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Form 990



Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

HUMANE SOCIETY INTERNATIONAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

2100 L STREET NW

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20037

F Name and address of principal officer

ANDREW N ROWAN

2100 L STREET NW

WASHINGTON,DC 20037

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.HUMANESOCIETYINTERNATIONAL.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1991

M State of legal domicile DC

Part I Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities

HSI CONDUCTS A RANGE OF PROGRAMS OVERSEAS INCLUDING PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMALS, SEEKING AN END TO ANIMAL TESTING FOR HUMAN HAZARD AND RISK ASSESSMENT, CAMPAIGNING AGAINST FARM ANIMAL SUFFERING, CAMPAIGNING AGAINST WILDLIFE ABUSE AND SUFFERING, CONFRONTING A WIDE RANGE OF ANIMAL CRUELTY, ESPECIALLY CRUELTY THAT IS SUPPORTED BY GOVERNMENT SUBSIDIES, AND THE CELEBRATION OF THE HUMAN-ANIMAL BOND

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)

6

4

Number of independent voting members of the governing body (Part VI, line 1b)

5

5

Total number of individuals employed in calendar year 2011 (Part V, line 2a)

0

6

Total number of volunteers (estimate if necessary)

0

7a

Total unrelated business revenue from Part VIII, column (C), line 12

0

7b

Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8

Contributions and grants (Part VIII, line 1h)

6,758,752

9

Program service revenue (Part VIII, line 2g)

0

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

2

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

22,446

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

6,781,200

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3)

551,441

14

Benefits paid to or for members (Part IX, column (A), line 4)

0

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

2,424,338

16a

Professional fundraising fees (Part IX, column (A), line 11e)

157,640

b

Total fundraising expenses (Part IX, column (D), line 25)

680,643

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

4,368,123

18

Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

7,501,542

19

Revenue less expenses Subtract line 18 from line 12

-720,342

Net Assets or Fund Balances

20

Total assets (Part X, line 16)

1,424,807

21

Total liabilities (Part X, line 26)

980,835

22

Net assets or fund balances Subtract line 21 from line 20

443,972

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

G THOMAS WAITE III TREASURER

2012-10-09

Date

Preparer's signature

JAMES SWEENEY

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P01263012

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGLADREY LLP

8000 TOWERS CRESCENT DR STE 500

VIENNA, VA 221826205

EIN

42-0714325

Phone no

(703) 336-6400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,684,734 including grants of \$ 147,194) (Revenue \$)

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

4b

(Code) (Expenses \$ 2,881,824 including grants of \$ 744,946) (Revenue \$ 32,199)

HSI ACTIVELY SUPPORTS THE EDUCATION AND DEVELOPMENT OF ANIMAL PROTECTION ORGANIZATIONS THROUGH A VARIETY OF EDUCATIONAL AND HANDS-ON PROGRAMS EVERY YEAR, HSI ORGANIZES AN INTERNATIONAL TRACK AS PART OF THE ANIMAL CARE EXPO THAT IS AIMED SPECIFICALLY AT ATTENDEES FROM INTERNATIONAL ANIMAL ORGANIZATIONS HSI ALSO ORGANIZES AND SUPPORTS WORKSHOPS ACROSS THE WORLD TO ENHANCE THE CAPACITY AND SKILLS OF THE INTERNATIONAL ANIMAL MOVEMENT AS PART OF THIS APPROACH, HSI HAS BEEN DEVELOPING PROGRAMS AND TECHNOLOGIES THAT PERMIT HIGH VOLUME STERILIZATION OF STREET DOGS THESE PROJECTS TRAIN VETERINARIANS, VETERINARY TECHNICIANS AND ANIMAL HANDLERS, CHANGE THE WAY COMMUNITIES VIEW STREET ANIMALS, AND INDIRECTLY AND DIRECTLY ENHANCE THE CAPACITY OF LOCAL ORGANIZATIONS WHILE ALSO IMPROVING THE WELLBEING OF STREET ANIMALS IN ADDITION, HSI ALSO RESPONDS TO CASES OF COMPANION ANIMAL SUFFERING (E G RESCUING DOGS FROM PUPPY MILLS IN CANADA) AND TO MAJOR DISASTERS THAT AFFECT ANIMALS BY SENDING SKILLED RESPONDERS AND FUNDING SUPPORT TO AID WHEN DISASTERS OCCUR IN 2011, HSI CONTINUED TO SUPPORT A PROJECT IN HAITI TO ESTABLISH AN ANIMAL CARE CENTER IN THE COUNTRY AND ASSISTED EGYPTIAN ORGANIZATIONS TO FEED HORSES AND CAMELS LEFT AT RISK WHEN TOURISM COLLAPSED DURING THE "ARAB SPRING"

4c

(Code) (Expenses \$ 2,336,762 including grants of \$ 215,255) (Revenue \$)

HSI HAS ACTIVE CAMPAIGNS AGAINST CONFINEMENT AGRICULTURE IN INDIA, BRAZIL, MEXICO AND CANADA IN ADDITION, HSI IS ENGAGING THE EU, THE FAO AND THE OIE ON FARM ANIMAL WELFARE AND COOPERATING WITH INTERNATIONAL ANIMAL NGOS TO PRESS FOR HUSBANDRY IMPROVEMENTS THAT WILL REDUCE ANIMAL SUFFERING ACROSS THE GLOBE

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 7,903,320

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
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? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV.	Yes	
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 U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		No
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		No
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		No
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		No
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		No
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		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>				
			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, <i>Transmittal of Wage and Tax Statements</i> 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	
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 or securities account)?		4a	Yes
b If "Yes," enter the name of the foreign country CA , UK , CS , HK See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
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	No
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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
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	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
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?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a	
b Enter the aggregate 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 aggregate amount of reserves on hand			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
15c	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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, KY, MA, MD, ME, MI, MS, MN, MO, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
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 700 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879 (202) 452-1100

Part VII

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

Check if Schedule O contains a response 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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR BRUCE FOGLE CHAIR/DIRECTOR	1 00	X						0	0	0
(2) DR IRENE CROWE VICE CHAIR/DIRECTOR	1 00	X						0	0	0
(3) LESLIE BARCUS BOARD TREASURER/DIRECTOR	1 00	X						0	0	0
(4) DR MANDITHA KRISHNA DIRECTOR	1 00	X						0	0	0
(5) VERA SIMPSON DIRECTOR	1 00	X						0	0	0
(6) WAYNE PACELLE DIRECTOR	1 00	X						0	268,226	31,295
(7) G THOMAS WAITE TREASURER	1 00			X				0	199,594	68,425
(8) GWEN CRANE ASSISTANT TREASURER	1 00			X				0	120,747	25,569
(9) ANDREW ROWAN PRESIDENT	24 00			X				116,575	77,717	80,477
(10) CRISTOBEL BLOCK VICE PRESIDENT	40 00			X				102,870	0	30,819
(11) CAROL ENGLAND SECRETARY	1 00			X				0	61,093	14,307
(12) ROGER KINDLER GENERAL COUNSEL	1 00			X				0	193,684	40,162
(13) MARTA PRADO EXECUTIVE DIRECTOR INT'L TRADE & DEV	40 00					X		164,690	0	13,711

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	384,135	921,061	304,765

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUADRIGA ART 825 HYLTON ROAD PENNSAUKEN, NJ 08110	DIRECT RESPONSE	160,800
SATURN CORPORATION 4701 LYDELL ROAD CHEVERLY, MD 20781	LOCKBOX PROCESSOR	143,016
NATIONAL OUTDOOR SPORTS AD 5151 WISCONSIN AVE NW 4TH FL WASHINGTON, DC 20016	FUNDRAISING CONSULTANTS	103,723
SEIDLE TROY 11 BRENTWOOD AVE KITCHENER, ONTARIO N2H 2C4 CA	CONSULTANT	102,338

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶4

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	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	56,825				
	d	Related organizations	1d	3,200,000				
	e	Government grants (contributions)	1e	372,947				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,477,815				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		8,107,587				
Program Service Revenue	2a	SPONSORSHIP	Business Code					
			900099	28,000			28,000	
	b	REGISTRATION FEES	900099	4,199	4,199			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		32,199				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses		9,680				
	c	Gain or (loss)		-9,680				
	d	Net gain or (loss)		-9,680				-9,680
	8a	Gross income from fundraising events (not including \$ 56,825 of contributions reported on line 1c) See Part IV, line 18	a	32,199				
	b	Less direct expenses	b	61,691				
	c	Net income or (loss) from fundraising events . .		-29,492				-29,492
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .						
		Miscellaneous Revenue	Business Code					
	11a	LIST RENTAL	900099	47,982				47,982
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		47,982					
12	Total revenue. See Instructions		8,148,596	4,199	0		36,810	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	170,959	170,959		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	936,436	936,436		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	476,951	423,277	24,258	29,416
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,499,781	1,361,976	69,771	68,034
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	153,848	133,828	8,163	11,857
9	Other employee benefits	100,742	52,754	19,056	28,932
10	Payroll taxes	142,838	124,250	7,579	11,009
11	Fees for services (non-employees)				
a	Management				
b	Legal	92,836	81,963	5,037	5,836
c	Accounting	18,292	16,149	993	1,150
d	Lobbying				
e	Professional fundraising See Part IV, line 17	117,859			117,859
f	Investment management fees				
g	Other	2,327,062	2,062,933	120,052	144,077
12	Advertising and promotion				
13	Office expenses	423,820	258,482	65,065	100,273
14	Information technology				
15	Royalties				
16	Occupancy	147,056	129,832	7,980	9,244
17	Travel	613,213	541,390	33,275	38,548
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	2,298	2,298		
23	Insurance	1,174	1,036	64	74
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	1,518,490	1,340,635	82,398	95,457
b	EDUCATION MATERIAL	292,753	258,464	15,886	18,403
c	R/E AND OTHER TAXES	7,541	6,658	409	474
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,043,949	7,903,320	459,986	680,643
26	Joint costs. Check here <input checked="" type="checkbox"/> 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	1,184,562	709,736	35,537	439,289

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			923,713	1	669,212
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			98,898	3	45,690
	4	Accounts receivable, net			367,732	4	319,729
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			23,574	9	25,363
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,530			
	b	Less: accumulated depreciation	10b	1,088	10,890	10c	5,442
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,424,807	16	1,065,436	
Liabilities	17	Accounts payable and accrued expenses			140,447	17	184,368
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			840,388	25	1,302,999
	26	Total liabilities. Add lines 17 through 25			980,835	26	1,487,367
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			-1,271,907	27	-2,623,478
28		Temporarily restricted net assets			1,715,879	28	2,201,547
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			443,972	33	-421,931
34	Total liabilities and net assets/fund balances			1,424,807	34	1,065,436	

Part XI Reconciliation of Net Assets

Check 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	8,148,596
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,043,949
3	Revenue less expenses Subtract line 2 from line 1	3	-895,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	443,972
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,450
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	-421,931

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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

☐

An organization organized and operated exclusively to test for public safety Se**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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,321,228	2,599,255	19,819,716	6,758,752	8,107,587	39,606,538
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,321,228	2,599,255	19,819,716	6,758,752	8,107,587	39,606,538
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						39,606,538

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,321,228	2,599,255	19,819,716	6,758,752	8,107,587	39,606,538
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,522	41,643	70,913	22,448	47,982	231,508
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	158,195	50				158,245
11 Total support (Add lines 7 through 10)						39,996,291

12 Gross receipts from related activities, etc (See instructions)

1265,533

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.030 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.970 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1769464
Name: HUMANE SOCIETY INTERNATIONAL

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A

Check

☐

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

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		9,854
e Publications, or published or broadcast statements?	Yes		34,845
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,009
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			49,708
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1B, PAID STAFF OR MANAGEMENT HSI MANAGEMENT AND STAFF PLAN, COORDINATE, AND IMPLEMENT A PUBLIC POLICY PROGRAM THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF CONGRESS, EXECUTIVE AND REGULATORY AGENCIES, ANIMAL WELFARE COALITIONS, AND OTHER NATIONAL AND INTERNATIONAL ORGANIZATIONS PART II-B, LINE 1D, MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC HSI SENT ELECTRONIC UPDATES ON ANIMAL WELFARE LEGISLATION TO INTERESTED PARTIES PART II-B, LINE 1E, PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS HSI MADE STATEMENTS IN ITS ELECTRONIC AND PRINT PUBLICATIONS, AS WELL AS IN PUBLISHED OR BROADCAST STATEMENTS INTENDED TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS PART II-B, LINE 1G, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA, HSI STAFF HAVE DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div>Yes</div> <div>No</div>	

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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III

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

3

Using the organization's 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

	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	Investment earnings or 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

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

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

3b

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,530	1,088	5,442
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,442

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,148,596
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,043,949
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-895,353
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	29,450
9	Total adjustments (net) Add lines 4 - 8	9	29,450
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-865,903

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	8,178,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	29,450
e	Add lines 2a through 2d	2e	29,450
3	Subtract line 2e from line 1	3	8,148,596
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 should equal Form 990, Part I, line 12)	5	8,148,596

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	9,043,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,043,949
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 should equal Form 990, Part I, line 18)	5	9,043,949

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SOCIETY FOLLOWS THE ACCOUNTING STANDARD FOR 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 SOCIETY 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 PERCENT 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 SOCIETY'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. GENERALLY, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS FROM FUNDRAISING EVENT 29,492. ROUNDING ADJUSTMENT -42. TOTAL TO SCHEDULE D, PART XI, LINE 8: 29,450.
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS FROM FUNDRAISING EVENT 29,492. ROUNDING ADJUSTMENT -42.

OMB No 1545-0047

Open to Public Inspection

52-1769464

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2011

[illegible]**Schedule F (Form 990) 2011**

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

Software ID:
Software Version:
EIN: 52-1769464
Name: HUMANE SOCIETY INTERNATIONAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO OTHER SOCIETIES		220,012
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO OTHER SOCIETIES		297,568
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO OTHER SOCIETIES		173,968
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO OTHER SOCIETIES		9,536
NORTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		30,106
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO OTHER SOCIETIES		368
SOUTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		30,846
SOUTH ASIA	0	0	GRANTS TO OTHER SOCIETIES		155,993
SUB-SAHARAN AFRICA	0	0	GRANTS TO OTHER SOCIETIES		18,039
CENTRAL AMERICA AND THE CARIBBEAN	10	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	1,392,250
EAST ASIA AND THE PACIFIC	5	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	440,182
EUROPE (INCLUDING ICELAND AND GREENLAND)	12	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	645,635
MIDDLE EAST AND NORTH AFRICA	1	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	261,683
NORTH AMERICA	17	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	818,149
RUSSIA AND THE NEWLY INDEPENDENT STATES	1	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	272,841
SOUTH AMERICA	4	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	848,366
SOUTH ASIA	9	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	867,375
SUB-SAHARAN AFRICA	2	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	404,435

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT STRENGTHEN LOCAL WILDLIFE RESCUE CENTERS, MAMMAL QUARANTINE AREA	5,616	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT SPAY/NEUTER, VACCINATION, SEA-TURTLE STRANDING	35,307	CHECK			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT ENVIRONMENTALLY-FRIENDLY CACAO PRODUCTION PROGRAM, PARTICIPATION IN INT'L CACAO MARKET	18,800	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT TRAINING AND GENERAL OPERATIONS, PURCHASE OF TRUCK	33,752	EFT			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT STRENGTHEN LOCAL WILDLIFE RESCUE CENTERS/NEW CONSTRUCTION	7,495	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	ESTABLISH MODEL RESCUE CENTERS/JAIUR TRAINING CENTER	12,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICAN & CARIBBEAN	PUBLIC OUTREACH PROGRAM TO EDUCATE/DISSUADE THE PURCHASE OF ILLEGAL WILDLIFE AS PETS	5,929	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT FOR DEVELOPMENT FOR WILDLIFE BASED TOURISM	11,000	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	SPAY-NEUTER CLINIC WORK	37,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		CENTRAL AMERICAN & CARIBBEAN	PROMOTE AWARENESS OF BIODIVERSITY PROTECTION AND AGRICULTURE PRODUCT	30,546	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	CAWC 2011 SUPPORT	1,387	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	CAWC 2011 SUPPORT	500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		CENTRAL AMERICAN & CARIBBEAN	DISASTER RELIEF	798	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	DONKEY STABLE	3,815	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	SEA TURTLE HATCHERY	5,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		CENTRAL AMERICAN & CARIBBEAN	SUPPORT SPAY/NEUTER	3,636	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT EDUCATION AND OUTREACH PROGRAM	2,000	WIRE			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT GUATEMALA CLINIC INFRASTRUCTURE	1,250	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		CENTRAL AMERICAN & CARIBBEAN	SUPPORT SPAY/NEUTER	737	EFT			
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT VET SERVICES	1,035	WIRE			
		EAST ASIA AND THE PACIFIC	SUPPORT THE POST RESCUE CARE OF INTERCEPTED DOGS IN BEIJING, CHINA, TRAINING AND AWARENESS PROGRAM/BUILDING A RURAL MODEL OF ANIMAL PROTECTION	13,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROMOTE THE AWARENESS AND SUPPORT OF THE PEOPLE/GOV OF TAIWAN ON THE IMPORTANCE OF PROTECTING SHARKS, TO SUPPORT SHELTER DESIGN	15,720	WIRE			
		EAST ASIA AND THE PACIFIC	HELP PROMOTE SHARK FIN-FREE	6,000	WIRE			
		EAST ASIA AND THE PACIFIC	STREET DOGS/CATS PROGRAM- PREVENTION OF RABIES AND PURCHASE A VEHICLE TO BE USED AS A MOBILE CLINIC	20,607	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT TSUNAMI RELIEF, CONSTRUCTION/OPERATION OF MIHARU ANIMAL SHELTER	250,000	WIRE			
		EAST ASIA AND THE PACIFIC	SHARK FIN CAMPAIGN PROJECT	10,503	WIRE			
		EAST ASIA AND THE PACIFIC	SUPPORT ANIMAL RESCUE	1,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF PHILLIPINES FLOOD	5,000	WIRE			
		EAST ASIA AND THE PACIFIC	ANIMAL CARE EXPO 2011 AWARD	1,868	WIRE			
		EAST ASIA AND THE PACIFIC	ANIMAL CARE EXPO 2011 AWARD	4,844	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV , appraisal, other)
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF PHILLIPINES FLOOD	3,500	WIRE			
		EAST ASIA AND THE PACIFIC	OFFICE MAINTENANCE	1,500	WIRE			
		EAST ASIA AND THE PACIFIC	PHILIPPINE FLOOD RELIEF	500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT SPAY/NEUTER	592	WIRE			
		EAST ASIA AND THE PACIFIC	SUPPORT SPAY/NEUTER/VACCINATION PROGRAM	1,500	WIRE			
		EAST ASIA AND THE PACIFIC	SUPPORT SPAY/NEUTER/VACCINATION PROGRAM	1,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT SPAY/NEUTER/VACCINATION PROGRAM	2,000	WIRE			
		EAST ASIA AND THE PACIFIC	SUPPORT SPAY/NEUTER/VACCINATION PROGRAM	2,918	WIRE			
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUE OF SLAUGHTER-BOUND DOGS	2,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUED DOGS	2,500	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT SPAY/NEUTER	8,430	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FOR BULL FIESTA CAMP	10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CANADIAN SEAFOOD BOYCOTT IN UK	121,358	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT SANCTUARY TRAINING, CONSTRUCTION OF LION-PROOF BOMAS	10,704	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ANIMAL CARE EXPO 2011 AWARD	1,943	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROMOTING PUBLIC POLICY AND LAW PROTECTING ANIMALS	3,000	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT SPAY/NEUTER	563	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FIELD RESEARCH ON ECOLOGY	4,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT SPAY/NEUTER	2,291	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT SMALL CETACEAN CONSERVATION RESEARCH	1,617	WIRE			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT VET AND ANIMAL SUPPLIES	4,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND AND GREENLAND)	WHALES PROTECTION TRAINING	5,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	TO DEVELOP THE CAPACITY OF YOUNG NTL VETERINARIANS FOR WILDLIFE AND CONSERVATION ISSUES	5,500	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT SPAY/NEUTER	2,128	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT HUMANE EDUCATION PROGRAM	1,500	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT TO PROVIDE CARE FOR ANIMALS	7,000	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	ADMINISTRATION OF HOWLEY TNR	3,086	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		NORTH AMERICA - MEXICO AND CANADA	CAACQ (COMPANION ANIMAL ADOPTION CENTER OF QUEBEC) CONFERENCE	2,044	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT CAT RESCUE PROGRAM	3,028	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	ANIMAL CARE EXPO 2011 AWARD	788	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		NORTH AMERICA - MEXICO AND CANADA	MARINE MAMMALS EXPLOITATION AWARENESS	2,000	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT ANIMAL RESCUE	2,019	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT ANIMAL RESCUE	3,000	WIRE			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT CAT RESCUE PROGRAM	1,506	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT HORSE RESCUE PROGRAM	2,019	WIRE			
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT RESCUE PROGRAM	3,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH AMERICA	SUPPORT MEATLESS-MONDAYS CAMPAIGN	6,500	WIRE			
		SOUTH AMERICA	CAWC 2011 SCHOLARSHIP	726	WIRE			
		SOUTH AMERICA	EQUINE HEALTH CLINIC	5,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH AMERICA	ANIMAL CARE EXPO 2011 AWARD	718	WIRE			
		SOUTH AMERICA	POST DISASTER RELIEF	1,000	WIRE			
		SOUTH AMERICA	SUPPORT SPAY/NEUTER	802	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH AMERICA	SUPPORT SPAY/NEUTER	3,500	WIRE			
		SOUTH AMERICA	SUPPORT SPAY/NEUTER	4,000	WIRE			
		SOUTH AMERICA	SUPPORT FOR STERILIZATION CLINIC	2,250	WIRE			

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		SOUTH AMERICA	SUPPORT TO FACILITATE DISCUSSION AND PLAN ACTION FOR ANIMAL WELFARE	2,264	WIRE			
		SOUTH AMERICA	SUPPORT EDUCATIONAL MATERIALS	3,000	WIRE			
		SOUTH ASIA	SUPPORT SETTING UP OF A KENNEL WING, SURGERY ROOM, AUDITORIUM, RESIDENTIAL AREA, KITCHEN AREA, VEHICLE PURCHASE ,ETC, CREATING THE FIRST CNVR TEAM (CATCH-NEUTER-VACCINATE-RELEASE)	55,676	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	SUPPORT VET SALARY/CONTROL OF STRAY STREET DOGS/THE ATTENDANT PROBLEMS OF RABIES AND ZOONOTIC ILLNESS,EXPO SCHOLARSHIP AWARD	7,683	WIRE			
		SOUTH ASIA	SUPPORT ANIMAL CARE PROJECT, VEHICLE	15,688	WIRE			
		SOUTH ASIA	SUPPORT FLOOD DISASTER, DOG-CATCHERS	12,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	CLIMATE CHANGE WORK	1,000	WIRE			
		SOUTH ASIA	DISASTER RELIEF - ORISSA	3,000	WIRE			
		SOUTH ASIA	ANIMAL CARE EXPO 2011 AWARD	1,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	SUPPORT SPAY/NEUTER	2,622	WIRE			
		SOUTH ASIA	SUPPORT SHELTER OPERATIONS	5,000	WIRE			
		SUB-SAHARAN AFRICA	ANIMAL CARE EXPO 2011 AWARD	1,418	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	ANIMAL CARE EXPO 2011 AWARD	1,918	WIRE			
		SUB-SAHARAN AFRICA	ANIMAL CARE EXPO 2011 AWARD	4,363	WIRE			
		SUB-SAHARAN AFRICA	SUPPORT SPAY/NEUTER	913	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	SUPPORT ADD SCHOLARSHIP FUND	2,143	WIRE			
		SUB-SAHARAN AFRICA	SUPPORT EMERGE CNY CARE PROGRAM	1,000	WIRE			
		SUB-SAHARAN AFRICA	SUPPORT VETERINARY FEES	4,300	WIRE			

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

2011

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No
- b

If "Yes," list the 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. Form 990-EZ filers are not required to complete this table.

(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 5151 WISCONSIN AVE NW 4TH FLOOR WASHINGTON, DC 20016	FUNDRAISING CONSULTANTS		No	2,171,686	103,723	2,067,963
SHARE GROUP INC 73 CHAPEL ST NEWTON, MA 02458	TELE FR TO OBTAIN MULTI YR REVENUE		No	23,395	14,136	9,259
Total ▶				2,195,081	117,859	2,077,222

- 3

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

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CARIBBEAN ANIMAL FUNDRAISER (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	89,024		89,024
	2	Less Charitable contributions	56,825		56,825
	3	Gross income (line 1 minus line 2)	32,199		32,199
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	20,889		20,889
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	40,802		40,802
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

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	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HUMANE SOCIETY INTERNATIONAL

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

2011

Open to Public
Inspection

Employer identification number

52-1769464

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15

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

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.
Use Schedule I-1 (Form 990) 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.

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

Software ID:
Software Version:
EIN: 52-1769464
Name: HUMANE SOCIETY INTERNATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMIGOS DE LOS ANIMALSPO BOX 70159 CAROLINA 00984 RQ	66-0673931	501 (C) 3	3,000				SUPPORT ANIMAL CONTROL OFFICER TRAINING
ANIMAL BALANCE 1920 BLAKE STREET BERKELEY, CA 94704	68-0630714	501 (C) 3	3,000				EDUCATION PROJECT FOR CARING FOR DOGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ANIMAL WELFARE INSTITUTE PO BOX 3650 WASHINGTON, DC 20027	13-5655952	501 (C) 3	550				SUPPORT IWC 63RD ANNUAL MEETING
ASOCIACION DE AMIGOS POR LOS ANIMALES DE SOSUA INCEPS D4145 PO BOX 02-5648 MIAMI, FL 33126	23-1523544	501 (C) 3	582				SUPPORT SPAY & NEUTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FUNDACION SPAYPANAMAPO BOX 025724 MIAMI,FL 33102	20-8764359	501 (C) 3	960				SUPPORT SPAY & NEUTER
HELEN WOODWARD ANIMAL CENTERPO BOX 64 RANCHO SANTA FE, CA 92067	23-7228287	501 (C) 3	532				SUPPORT EDUCATION PROGRAMS FOR ANIMAL CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUMANE BEINGS INC47 MERCER STREET 6TH FLOOR NEW YORK, NY 10013	77-0716198	501 (C) 3	5,000				PEGASUS RECIPIENT / TO TREET ALL ANIMALS WITH COMPASSION & RESPECT
INSTITUTE FOR IN VITRO SCIENCES INC30 W WATKINS MILL RD STE 100 GAITHERSBURG, MD 20878	52-2029668	501 (C) 3	6,000				SUPPORT INTERNATIONAL TRAINING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INTERNATIONAL SPAYNEUTER NETWORK15127 PERDIDO DRIVE ORLANDO, FL 32828	20-2892114	501 (C) 3	5,000				SUPPORT SPAY & NEUTER
PROTECTION & EDUCATION RE ANIMALS CULTURE & THE ENVIRONMENT INC636 SOUTH AVENUE PATON,IA 50217	20-0061405	501 (C) 3	6,000				SUPPORT DISASTER RELIEF

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROMANIA ANIMAL RESCUE INC8000 MORGAN TERRITORY ROAD LIVERMORE, CA 94551	72-1546354	501 (C) 3	3,843				SUPPORT SPAY & NEUTER, PRINTING EDUCATIONAL BOOKLETS
THE BHUTAN FOUNDATION2100 PENNSYLVANIA AVENUE WASHINGTON, DC 20037	13-3376290	501 (C) 3	120,000				SUPPORT SPAY & NEUTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE HUMANE SOCIETY OF PUERTO RICOPO BOX 2387 GUAYNIBO 00970 RQ	66-0329776	501 (C) 3	3,500				SUPPORT SPAY & NEUTER
VIEQUES HUMANE SOCIETY & ANIMAL RESCUE PO BOX 1399 VIEQUES 00765 RQ	66-0463223	501 (C) 3	2,613				SUPPORT SPAY & NEUTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WIDECast WIDER CARIBBEAN SEA TURTLE CONSERVATION NETWORK1348 RUSTICVIEW DRIVE BALWIN, MO 63011	33-0751451	501 (C) 3	10,000				SUPPORT SEA TURTLE RESCUE CENTER

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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	No
		4c	No
	Only 501(c)(3) and 501(c)(4) organizations only 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	5a	No
		5b	No
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	6a	No
		6b	No
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	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	MARTA PRADO RECEIVED A SEVERANCE PACKAGE OF \$29,089 FOR HER SEPARATION WITH THE ORGANIZATION

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
HUMANE SOCIETY INTERNATIONAL**Employer identification number**

52-1769464

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	HSI COORDINATES THE WORK OF THE HSUS AROUND THE GLOBE AND ADDRESSES ISSUES SUCH AS PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMALS (ESPECIALLY IN INDIA, BHUTAN, BANGLADESH, THE PHILIPPINES AND CHINA), SEEKING AN END TO ANIMAL TESTING FOR HUMAN HAZARD AND RISK ASSESSMENT, CAMPAIGNS AGAINST FARM ANIMAL SUFFERING, CAMPAIGNS AGAINST WILDLIFE ABUSE AND SUFFERING, CONFRONTING A WIDE RANGE OF ANIMAL CRUELTY, ESPECIALLY CRUELTY THAT IS SUPPORTED BY GOVERNMENT SUBSIDIES, AND THE CELEBRATION OF THE HUMAN-ANIMAL BOND HSI IS CONDUCTING ACTIVE CAMPAIGNS TO END THE CONFINEMENT OF FARM ANIMALS IN FACTORY FARMING IN INDIA, BRAZIL, MEXICO, ROMANIA AND ELSEWHERE, TO END THE COMMERCIAL KILLING OF SEALS FOR THEIR FUR IN CANADA AND NAMIBIA, TO END COMMERCIAL WHALING, TO END THE PRACTICE OF SHARK FINNING AND THE CONSUMPTION OF SHARK FIN SOUP, TO STOP THE ANIMAL SUFFERING CAUSED BY MODERN "MERCY RELEASE" CEREMONIES, TO END ANIMAL TESTING FOR HUMAN AND ENVIRONMENTAL HAZARD AND RISK ASSESSMENT, AND OTHER MORE LOCAL CAMPAIGNS IN SPECIFIC REGIONS OF THE WORLD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DIRECTOR PACELLE AND OFFICERS ENGLAND, WAITE, CRANE, ROWAN, AND KINDLER WERE EMPLOYED AS OFFICERS OR OTHERWISE BY ANOTHER TAX-EXEMPT ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF THE HUMANE SOCIETY INTERNATIONAL AND CAN ALSO REMOVE THEM AT WILL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, APPOINTS OR CONFIRMS THE MEMBERS OF THE BOARD OF THE HUMANE SOCIETY INTERNATIONAL AND CAN ALSO REMOVE THEM AT WILL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	THE BOARD OF HUMANE SOCIETY INTERNATIONAL ("HSI") HAD NO COMMITTEES

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE PRINCIPAL SALARIED HSI OFFICER WAS RECOMMENDED BY A BOARD COMMITTEE OF THE HUMANE SOCIETY OF THE U S , WHICH SHARES THE SERVICES OF THAT OFFICER WITH HSI THE COMMITTEE RELIES UPON COMPARABILITY DATA THIS PROCESS WAS USED IN AND FOR 2010 AND 2011 THE HSI BOARD ITSELF EVALUATES ITS PRINCIPAL SALARIED OFFICER'S JOB PERFORMANCE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	HSI MAKES COPIES OF ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE TO DONORS FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS AND ARE MADE AVAILABLE TO MAJOR DONORS AND, WHERE REQUIRED BY STATE LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST. COPIES OF HSI'S FORM 1023 APPLICATION FOR RECOGNITION OF TAX EXEMPT STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT HSI'S OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. HSI MAKES COPIES OF THE THREE MOST RECENTLY-FILED FORMS 990 AND THE CURRENT YEAR'S ANNUAL AUDIT REPORT AVAILABLE ON ITS WEBSITE AND UPON REQUEST BY MAIL AND IN PERSON AT HSI'S OFFICES IN WASHINGTON, D.C. AND GAITHERSBURG, MARYLAND. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	LOSS FROM FUNDRAISING EVENT 29,492 ROUNING ADJUSTMENT -42 TOTAL TO FORM 990, PART XI, LINE 5 29,450

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	HSUS WAYNE PACELLE 40 TOM WAITE 40 ANDREW N ROWAN 16 CAROL ENGLAND 40 GWEN CRANE 40 ROGER KINDLER 40

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I

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

(a) Name, address, and EIN 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037 53-0225390	ANIMAL WELFARE	DE	501(C)(3)	7			No
(2) HUMANE SOCIETY INTERNATIONAL UK 5 UNDERWOOD ST LONDON N1 7LY UK	ANIMAL WELFARE	UK	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
(3) HUMANE SOCIETY INTERNATIONAL CANADA 460 ST CATHERINE WEST SUITE 506 MONTREAL, QUEBEC H3B 1A7 CA	ANIMAL WELFARE	CA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
(4) FRIENDS OF HUMANE SOC INT'L FOR THE PROTECTION & CONSERVATION OF ANIMALS 1250 RENE-LEVESQUE BLVD STE 2500 WEST MONTREAL, QUEBEC CA	ANIMAL WELFARE	CA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
(5) HUMANE SOCIETY INTERNATIONAL LATIN AMERICA 250 MTS OESTE DEL MALL SAN PEDROO SAN JOSE CS	ANIMAL WELFARE	CS	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
(6) HUMANE SOCIETY INTERNATIONAL INDIA 112 SAFAL PEGASUS NR PRAHLADNAGAR AHMEDABAD, GUJARAT IN	ANIMAL WELFARE	IN	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

Yes

No

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) HUMANE SOCIETY OF THE UNITED STATES	C	3,200,000	GL ACTIVITY
(2) HUMANE SOCIETY OF THE UNITED STATES	O	4,655,574	INTERCOMPANY ON GENERAL LEDGER
(3) HUMANE SOCIETY OF THE UNITED STATES	Q	824,108	CASH TRANSFERS ON BANK STATEMENT
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 52-1769464
Name: HUMANE SOCIETY INTERNATIONAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037 53-0225390	ANIMAL WELFARE	DE	501(C)(3)	7			No
HUMANE SOCIETY INTERNATIONAL UK 5 UNDERWOOD ST LONDON N1 7LY UK	ANIMAL WELFARE	UK	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
HUMANE SOCIETY INTERNATIONAL CANADA 460 ST CATHERINE WEST SUITE 506 MONTREAL, QUEBEC H3B 1A7 CA	ANIMAL WELFARE	CA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
FRIENDS OF HUMANE SOC INT'L FOR THE PROTECTION & CONSERVATION OF ANIMALS 1250 RENE-LEVESQUE BLVD STE 2500 WEST MONTREAL, QUEBEC CA	ANIMAL WELFARE	CA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
HUMANE SOCIETY INTERNATIONAL LATIN AMERICA 250 MTS OESTE DEL MALL SAN PEDROO SAN JOSE CS	ANIMAL WELFARE	CS	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
HUMANE SOCIETY INTERNATIONAL INDIA 112 SAFAL PEGASUS NR PRAHLADNAGAR AHMEDABAD, GUJARAT IN	ANIMAL WELFARE	IN	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No