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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization HUMANE SOCIETY INTERNATIONAL		D Employer identification number 52-1769464		
	Doing Business As				
	Number and street (or P O box if mail is not delivered to street address) 2100 L STREET NW	Room/suite	E Telephone number (202) 452-1100		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		G Gross receipts \$ 7,430,639		
	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 subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ☐		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527					
J Website: WWW.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 THROUGH SPAY/NEUTER (AND VACCINATION) PROGRAMS IN MUCH OF ASIA, LATIN AMERICA AND SOUTH AMERICA, SEEKING AN END TO ANIMAL TESTING FOR HUMAN HAZARD AND RISK ASSESSMENT THROUGH OUR "BE CRUELTY FREE" CAMPAIGNS ACROSS THE GLOBE (WITH SIGNIFICANT SUCCESS IN EUROPE, INDIA AND CHINA), CAMPAIGNING AGAINST FARM ANIMAL SUFFERING BY WORKING ON ENDING CONFINEMENT CAGES/GESTATION CRATES FOR PIGS AND BATTERY CAGES FOR CHICKENS AS WELL AS PROJECTS TO UPHOLD THE FARM ANIMAL WELFARE POLICIES ESTABLISHED IN THE EUROPEAN UNION, CAMPAIGNING AGAINST WILDLIFE ABUSE AND SUFFERING OF MARINE MAMMALS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	23	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,222,647	Current Year 7,427,621
	9 Program service revenue (Part VIII, line 2g)	10,500	3,070
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,615	-52
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,289,762	7,430,639
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	766,695	904,494
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,887,982	1,957,741
	16a Professional fundraising fees (Part IX, column (A), line 11e)	198,649	56,496
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 377,454		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,722,669	4,517,157
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,575,995	7,435,888
	19 Revenue less expenses Subtract line 18 from line 12	-286,233	-5,249
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 870,564
21 Total liabilities (Part X, line 26)		1,578,728	821,036
22 Net assets or fund balances Subtract line 21 from line 20		-708,164	-316,531

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	2014-11-13 Date			
	☐ G THOMAS WAITE III TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E TURCO CPA	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00369217
	Firm's name ☐ MCGLADREY LLP	Firm's EIN ☐ 42-0714325			
	Firm's address ☐ 9737 WASHINGTONIAN BLVD STE 400 GAITHERSBURG, MD 20878	Phone no (301) 296-3600			
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No					

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

HSI EXTENDS THE WORK OF THE HSUS GLOBALLY AND ADDRESSES ISSUES SUCH AS PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMALS (E G IN INDIA, BHUTAN, BANGLADESH, THE PHILIPPINES, CHINA AND LATIN AMERICA), SEEKING AN END TO ANIMAL TESTING FOR HUMAN AND ENVIRONMENTAL HAZARD AND RISK ASSESSMENT, CAMPAIGNING AGAINST FARM ANIMAL SUFFERING, CAMPAIGNING AGAINST WILDLIFE ABUSE AND SUFFERING AND CONFRONTING A WIDE RANGE OF ANIMAL CRUELTY 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, TO END COMMERCIAL WHALING, TO END THE PRACTICE OF SHARK FINNING, AND TO STOP THE ANIMAL SUFFERING/CRUELTY ESPECIALLY CRUELTY THAT IS SUPPORTED BY GOVERNMENT SUBSIDIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If "Yes," describe these changes on Schedule O

4

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

4a	(Code) (Expenses \$ 2,376,155 including grants of \$ 220,183) (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, AND REDUCING WHALING AND DOLPHIN EXPLOITATION WITH INDIA'S BAN ON DOLPHINARIUMS 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 THE KWA-ZULU NATAL PARKS BOARD HAS ADOPTED THE USAGE OF PZP IN ELEPHANT CONTRACEPTION HSI EFFORTS IN HONDURAS HAVE RESULTED IN THE BUILDING OF A RESCUE CENTER AND TEMPORARY CARE FACILITY FOR WILDLIFE RECOVERED FROM THE ILLEGAL WILDLIFE TRADE OUR WORK IN VIETNAM HAS LAUNCHED A RHINO HORN DEMAND REDUCTION CAMPAIGN WITH THE SUPPORT OF THE VIETNAMESE GOVERNMENT
4b	(Code) (Expenses \$ 2,474,557 including grants of \$ 522,701) (Revenue \$ 3,070)
	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 OUR WORK IN THE PHILIPPINES IS TRANSITIONING STREET DOG MAINTENANCE FROM CULLING TO SPAY/NEUTER A PROJECT IN SRINAGAR (INDIA) ON STREET DOGS IS LEADING THE WAY TO HUMANE STREET DOG POPULATION REDUCTION AND WELFARE HSI PARTNERED WITH THE MUNICIPALITY OF AYSEN (SOUTHERN CHILE) TO REDUCE THE THREAT OF CULLING OF STREET DOGS IN THE SOUTHERN REGION WHERE HUMAN HYDATIDOSIS (SPREAD BY DOGS) IS A PROBLEM SPAY/NEUTER PROGRAMS IN JAMSHEDPUR, ST CROIX, PANAMA, ECUADOR, GUAM AND AMERICAN SAMOA ARE ON-GOING IN ADDITION, HSI ALSO RESPONDS TO CASES OF COMPANION ANIMAL SUFFERING AND TO MAJOR DISASTERS THAT AFFECT ANIMALS BY SENDING SKILLED RESPONDERS AND FUNDING SUPPORT TO AID WHEN DISASTERS OCCUR IN 2013, HSI BEGAN A NEW TEACHER TRAINING INITIATIVE IN HAITI FOR 230 TEACHERS WITH A CURRICULUM IN ANIMAL WELFARE AS PART OF A LONG-TERM EFFORT IN HAITI WITH THE GOAL TO SPREAD IT ACROSS THE COUNTRY
4c	(Code) (Expenses \$ 1,911,322 including grants of \$ 161,611) (Revenue \$)
	HSI HAS ACTIVE CAMPAIGNS AGAINST CONFINEMENT AGRICULTURE IN INDIA, BRAZIL AND MEXICO 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 HSI WORKS WITH ARCOS DORADOS (LARGEST MCDONALD'S FRANCHISE IN LATIN AMERICA) TO OBTAIN THEIR COMMITMENT TO USE "CRATE-FREE" PORK AUSTRIA AGREED, FOLLOWING AN HSI INVESTIGATIVE REPORT, TO LEAD AN EFFORT TO PRESS FOR A CHANGE IN EU POLICY THAT PROHIBITS INVESTMENT IN INTENSIVE ANIMAL CONFINEMENT PROJECTS OUTSIDE THE EU THAT DO NOT CONFORM TO EU'S POLICIES ON FARM ANIMAL WELFARE
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 6,762,034

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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 	3	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 	4 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 	5	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 	6	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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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 	10	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. 	11a 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 	11b	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 	11c	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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	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 (see instructions)	17 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 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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 or note to any line in this Part V

☒

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a0		
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		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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 as charitable contributions?	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?	8		
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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
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 during the tax year	
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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR BRUCE FOGLE CHAIR/DIRECTOR	2 00	X						0	0	0
(2) DR IRENE CROWE VICE CHAIR/DIRECTOR	2 00	X						0	0	0
(3) LESLIE BARCUS BOARD TREASURER/DIRECTOR	2 00	X						0	0	0
(4) DR NANDITHA KRISHNA DIRECTOR	1 00	X						0	0	0
(5) NICHOLAS IBARGUEN DIRECTOR	1 00	X						0	0	0
(6) VERNA SIMPSON DIRECTOR	1 00	X						0	0	0
(7) WAYNE PACELLE DIRECTOR	1 00 39 00	X						0	356,305	44,376
(8) G THOMAS WAITE III TREASURER	1 00 39 00			X				0	206,434	83,520
(9) TERRY REESE ASSISTANT TREASURER	2 00 38 00			X				0	115,755	21,280
(10) KIMBERLY GETZ ASSISTANT TREASURER	2 00 38 00			X				0	26,825	646
(11) GWEN CRANE ASSISTANT TREASURER	2 00 38 00			X				0	58,734	2,317
(12) ANDREW ROWAN PRESIDENT	24 00 16 00			X				37,955	151,822	98,049
(13) CRISTOBEL BLOCK VICE PRESIDENT	39 00 1 00			X				105,243	5,539	47,098
(14) ROGER KINDLER GENERAL COUNSEL	1 00 39 00			X				0	200,444	49,711
(15) CAROL ENGLAND SECRETARY	38 00 2 00			X				0	63,785	17,791

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								143,198	1,185,643	364,788

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

		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
NATIONAL OUTDOOR SPORTS AD 5151 WISCONSIN AVE NW 4TH FL WASHINGTON DC 20016	FUNDRAISING CONSULTANTS	315,969
LW ROBBINS 201 SUMMER STREET HOLLISTON MA 01746	FUNDRAISING CONSULTANTS	200,173
NGUYEN THI MINH THUONG A9 BUILDING2 NGOC HAHA NOIHA NOI VM00000	REDUCE RHINO DEMAND ADS	118,174

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 ►3

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	225			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,989,640			
	e	Government grants (contributions)	1e	152,379			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,285,377			
	g	Noncash contributions included in lines 1a-1f \$		9,902			
	h	Total. Add lines 1a-1f		7,427,621			
Program Service Revenue	2a	REGISTRATION FEES	Business Code				
			900099	3,070	3,070		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,070			
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					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	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	2,093			2,093
	b	OTHER INCOME	900099	-2,145			-2,145
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-52				
12	Total revenue. See Instructions		7,430,639	3,070	0	-52	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	229,800	229,800		
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.	674,694	674,694		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	162,808	135,131	8,140	19,537
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.	1,454,264	1,320,415	61,822	72,027
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	60,788	56,682	2,441	1,665
9	Other employee benefits.	155,816	141,872	6,586	7,358
10	Payroll taxes.	124,065	111,915	5,344	6,806
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	32,546	29,700	1,418	1,428
c	Accounting.	6,027	5,500	263	264
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	56,496			56,496
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,303,000	2,101,577	100,358	101,065
12	Advertising and promotion.	197,947	180,634	8,626	8,687
13	Office expenses.	457,341	414,996	21,095	21,250
14	Information technology.				
15	Royalties.				
16	Occupancy.	106,945	97,592	4,660	4,693
17	Travel.	540,282	493,028	23,544	23,710
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.	2,192	2,000	96	96
23	Insurance.	13,490	12,310	588	592
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	DIRECT RESPONSE COSTS	487,401	416,561	35,296	35,544
b	EDUCATION MATERIAL	363,035	331,284	15,820	15,931
c	R/E AND OTHER TAXES	6,951	6,343	303	305
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	7,435,888	6,762,034	296,400	377,454
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☒ if following SOP 98-2 (ASC 958-720).	833,248	446,818	24,997	361,433

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			456,623	1	174,440
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			107,258	3	189,638
	4	Accounts receivable, net			257,197	4	97,526
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			27,221	9	25,901
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	20,000	22,265	10c	17,000
	b	Less accumulated depreciation	10b	3,000			
	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)			870,564	16	504,505
Liabilities	17	Accounts payable and accrued expenses			133,075	17	102,543
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to 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			1,445,653	25	718,493
	26	Total liabilities. Add lines 17 through 25			1,578,728	26	821,036
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-2,376,865	27	-1,985,232
	28	Temporarily restricted net assets			1,668,701	28	1,668,701
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-708,164	33	-316,531
	34	Total liabilities and net assets/fund balances			870,564	34	504,505

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,430,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,435,888
3	Revenue less expenses Subtract line 2 from line 1	3	-5,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-708,164
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	396,882
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-316,531

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☒	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?	
h	Provide the following information about the supported organization(s)	

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	19,819,716	6,758,752	8,107,587	9,222,647	7,427,621	51,336,323
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	19,819,716	6,758,752	8,107,587	9,222,647	7,427,621	51,336,323
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						51,336,323

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	19,819,716	6,758,752	8,107,587	9,222,647	7,427,621	51,336,323
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,913	22,448	47,982	56,615	2,093	200,051
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						51,536,374
12	Gross receipts from related activities, etc (see instructions)					12	78,968
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99 610 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	99 490 %
16a	33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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, Part V, 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 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?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

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

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

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?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		2,483
e	Publications, or published or broadcast statements?	Yes		37,283
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		694
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		583
i	Other activities?	Yes		2,002
j	Total. Add lines 1c through 1i.			43,045
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1 (A)-1(J)	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. PART II-B, LINE 1H, RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY SIMILAR MEANS. HSI ORGANIZED RALLIES IN SUPPORT OF PROPOSED LEGISLATION. PART II-B, LINE 1I, OTHER ACTIVITIES. HSI STAFF HAVE INTERNAL CONFERENCE CALLS AND/OR MEETINGS AND CONFERENCE CALLS AND/OR MEETINGS WITH OTHER ORGANIZATIONS TO DISCUSS STRATEGY, ENDORSEMENTS, ETC.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

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

1

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

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

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		20,000	3,000	17,000
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				17,000

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,623,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	2,588
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,189,787
e	Add lines 2a through 2d	2e	3,192,375
3	Subtract line 2e from line 1	3	7,430,639
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,430,639

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,693,499
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,588
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,255,023
e	Add lines 2a through 2d	2e	3,257,611
3	Subtract line 2e from line 1	3	7,435,888
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,435,888

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	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 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS	HSI UK AND HSI CANADA REVENUE NOT INCLUDED IN FINANCIAL STATEMENTS 3,189,787
PART XII, LINE 2D - OTHER ADJUSTMENTS	HSI UK AND HSI CANADA EXPENSES NOT INCLUDED IN FINANCIAL STATEMENTS 3,255,023

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			659,094
b Total from continuation sheets to Part I	4	108			4,974,232
c Totals (add lines 3a and 3b)	4	108			5,633,326

Part II

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

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

2

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

76

3

Enter total number of other organizations or entities ▶

0

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

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

☐

Yes

☒

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

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

☒

Yes

☐

No

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	REGION CENTRAL AMERICA AND THE CARIBBEAN (E) SPECIFIC TYPES OF SERVICES IN REGION PROMOT E SPAY & NEUTER PROGRAMS, EFFORTS TO ERADICATE DOGFIGHTING IN COSTA RICA, ANTI-RABIES CAMP AIGN TO PROTECT THE HUMAN POPULATION, ANIMAL-HANDLING AND EQUINE TRAINING, IMPLEMENTATION OF PRIMARY SCHOOL EDUCATION PROGRAMS REGION EAST ASIA AND THE PACIFIC (E) SPECIFIC TYPES OF SERVICES IN REGION PROMOTE THE AWARENESS ON THE IMPORTANCE OF PROTECTING SHARKS, STREE T DOGS/CATS PROGRAM-PREVENTION OF RABIES, PROMOTE SPAY & NEUTER PROGRAMS, HELP RESCUE AND CARE FOR DOGS IN CHINA, DISASTER RELIEF - TSUNAMI/FUKUSHIMA NUCLEAR RADIATION IMPACT ON AN IMALS REGION EUROPE (INCLUDING ICELAND & GREENLAND) (E) SPECIFIC TYPES OF SERVICES IN REG ION PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS, VETERINARY TRAINING, CONSERVATION AND WEL FARE OF APES, RAISING AWARENESS OF THE CRUELTY OF BULL FIESTA AND BULLFIGHTING AND ONGOING EFFORTS TO END SUCH PRACTICES, HUMAN-ANIMAL CONFLICT STUDY AND RESOLUTION REGION MIDDLE EAST AND NORTH AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION SUPPORTED A CONSULTANT TO TRACK ANIMAL WELFARE PROJECTS AND SUPPORTED A NUMBER OF RESIDENTS TO ATTEND ANIMAL CARE TR AINING AT THE ANNUAL INTERNATIONAL ANIMAL CARE EXPO REGION NORTH AMERICA (E) SPECIFIC TY P ES OF SERVICES IN REGION EFFORTS TO IMPROVE LIVES OF HENS & FARM ANIMALS, SUPPORT ANTI-SE ALING COALITION REGION RUSSIA & THE NEWLY INDEPENDENT STATES (E) SPECIFIC TYPES OF SERVIC ES IN REGION PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS REGION SOUTH AMERICA (E) SPECIFI C TYPES OF SERVICES IN REGION PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS, ANIMAL RESCUE O PERATIONS, VETERINARY CARE FOR HORSES REGION SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION PROMOTE ANIMAL BIRTH CONTROL (ABC) PROGRAM, AS WELL AS OTHER SPAY & NEUTER PROGRA MS, DISASTER RELIEF MEASURES IN INDIA, STUDENT EDUCATION AND AWARENESS ON WORKING TOWARDS WELFARE OF ANIMALS REGION SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION PR OMOTE AWARENESS OF BIODIVERSITY PROTECTION, PROMOTE HUMANE ELEPHANT MANAGEMENT

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART II	THE INSTRUCTIONS FOR SCHEDULE F REQUIRE GRANTS AND OTHER ASSISTANCE GIVEN TO RECIPIENTS OVER \$5,000 BE REPORTED IN DETAIL. HOWEVER, IN ORDER TO INCREASE TRANSPARENCY AND PROVIDE THE USERS OF THE FORM WITH COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES, MANAGEMENT HAS CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL ON SCHEDULE F OF THE HS'S FORM 990.

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		216,058
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO OTHER SOCIETIES		110,972
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO OTHER SOCIETIES		88,420

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
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO OTHER SOCIETIES		2,500
NORTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		22,048
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO OTHER SOCIETIES		2,500

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
SOUTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		52,100
SOUTH ASIA	0	0	GRANTS TO OTHER SOCIETIES		164,496
SUB-SAHARAN AFRICA	0	0	GRANTS TO OTHER SOCIETIES		15,600

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	1	8	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	335,155
EAST ASIA AND THE PACIFIC	0	24	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	344,605
EUROPE (INCLUDING ICELAND & GREENLAND)	0	9	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	707,169

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
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	13,442
NORTH AMERICA	1	22	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	657,877
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	337,463

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
SOUTH AMERICA	0	12	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	737,168
SOUTH ASIA	2	28	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	1,372,944
SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	452,809

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 AMERICA AND THE CARIBBEAN	VET SALARIES FOR SPAY/NEUTER PROGRAM	5,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	TRANSPORTATION OF DOGS	8,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	VET SALARIES FOR SPAY/NEUTER PROGRAMS	5,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	ERADICATE DOG FIGHTING	2,891	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 AMERICA AND THE CARIBBEAN	PREVENT DOG FIGHTING	5,287	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	SPAY/NEUTER & HUMANE EDUCATION	3,500	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANE EDUCATION PROJECT, CLINIC MAINTENANCE	75,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	SPAY AND NEUTER SERVICES	17,000	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 AMERICA AND THE CARIBBEAN	RESCUE CENTER CONSTRUCTION	6,452	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	RESCUE CENTER CONSTRUCTION	8,563	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	2013 SPAY & NEUTER SUPPORT	3,500	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	ONGOING CARE OF 200 ANIMALS	3,000	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 AMERICA AND THE CARIBBEAN	SPAY/NEUTER & SUPPORT OF PROGRAMS IN CRISIS	44,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT SPAY/NEUTER SERVICES	8,000	EFT			
		CENTRAL AMERICA AND THE CARIBBEAN	HELP ESTABLISH A RESCUE CENTER	7,500	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	WILDLIFE RESCUE IN HONDURAS	7,515	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 AMERICA AND THE CARIBBEAN	STERILIZATION/VACCINATION OF 750 ANIMALS	5,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	GUATEMALAN SEA TURTLE PROJECT	850	EFT			
		EAST ASIA AND THE PACIFIC	FUNDING/HIRE 2 SUPPORT STAFF	5,000	WIRE			
		EAST ASIA AND THE PACIFIC	SHARK PROTECTION IN BEIJING	700	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	TO SUPPORT PRINT ADVERTISING- BE CRUELTY FREE	20,000	WIRE			
		EAST ASIA AND THE PACIFIC	DOG SMUGGLER PROJECT	6,000	WIRE			
		EAST ASIA AND THE PACIFIC	CONF THE IMPACT OF EAST JAPAN EARTHQUAKE ON ANIMALS	35,000	WIRE			
		EAST ASIA AND THE PACIFIC	CONF THE IMPACT OF EAST JAPAN EARTHQUAKE ON ANIMALS	14,193	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	FUKUSHIMA IMPACT STUDY/Tsunami RELIEF	9,000	WIRE			
		EAST ASIA AND THE PACIFIC	PIG WELFARE RESEARCH PROGRAM	6,579	WIRE			
		EAST ASIA AND THE PACIFIC	FUKUSHIMA IMPACT STUDY REPORT	8,000	WIRE			
		EAST ASIA AND THE PACIFIC	VET TRAINING FUNDS-FLIGHT/LODGING	2,500	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	PIGS-ANIMAL WELFARE - N VIETNAM	1,500	WIRE			
		EAST ASIA AND THE PACIFIC	ADDT'L FUNDS FOR SPAY/NEUTER CLINICS	2,500	CHECK			
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAGE-FREE CAMPAIGN	8,071	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOS DELFINES 2013 CAMPAIGN	671	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 & GREENLAND)	SUPPORT EDUCATIONAL MISSION	20,000	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAGE-FREE CAMPAIGN IN ROMANIA	8,256	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	EUROPEAN UNION LEGAL WORK MARINE MAMMALS	3,000	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ILLEGAL SEAL KILLING IN SCOTLAND	2,500	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAGE-FREE CAMP IN ROMANIA	8,422	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ATTENDENCE OF EXPERT AT WORKSHOP	3,000	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEGASUS GRANT SPAY/ NEUTER & EDUCATION	3,500	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SPAY NEUTER EDUCATION MATERIALS	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PHILIPPINE DOG MEAT TRADE	10,000	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2013 SUPPORT ABC/JAIPUR CENTER	19,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR SPAY/NEUTER PROJ-PALESTINE	2,500	WIRE			
		NORTH AMERICA	GRANT FOR SPAY & NEUTER CLINICS	15,048	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)
		NORTH AMERICA	MEXICO FLOODS DISASTER RELIEF	2,500	WIRE			
		NORTH AMERICA	SPAY/NEUTER PROJECT IN MEXICO	4,500	WIRE			
		RUSSIA AND NEIGHBORING STATES	MOSCOW ANIMAL TESTING ADS	1,500	WIRE			
		RUSSIA AND NEIGHBORING STATES	MOSCOW ANIMAL TESTING ADS	1,000	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)
		SOUTH AMERICA	FUNDING FOR PRINTING THE GUIDE FOR RESPONSIBLE WHALEWASHING	1,000	WIRE			
		SOUTH AMERICA	ASSIST CETACEAN SCIENCE, PROJECTS & PEOPLE	1,000	EFT			
		SOUTH AMERICA	ELIMINATE GESTATION CRATES - FACEBOOK ADS	2,000	WIRE			
		SOUTH AMERICA	FARM ANIMAL WELFARE WORKSHOP	2,600	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)
		SOUTH AMERICA	BATTERY CAGE CAMPAIGN VIDEOS	1,000	WIRE			
		SOUTH AMERICA	HORSES SEIZED IN ABUSIVE SITUATION	5,000	WIRE			
		SOUTH AMERICA	DOLPHIN PROTECTION IN PERU	10,000	WIRE			
		SOUTH AMERICA	FUNDING-LOW COST SPAY/NEUTER MOBILE CLINIC	24,500	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)
		SOUTH AMERICA	VET CARE & SUPPLIES FOR SPAY/NEUTER ACTIVITY	5,000	WIRE			
		SOUTH ASIA	SUPPORT BATTERY CAGE CAMPAIGN	2,000	WIRE			
		SOUTH ASIA	SUPPORT OLIVE RIDLEY TURTLE PROJECT	10,000	WIRE			
		SOUTH ASIA	SUPPORT SPAY/NEUTER PROJECT	5,000	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)
		SOUTH ASIA	SUPPORT IN BANGLADESH	10,000	WIRE			
		SOUTH ASIA	TO SUPPORT SEA TURTLE CONSERVATION	1,000	WIRE			
		SOUTH ASIA	GRANT TO FEDERATION OF INDIAN ANIMAL PROTECTION	20,000	WIRE			
		SOUTH ASIA	EMERGENCY DISASTER FUND - UTTARAKHAND, INDIA	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)
		SOUTH ASIA	ANIMAL VICTIMS OF FLOODING-N INDIA-UTTARAKHAND	5,000	WIRE			
		SOUTH ASIA	WELFARE OF ANIMALS IN HYDERABAD	4,898	WIRE			
		SOUTH ASIA	FUNDING FOR BANGLADESH ANIMAL WELFARE	10,000	WIRE			
		SOUTH ASIA	GO VEGETARIAN OUTREACH	5,079	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)
		SOUTH ASIA	CYCLONE FLOODING/INDIA-OCT'13	5,000	WIRE			
		SOUTH ASIA	2013 SUPPORT HIS ABC/JAIPUR CENTER	6,000	WIRE			
		SOUTH ASIA	VIDEO SCREENING FOR HUMANE EATING	1,078	WIRE			
		SOUTH ASIA	ANIMAL TESTING PROJECT	32,440	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)
		SOUTH ASIA	VEHICLE/EQUIPMENT FOR JAIPUR ELEPHANT PROJECT	45,000	WIRE			
		SUB-SAHARAN AFRICA	PROTECTING VILLAGES FROM LIONS	8,000	WIRE			
		SUB-SAHARAN AFRICA	SUPPORT FOR PAAWA CONFERENCE	5,000	WIRE			
		SUB-SAHARAN AFRICA	DOG BITE PRVENTION TRAINING	2,600	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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.
Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☒

Internet and email 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.

(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			
1 NATIONAL OUTDOOR SPORTS ADVERTISING 5151 WISCONSIN AVE NW 4TH FLOOR WASHINGTON, DC 20016	FUNDRAISING CONSULTANTS		No	554,441	50,974	503,467
2 LW ROBBINS 201 SUMMER STREET HOLLISTON, MA 01746	FUNDRAISING CONSULTANTS		No	315,279	5,013	310,266
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				869,720	55,987	813,733

3

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

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

9 Enter the state(s) in which the organization 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 _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b An outside facility

13b

%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to 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. Part II can be duplicated 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

21

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.
Part III can be duplicated if additional space is needed.

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

Part IV

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

Return Reference	Explanation
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
SCHEDULE I, PART II	THE INSTRUCTIONS FOR SCHEDULE I REQUIRE GRANTS AND OTHER ASSISTANCE GIVEN TO RECIPIENTS OVER \$5,000 BE REPORTED IN DETAIL HOWEVER, IN ORDER TO INCREASE TRANSPARENCY AND PROVIDE THE USERS OF THE FORM WITH COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES, MANAGEMENT HAS CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL ON SCHEDULE I OF THE HSUS'S FORM 990

Additional Data

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
AFGHAN STRAY ANIMAL LEAGUE 3823 SOUTH 14TH STREET ARLINGTON,VA 22204	20-2119782	501 (C) 3	2,000				FUNDING FOR TIGGER HOUSE

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 AID UNLIMITED 6900 37TH AVE SW SEATTLE, WA 98126	71-0884843	501(C)(3)	25,600				COORDINATOR FEES, ADMIN COSTS

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 BALANCE C/O ANIMAL FUND FORT MASON CTR SAN FRANCISCO, CA 94123	68-0630714	501 (C) 3	3,500				SPAY/NEUTER & COMMUNITY OUTREACH SUPPORT

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
CENTRAL VALLEY COALITION FOR ANIMALS 619 WOODWORTH AVE 200 CLOVIS, CA 93612	30-0019352	501 (C) 3	3,000				SUPPORT FOR VACCINATION/DE-WORMING

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
CRISTA MINISTRIES 19303 FREMONT AVE NORTH SEATTLE, WA 981333800	91-6012289	501 (C) 3	500				MEMORIAL DONATION FOR KEITH FLANAGAN

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
FIXIT FOUNDATION 2143 PIER POINT PLACE VIRGINIA BEACH,VA 23455	27-0972079	501 (C) 3	2,250				SUPPORT SPAY/NEUTER PROJECT, ST CROIX

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
FIXIT FOUNDATION 2143 PIER POINT PLACE VIRGINIA BEACH,VA 23455	27-0972079	501 (C) 3	7,750				SUPPORT SPAY/NEUTER PROJECT, ST CROIX

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
GREAT BASIN BIRD OBSERVATORY 1755 E PLUMB LANE SUITE 256 RENO,NV 89502	86-0852927	501(C)(3)	6,140				AMERC SAMOA DOG SURVEY 7/8-12/30

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
GREAT BASIN BIRD OBSERVATORY 1755 E PLUMB LANE SUITE 256 RENO,NV 89502	86-0852927	501(C)(3)	6,970				MAURITIUS DOG SURVEY WORK 6/2-12/30

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
GUAM ANIMALS IN NEED INC PO BOX 22365 BARRIGADA GM 96921 GQ	66-0457503	501 (C)(3)	5,000				TRAPS/MED SUPPLIES FOR SPAY/NEUTER PROJECT

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
INSTITUTE FOR IN VITRO SCIENCES INC 30 W WATKINS MILL RD GAITHERSBURG, MD 20878	52-2029668	501(C)(3)	20,000				SUPPORT EDUC & TRAINING WKSHOP

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
INSTITUTE FOR IN VITRO SCIENCES INC 30 W WATKINS MILL RD GAITHERSBURG, MD 20878	52-2029668	501(C)(3)	20,000				SUPPORT EDUC & TRAINING WKSHOP

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 FUND FOR ANIMAL WELFARE INC 411 MAIN STREET YARMOUTH PORT,MA 026751822	31-1594197	501(C)(3)	10,000				CONTR SCIENTIFIC OFFICER POSITION

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 NETWORK 933 SW 16TH STREET FORT LAUDERDALE, FL 33315	20-2892114	501 (C) 3	3,000				2013 SPAY & NEUTERED SUPPORT

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
KAIROS COALITION 240 BISHOP AVE PACIFIC GROVE, CA 93950	27-0812489	501 (C) 3	5,710				HSI'S FACTORY FARMING WORKSHOP

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
KAIROS COALITION 240 BISHOP AVE PACIFIC GROVE, CA 93950	27-0812489	501(C)(3)	10,000				SUPPORT ANIMAL LOVERS SOCIETY

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
PROTECTION & EDU RE ANIMALS CULTURE &ENVMNT INC 505 N TOMAHAWK IS DR PORTLAND,CO 97217	20-3726038	501 (C) 3	10,000				SUPPORT STERILIZATION

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 INC 8000 MORGAN TERRITORY ROAD LIVERMORE,CA 94551	72-1546354	501 (C)(3)	3,000				SPAY/NEUTER OUTREACH IN ROMANIA

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
SPECIES SURVIVAL NETWORK 2100 L STREET NW WASHINGTON, MD 20037	52-2133713	501 (C) 3	40,000				PREVENT EXPLOITATION OF ANIMALS

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 BHUTAN FOUNDATION 2100 PENNSYLVANIA AVE NW WASHINGTON,DC 20037	13-3376290	501(C)(3)	42,880				SUPPORT, SPAY & NEUTER, PREVENTION OF RABIES, DOG POPULATION MANAGEMENT

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 BHUTAN FOUNDATION 2100 PENNSYLVANIA AVENUE WASHINGTON,DC 20037	13-3376290	501 (C)(3)	2,500				WORLD RABIES DAY INITIATIVE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
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 of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	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?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	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?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	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 Regulations 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	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WAYNE PACELLE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	312,523	0	43,782	31,522	12,854	400,681	0
(2)G THOMAS WAITE III TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	206,434	0	0	64,005	19,515	289,954	0
(3)ANDREW ROWAN PRESIDENT	(i)	37,955	0	0	13,370	6,240	57,565	0
	(ii)	151,822	0	0	53,481	24,958	230,261	0
(4)CRISTOBEL BLOCK VICE PRESIDENT	(i)	105,243	0	0	0	0	105,243	0
	(ii)	5,539	0	0	0	47,098	52,637	0
(5)ROGER KINDLER GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	200,444	0	0	27,696	22,015	250,155	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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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.
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTOR PACELLE AND OFFICERS ENGLAND, WAITE, GETZ, 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

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

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

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

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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	HSI RELIES UPON AND FOLLOW THE CONFLICT OF INTEREST POLICY OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES THE MONITORING AND COMPLIANCE PROCESS IS FACILITATED BY THE OVERLAP IN STAFF AND BOARDS BETWEEN THE TWO ORGANIZATIONS THE IMPLEMENTATION OF THE 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 2012 AND 2013 THE HSI BOARD ITSELF EVALUATES ITS PRINCIPAL SALARIED OFFICER'S JOB PERFORMANCE

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.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	COMMUNICATION & PLANNING PROGRAM SERVICE EXPENSES 333,049 MANAGEMENT AND GENERAL EXPENSES 15,904 FUNDRAISING EXPENSES 16,016 TOTAL EXPENSES 364,969 PROGRAM CONSULTING PROGRAM SERVICE EXPENSES 1,254,369 MANAGEMENT AND GENERAL EXPENSES 59,901 FUNDRAISING EXPENSES 60,323 TOTAL EXPENSES 1,374,593 VETERINARY/MEDICAL PROGRAM SERVICE EXPENSES 112,991 MANAGEMENT AND GENERAL EXPENSES 5,396 FUNDRAISING EXPENSES 5,434 TOTAL EXPENSES 123,821 OTHERS PROGRAM SERVICE EXPENSES 401,168 MANAGEMENT AND GENERAL EXPENSES 19,157 FUNDRAISING EXPENSES 19,292 TOTAL EXPENSES 439,617

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO REMOVE HSI UK AND HSI CANADA FROM TAX RETURN 396,882

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HUMANE SOCIETY INTERNATIONAL

Employer identification number
52-1769464

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to 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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CENTER FOR RESPECT OF LIFE & ENVIRONMENT 2100 L ST NW WASHINGTON, DC 20037 52-1520451	ANIMAL WELFARE	DC	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No
(1) DORIS DAY ANIMAL LEAGUE 2100 L ST NW WASHINGTON, DC 20037 95-4117651	ANIMAL WELFARE	CA	501(C)(4)		HUMANE SOCIETY OF THE UNITED STATES		No
(2) 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
(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) 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
(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 UK 5 UNDERWOOD ST LONDON N1 7LY UK	ANIMAL WELFARE	UK	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		No
(7) HUMANE SOCIETY OF THE UNITED STATES CALIFORNIA BRANCH 2100 L ST NW WASHINGTON, DC 20037 94-6050420	ANIMAL WELFARE	CA	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No
(8) HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH INC 2100 L ST NW WASHINGTON, DC 20037 22-1671626	ANIMAL WELFARE	NJ	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No
(9) HUMANE SOCIETY UNIVERSITY 2100 L ST NW WASHINGTON, DC 20037 27-0263498	ANIMAL WELFARE EDUCATION	DC	501(C)(3)	LINE 2	HUMANE SOCIETY OF THE UNITED STATES		No
(10) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION 2100 L ST NW WASHINGTON, DC 20037 22-2768664	ANIMAL WELFARE	NY	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No
(11) SOUTH FLORIDA WILDLIFE CENTER INC 3200 SW 4TH AVE FT LAUDERDALE, FL 33315 23-7086391	ANIMAL WELFARE	FL	501(C)(3)	LINE 9	HUMANE SOCIETY OF THE UNITED STATES		No
(12) THE FUND FOR ANIMALS 200 W 57TH ST NEW YORK, NY 10019 13-6218740	ANIMAL WELFARE	NY	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No
(13) THE HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037 53-0225390	ANIMAL WELFARE	DE	501(C)(3)	LINE 7	N/A		No
(14) THE HUMANE SOCIETY WILDLIFE LAND TRUST 2100 L ST NW WASHINGTON, DC 20037 52-1808517	ANIMAL WELFARE	DC	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No
(15) THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIRONMENTAL EDUCATION 2100 L ST NW WASHINGTON, DC 20037 23-7327537	ANIMAL WELFARE	DC	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		No