETY WILDLIFE LAND TRUST. HUMANE SOCIETY WILDLIFE LAND
TRUST 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 III, LINE 4D, OTHER PROGRAM SERVICES:

DONATED IN-KIND SERVICES REPORTED PER INSTRUCTIONS:

PSA: \$2,842,035

DONATED FACILITIES: \$5,450

TOTAL: \$2,847,485

FORM 990, PART VI, SECTION A, LINE 7A: THE HUMANE SOCIETY OF THE UNITED
STATES'S BOARD OF DIRECTORS APPOINTS THE HUMANE SOCIETY WILDLIFE LAND
TRUST'S BOARD.

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

FORM 990, PART VI, SECTION B, LINE 11: AFTER WLT'S INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS SUBMITTED TO WLT'S INDEPENDENT TAX PREPARERS FOR THEIR REVIEW, REACTION, AND REVISION. ADDITIONALLY, THE WLT'S TREASURER CONDUCTS A FURTHER REVIEW. COPIES OF THE FINAL DRAFT FORM 990 ARE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE FINAL DOCUMENT WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE WILDLIFE LAND TRUST REMAINS AN AFFILIATE OF THE HUMANE SOCIETY OF THE UNITED STATES AND ALL WLT STAFF MEMBERS ARE HSUS EMPLOYEES. ACCORDINGLY, ALL POLICIES AND PROCEDURES OF THE HSUS APPLY TO WLT INCLUDING, INTER ALIA, THOSE CODIFIED IN THE CURRENT HSUS EMPLOYEE HANDBOOK. IN CASES WHERE THE LITERAL READING OF HSUS POLICIES AND PROCEDURES MAY OR COULD CAUSE CONFUSION (E.G., THE HSUS CONFLICT OF INTEREST POLICY'S REFERENCES TO HSUS DIRECTORS), FOR PURPOSES OF INTERNAL WLT ACTIVITIES, THESE POLICIES WILL BE READ TO APPLY AS CLOSE AS POSSIBLE TO WLT, MAKING SUBSTITUTIONS IN TERMINOLOGY AS NECESSARY TO ACHIEVE THE DESIRED GOAL. IN CASE OF ANY CONFLICT BETWEEN THE POLICIES AND PROCEDURES OF THE HSUS AND WLT, THE STRICTER WILL CONTROL.

THE HUMANE SOCIETY WILDLIFE LAND TRUST ANNUALLY ADOPTS A CONFLICT OF INTEREST POLICY TO REINFORCE THE OBLIGATION OF OFFICERS AND DIRECTORS TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS. THE POLICY COVERS TRUST OFFICERS AND DIRECTORS. TRUST BOARD MEMBERS AND/OR OFFICERS WHO ARE DIRECTORS OR SENIOR STAFF MEMBERS OF THE HUMANE SOCIETY OF THE UNITED STATES ARE SUBJECT TO ADDITIONAL ANNUAL REPORTING REQUIREMENTS IN THOSE CAPACITIES. A DECISION AS TO WHETHER A CONFLICT EXISTS AND HOW IT SHOULD BE ADDRESSED WITH REGARD TO THE TRUST IS MADE AT THE TRUST EXECUTIVE LEVEL OR, IF

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

NECESSARY, BY ITS BOARD. CONSIDERATION OF POSSIBLE CONFLICTS IS ALSO PROVIDED DURING THE LEGAL REVIEW OF PROPOSED TRANSACTIONS AND CONCERNS ARE ADDRESSED BEFORE PROCEEDING. INDIVIDUALS HAVING POSSIBLE CONFLICTS OF INTEREST CANNOT VOTE OR PARTICIPATE IN BOARD OR COMMITTEE DELIBERATIONS ON THE SUBJECT OR TO BE COUNTED TOWARD MEETING A QUORUM; HOWEVER, THEY MAY RESPOND TO QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARIES OF THE PRESIDENT, EXECUTIVE DIRECTOR AND OTHER PRINCIPAL OFFICERS OF THE WILDLIFE LAND TRUST ARE APPROVED IN ACCORDANCE WITH PROCEDURES ESTABLISHED FOR EVALUATING THE PERFORMANCE OF AND SETTING COMPENSATION FOR OFFICERS AND EXECUTIVES, AS APPLICABLE, OF THE TRUST'S PARENT ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, INCLUDING MARKET SURVEYS FOR COMPARABLE SALARIES. ALL OTHER WILDLIFE LAND TRUST OFFICERS' SALARIES ARE STANDARDIZED ACCORDINGLY TO THEIR ASSIGNED JOB GRADES ESTABLISHED BY, AND THEIR PERFORMANCE IS MEASURED USING STANDARDIZED PERFORMANCE EVALUATION PROCEDURES ADOPTED BY, THE HUMANE SOCIETY OF THE UNITED STATES.

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,VT,VA,WA,WI,WV,LA

FORM 990, PART VI, SECTION C, LINE 19: WLT MAKES COPIES OF ITS CERTIFICATE OF INCORPORATION AND BYLAWS AVAILABLE TO DONORS FREE-OF-CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS, AND ARE MADE AVAILABLE TO MAJOR DONORS AND WHERE REQUIRED BY LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST. (FINANCIAL INFORMATION IN OTHER FORMATS - E.G., THE FORM 990 AND

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

THE ANNUAL REPORT - IS AVAILABLE ON THE TRUST'S WEBSITE AND WILL ALSO BE
MAILED, ON REQUEST.) THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE
AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XII, LINE 2C

THE HUMANE SOCIETY OF THE UNITED STATES HAS A SET OF CONSOLIDATED
FINANCIAL STATEMENTS PREPARED EACH YEAR, WHICH INCLUDE THE HUMANE
SOCIETY WILDLIFE LAND TRUST. THESE CONSOLIDATED STATEMENTS ARE AUDITED
BY AN INDEPENDENT ACCOUNTING FIRM AND ARE OVERSEEN BY AN HSUS
COMMITTEE.

FORM 990, PART VII

HOURS FOR RELATED ORGANIZATION

SCHEDULE OF THE AVERAGE HOURS DEVOTED PER WEEK DURING THE YEAR OF THE
FILING ENTITIES OFFICERS WHO ARE ALSO OFFICERS FOR RELATED TAX-EXEMPT
ORGANIZATIONS. RELATED TAX-EXEMPT ORGANIZATIONS ARE LISTED IN SCHEDULE
R PART II. NOTE: DIRECTORS DO NOT EARN COMPENSATION FOR THEIR SERVICE
AS WLT DIRECTORS.

HSUS

WAYNE PACELLE	40
G. THOMAS WAITE III	40
GWEN CRANE	40
ANDREW N ROWAN	16
JOHN W. GRANDY	40
HOLLY HAZARD	40
STEPHEN W. SWARTZ	20

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

FORM 990, PART VII

PETER BENDER

PETER BENDER WAS NOT AN EMPLOYEE WHILE A DIRECTOR FOR WLT. HE BECAME AN EMPLOYEE IN DECEMBER 2010 AND WAS NO LONGER A DIRECTOR. HE RECEIVED NO COMPENSATION FOR BEING A DIRECTOR.

FORM 990, BOX B

AMENDED RETURN

THIS AMENDED RETURN IS FILED TO CHANGE DISCLOSED REPORTING POSTURES PRESENTED ON THE ORGANIZATION'S ORIGINALLY FILED RETURN. AS A RESULT, THE CHANGES ON THIS RETURN INCLUDE THE FOLLOWING REMOVALS (DECREASES) AND ADDITIONS (INCREASES) AS FOLLOWS:

1) REMOVED FROM PART VIII, LINE 1F AND 1G, \$2,847,485 OF IN-KIND CONTRIBUTIONS (DONATED PSAS = \$2,842,035; DONATED FACILITIES USE = \$5,450; THESE AMOUNTS, WHICH WERE FULLY DISCLOSED ON SCHEDULE M AS INCLUDED IN PART VIII, LINE 1G, ON THE ORIGINALLY FILED RETURN, WERE ALSO REMOVED FROM SCHEDULE M, PART I, LINE 25 (\$2,842,035) AND SCHEDULE M, LINE 26 (\$5,450).

THIS CHANGE RESULTS IN DECREASES IN THE SAME AMOUNT (\$2,847,485) THAT CARRYOVER AS REPEAT INFORMATION TO OTHER AREAS OF FORM 990: TOTAL CONTRIBUTIONS ON PART I, LINE 8 AND 12, CURRENT YEAR; TOTAL REVENUE REPORTED ON PART VIII, LINE 12, COLUMN A; TOTAL REVENUE REPORTED ON FORM 990 ON PART XI, LINE 1, TOTAL REVENUE ON FORM 990 ON SCHEDULE D, PART XI, LINE 1, TOTAL REVENUE TO MATCH SCHEDULE D, PART XI, LINE 1 ON SCHEDULE D, PART XII, LINE 5. OTHER AREAS OF FORM 990 WHERE THE ABOVE

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

CHANGE IS REFLECTED AS AN EXPANSION OF INFORMATION REPORTING, OR AN INCREASE IN THE AMOUNT ORIGINALLY REPORTED ON FORM 990: PART III, LINE 4D (AS DISCLOSED ON SCHEDULE O, EXPANSION OF INFORMATION REPORTING), DONATED SERVICES AND FACILITIES ON SCHEDULE D, PART XII, LINE 2B (RECONCILIATION OF FORM 990 REVENUE TO AUDITED FINANCIAL STATEMENTS, INCREASE IN AMOUNT ORIGINALLY REPORTED), LINE 2E (INCREASE IN TOTAL OF LINE 2 AMOUNTS).

AS A RESULT OF THE CHANGES REPORTED IN 1) ABOVE, THE ORGANIZATION'S SCHEDULE A, PUBLIC SUPPORT HAS BEEN ADJUSTED (INCLUDING ALL APPLICABLE YEARS IN THE FIVE YEAR TEST). THE CHANGE RESULTS IN A PUBLIC SUPPORT PERCENTAGE DECREASE OF LESS THAN 3%, REPORTED ON SCHEDULE A, PART II, LINE 14, TO 93.00 PERCENT FROM 95.77 PERCENT REPORTED ON THE ORIGINALLY FILED RETURN.

2) REMOVED FROM FORM 990, PART IX, COLUMN A AND B, \$2,847,485 OF IN-KIND CONTRIBUTIONS TREATED AS A CORRESPONDING EXPENSES ON THE ORIGINALLY FILED RETURN, (SINCE THE SAME AMOUNTS WERE REPORTED AS REVENUE IN FORM 990, PART VIII), (DONATED PSAS = \$2,842,035; DONATED FACILITIES USE = \$5,450). THIS CHANGE RESULTED IN ALLOCATION CHANGES AS PROPERLY REFLECTED ON THIS AMENDED RETURN IN FORM 990, PART IX, LINES 5 - 24. THIS CHANGE ALSO RESULTS IN DECREASES THAT CARRYOVER AS REPEAT INFORMATION TO OTHER AREAS OF FORM 990: A DECREASE IN TOTAL EXPENSES REPORTED IN PART I, LINES 15, 17, 18 AND 19, CURRENT YEAR, FORM 990, PART III, LINE 4A - 4E (DECREASE/INCREASE IN ALLOCABLE EXPENSE PER DETAILED PROGRAMS), FORM 990, PART IX, LINE 25, COLUMN B, FORM 990, PART XI, LINE 2, AND SCHEDULE D, PART XI, LINE 2. OTHER AREAS OF FORM 990 WHERE THIS DECREASE IN EXPENSES IS REFLECTED AS AN

Name of the organization

HUMANE SOCIETY WILDLIFE LAND TRUST

Employer identification number

52-1808517

INCREASE IN THE AMOUNT REPORTED ON FORM 990: SCHEDULE D, PART XIII,
LINE 2A (RECONCILIATION OF FORM 990 EXPENSES TO AUDITED FINANCIAL
STATEMENTS, DONATED SERVICES AND FACILITIES USE) AND 2E (INCREASE IN
TOTAL OF LINE 2 AMOUNTS).

NOTWITHSTANDING THE CHANGES REPORTED IN 1) AND 2) ABOVE, THERE IS NO
CHANGE TO NET INCOME FOR 2010 AS REPORTED ON THE ORIGINALLY FILED FORM
990, AS WELL AS NO CHANGE IN NET ASSETS OF THE ORGANIZATION AS REPORTED
ON THE ORIGINALLY FILED FORM 990 BALANCE SHEETS.

3) ADDITION TO INFORMATION REPORTING ON FORM 990: THE ORGANIZATION
REPORTS ON PART III, LINE 4D, STATEMENT OF PROGRAM SERVICE
ACCOMPLISHMENTS, (HIGHLIGHTED AS A CARRYOVER DESCRIPTION ON SCHEDULE O)
ALL DONATED IN-KIND SERVICES AND USE OF FACILITIES RECEIVED DURING THE
YEAR AND WHICH TOTAL \$2,847,485. THESE ANNUAL DONATIONS ARE VERY
IMPORTANT TO THE HUMANE SOCIETY WILDLIFE LAND TRUST AND SUBSTANTIALLY
ASSIST THE ORGANIZATION IN ACCOMPLISHING ITS HIGHLY RESPECTED TAX
EXEMPT PURPOSES AND INCLUDE: DONATED PSAS = \$2,842,035; DONATED
FACILITY USAGE = \$5,450.

Related Organizations and Unrelated Partnerships
▶ 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 WILDLIFE LAND TRUST	Employer identification number 52-1808517
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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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HUMANE SOCIETY OF THE UNITED STATES - 53-0225390, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DELAWARE	501(C)(3)	7	HUMANE SOCIETY OF THE UNITED STATES		X
NATIONAL ASSOCIATION HUMANE & ENVIRONMENTAL EDUCATION - 23-7327537, 2100 L ST. NW, WASHINGTON, DC 20037	PUBLICATIONS FOR YOUTH	DISTRICT OF COLUMBIA	501(C)(3)	7	HUMANE SOCIETY OF THE UNITED STATES		X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HUMANE SOCIETY OF THE UNITED STATES	O	2,718,217.	INTERCOMPANY ACTIVITY ON GL
(2) THE HUMANE SOCIETY OF THE UNITED STATES	Q	2,838,000.	CASH TRANSFERS SHOWN ON BANK STAT
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).