

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2011** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUMANE SOCIETY INTERNATIONAL		D Employer identification number 52-1769464
	Doing Business As		E Telephone number 202-452-1100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,219,967.
	2100 L STREET, NW		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ANDREW N. ROWAN SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HUMANESOCIETYINTERNATIONAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a 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 6,758,752.	Current Year 8,107,587.
	9 Program service revenue (Part VIII, line 2g)	0.	32,199.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2.	-9,680.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,446.	18,490.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,781,200.	8,148,596.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	551,441.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,424,338.	2,374,160.
16a Professional fundraising fees (Part IX, column (A), line 11e)		157,640.	117,859.
b Total fundraising expenses (Part IX, column (D), line 25)		680,643.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,368,123.	5,444,535.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,501,542.	9,043,949.	
19 Revenue less expenses. Subtract line 18 from line 12	-720,342.	-895,353.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,424,807.	End of Year 1,065,436.
	21 Total liabilities (Part X, line 26)	980,835.	1,487,367.
	22 Net assets or fund balances. Subtract line 21 from line 20	443,972.	-421,931.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	G. THOMAS WAITE, III, TREASURER	10/22/12			
Paid Preparer Use Only	Print/Type preparer's name JAMES SWEENEY	Preparer's signature <i>James Sweeney CPA</i>	Date 10/15/12	Check if self-employed <input type="checkbox"/>	PTIN P01263012
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Phone no. 703-336-6400		
	Firm's address 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205				

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 2,684,734. including grants of \$ 147,194.) (Revenue \$) HSI CONDUCTS A VARIETY OF PROGRAMS AIMED AT STOPPING WILDLIFE SUFFERING AND ABUSE. THESE INCLUDE A MAJOR CAMPAIGN AIMED AT STOPPING THE KILLING OF SEALS FOR COMMERCIAL PURPOSES, A CAMPAIGN TO STOP SHARK FINNING AND THE CONSUMPTION OF SHARK FIN SOUP, A CAMPAIGN AGAINST MERCY RELEASE PROGRAMS THAT ENCOURAGE THE CAPTURE AND SUBSEQUENT RELEASE OF WILD ANIMALS, AS WELL AS SUBSTANTIAL WORK ON WILDLIFE TRADE (VIA CITES AND OTHER ACTIVITIES), ON EFFORTS TO STOP COMMERCIAL WHALING (VIA THE IWC), AND ATTEMPTS TO IMPROVE WILDLIFE PROTECTION MECHANISMS IN INTERNATIONAL TRADE NEGOTIATIONS. IN ADDITION, HSI IS ACTIVE IN CAMPAIGNING AGAINST FUR GARMENTS AND IN PROMOTING WILDLIFE CONTRACEPTION AS A HUMANE WAY TO MANAGE WILDLIFE POPULATIONS (PARTICULARLY ELEPHANTS) WITHOUT THE STRESS OF CAPTURE AND

4b (Code:) (Expenses \$ 2,881,824. including grants of \$ 744,946.) (Revenue \$ 32,199.) HSI ACTIVELY SUPPORTS THE EDUCATION AND DEVELOPMENT OF ANIMAL PROTECTION ORGANIZATIONS THROUGH A VARIETY OF EDUCATIONAL AND HANDS-ON PROGRAMS. EVERY YEAR, HSI ORGANIZES AN INTERNATIONAL TRACK AS PART OF THE ANIMAL CARE EXPO THAT IS AIMED SPECIFICALLY AT ATTENDEES FROM INTERNATIONAL ANIMAL ORGANIZATIONS. HSI ALSO ORGANIZES AND SUPPORTS WORKSHOPS ACROSS THE WORLD TO ENHANCE THE CAPACITY AND SKILLS OF THE INTERNATIONAL ANIMAL MOVEMENT. AS PART OF THIS APPROACH, HSI HAS BEEN DEVELOPING PROGRAMS AND TECHNOLOGIES THAT PERMIT HIGH VOLUME STERILIZATION OF STREET DOGS. THESE PROJECTS TRAIN VETERINARIANS, VETERINARY TECHNICIANS AND ANIMAL HANDLERS, CHANGE THE WAY COMMUNITIES VIEW STREET ANIMALS, AND INDIRECTLY AND DIRECTLY ENHANCE THE CAPACITY OF LOCAL ORGANIZATIONS WHILE ALSO IMPROVING THE WELLBEING OF STREET

4c (Code:) (Expenses \$ 2,336,762. including grants of \$ 215,255.) (Revenue \$) HSI HAS ACTIVE CAMPAIGNS AGAINST CONFINEMENT AGRICULTURE IN INDIA, BRAZIL, MEXICO AND CANADA. IN ADDITION, HSI IS ENGAGING THE EU, THE FAO AND THE OIE ON FARM ANIMAL WELFARE AND COOPERATING WITH INTERNATIONAL ANIMAL NGOS TO PRESS FOR HUSBANDRY IMPROVEMENTS THAT WILL REDUCE ANIMAL SUFFERING ACROSS THE GLOBE.

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

4e Total program service expenses 7,903,320.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7g		
	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?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 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 - 202-452-1100**
700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. BRUCE FOGLE CHAIR/DIRECTOR	1.00	X					0.	0.	0.	
(2) DR. IRENE CROWE VICE CHAIR/DIRECTOR	1.00	X					0.	0.	0.	
(3) LESLIE BARCUS BOARD TREASURER/DIRECTOR	1.00	X					0.	0.	0.	
(4) DR. NANDITHA KRISHNA DIRECTOR	1.00	X					0.	0.	0.	
(5) VERNA SIMPSON DIRECTOR	1.00	X					0.	0.	0.	
(6) WAYNE PACELE DIRECTOR	1.00	X					0.	268,226.	31,295.	
(7) G. THOMAS WAITE TREASURER	1.00			X			0.	199,594.	68,425.	
(8) GWEN CRANE ASSISTANT TREASURER	1.00			X			0.	120,747.	25,569.	
(9) ANDREW ROWAN PRESIDENT	24.00			X			116,575.	77,717.	80,477.	
(10) CRISTOBEL BLOCK VICE PRESIDENT	40.00			X			102,870.	0.	30,819.	
(11) CAROL ENGLAND SECRETARY	1.00			X			0.	61,093.	14,307.	
(12) ROGER KINDLER GENERAL COUNSEL	1.00			X			0.	193,684.	40,162.	
(13) MARTA PRADO EXECUTIVE DIRECTOR INT'L TRADE & DEV	40.00				X		164,690.	0.	13,711.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	56,825.				
	d Related organizations	1d	3200000.				
	e Government grants (contributions)	1e	372,947.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4477815.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		8107587.				
	Program Service Revenue	2 a <u>SPONSORSHIP</u>	Business Code 900099	28,000.			28,000.
b <u>REGISTRATION FEES</u>		900099	4,199.	4,199.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			32,199.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		9,680.			
		c Gain or (loss)		-9,680.			
	d Net gain or (loss)		-9,680.			-9,680.	
	8 a Gross income from fundraising events (not including \$ 56,825. of contributions reported on line 1c). See Part IV, line 18	a	32,199.				
		b Less: direct expenses	b	61,691.			
c Net income or (loss) from fundraising events			-29,492.			-29,492.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>LIST RENTAL</u>	900099	47,982.			47,982.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		47,982.					
12 Total revenue. See instructions.		8148596.	4,199.	0.	36,810.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	170,959.	170,959.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	936,436.	936,436.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	476,951.	423,277.	24,258.	29,416.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,499,781.	1,361,976.	69,771.	68,034.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	153,848.	133,828.	8,163.	11,857.
9 Other employee benefits	100,742.	52,754.	19,056.	28,932.
10 Payroll taxes	142,838.	124,250.	7,579.	11,009.
11 Fees for services (non-employees):				
a Management				
b Legal	92,836.	81,963.	5,037.	5,836.
c Accounting	18,292.	16,149.	993.	1,150.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	117,859.			117,859.
f Investment management fees				
g Other	2,327,062.	2,062,933.	120,052.	144,077.
12 Advertising and promotion				
13 Office expenses	423,820.	258,482.	65,065.	100,273.
14 Information technology				
15 Royalties				
16 Occupancy	147,056.	129,832.	7,980.	9,244.
17 Travel	613,213.	541,390.	33,275.	38,548.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,298.	2,298.		
23 Insurance	1,174.	1,036.	64.	74.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT RESPONSE COSTS	1,518,490.	1,340,635.	82,398.	95,457.
b EDUCATION MATERIAL	292,753.	258,464.	15,886.	18,403.
c R/E AND OTHER TAXES	7,541.	6,658.	409.	474.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,043,949.	7,903,320.	459,986.	680,643.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,184,562.	709,736.	35,537.	439,289.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	923,713.	1	669,212.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	98,898.	3	45,690.	
	4 Accounts receivable, net	367,732.	4	319,729.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	23,574.	9	25,363.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,530.			
	b Less: accumulated depreciation	10b 1,088.	10,890.	10c 5,442.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,424,807.	16	1,065,436.		
Liabilities	17 Accounts payable and accrued expenses	140,447.	17	184,368.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	840,388.	25	1,302,999.	
	26 Total liabilities. Add lines 17 through 25	980,835.	26	1,487,367.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-1,271,907.	27	-2,623,478.	
	28 Temporarily restricted net assets	1,715,879.	28	2,201,547.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	443,972.	33	-421,931.	
34 Total liabilities and net assets/fund balances	1,424,807.	34	1,065,436.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,148,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,043,949.
3	Revenue less expenses. Subtract line 2 from line 1	3	-895,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	443,972.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,450.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-421,931.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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.	X	

Form 990 (2011)

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,321,228.	2,599,255.	19,819,716.	6,758,752.	8,107,587.	39,606,538.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,321,228.	2,599,255.	19,819,716.	6,758,752.	8,107,587.	39,606,538.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						39,606,538.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,321,228.	2,599,255.	19,819,716.	6,758,752.	8,107,587.	39,606,538.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,522.	41,643.	70,913.	22,448.	47,982.	231,508.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	158,195.	50.				158,245.
11 Total support. Add lines 7 through 10						39,996,291.
12 Gross receipts from related activities, etc. (see instructions)					12	65,533.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.03 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.97 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 363,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 3,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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 organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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
1 a 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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		9,854.
e Publications, or published or broadcast statements?	X		34,845.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5,009.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			49,708.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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

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

PART II-B, LINE 1B, PAID STAFF OR MANAGEMENT:

HSI MANAGEMENT AND STAFF PLAN, COORDINATE, AND IMPLEMENT A PUBLIC POLICY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF CONGRESS, EXECUTIVE AND REGULATORY AGENCIES, ANIMAL WELFARE COALITIONS, AND OTHER NATIONAL AND INTERNATIONAL ORGANIZATIONS.

Part IV Supplemental Information (continued)

PART II-B, LINE 1D, MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC:

HSI SENT ELECTRONIC UPDATES ON ANIMAL WELFARE LEGISLATION TO INTERESTED PARTIES.

PART II-B, LINE 1E, PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS:

HSI MADE STATEMENTS IN ITS ELECTRONIC AND PRINT PUBLICATIONS, AS WELL AS IN PUBLISHED OR BROADCAST STATEMENTS INTENDED TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS.

PART II-B, LINE 1G, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY:

IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA, HSI STAFF HAVE DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.

SCHEDULE D
(Form 990)

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

2 Provide the estimated percentage of the 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? Yes No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,530.	1,088.	5,442.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 5,442.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO/FROM GENERAL FUND	1,302,999.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,302,999.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,148,596.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,043,949.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-895,353.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	29,450.
9	Total adjustments (net). Add lines 4 through 8	9	29,450.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-865,903.

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

1	Total revenue, gains, and other support per audited financial statements	1	8,178,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	29,450.
e	Add lines 2a through 2d	2e	29,450.
3	Subtract line 2e from line 1	3	8,148,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,148,596.

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

1	Total expenses and losses per audited financial statements	1	9,043,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,043,949.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,043,949.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: 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

Part XIV Supplemental Information (continued)

SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A
 GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE
 SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
 ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND
 PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE SOCIETY'S TAX POSITIONS AND CONCLUDED THAT THE
 SOCIETY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO
 THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF
 THIS GUIDANCE. GENERALLY, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX
 EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS
 BEFORE 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

LOSS FROM FUNDRAISING EVENT	29,492.
ROUNDING ADJUSTMENT	-42.
TOTAL TO SCHEDULE D, PART XI, LINE 8	29,450.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS FROM FUNDRAISING EVENT	29,492.
ROUNDING ADJUSTMENT	-42.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	29,450.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 Activities 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO OTHER SOCIETIES		220,012.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO OTHER SOCIETIES		297,568.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO OTHER SOCIETIES		173,968.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO OTHER SOCIETIES		9,536.
NORTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		30,106.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO OTHER SOCIETIES		368.
SOUTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		30,846.
SOUTH ASIA	0	0	GRANTS TO OTHER SOCIETIES		155,993.
3 a Sub-total	0	0			918,397.
b Total from continuation sheets to Part I	61	4			5,968,955.
c Totals (add lines 3a and 3b)	61	4			6,887,352.

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

Schedule F (Form 990) 2011

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO OTHER SOCIETIES		18,039.
CENTRAL AMERICA AND THE CARIBBEAN	10	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	1,392,250.
EAST ASIA AND THE PACIFIC	5	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	440,182.
EUROPE (INCLUDING ICELAND AND GREENLAND)	12	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	645,635.
MIDDLE EAST AND NORTH AFRICA	1	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	261,683.
NORTH AMERICA	17	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	818,149.
RUSSIA AND THE NEWLY INDEPENDENT STATES	1	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	272,841.
SOUTH AMERICA	4	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	848,366.
SOUTH ASIA	9	1	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	867,375.
SUB-SAHARAN AFRICA	2	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	404,435.
Totals	61	4			5,968,955.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 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)
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: STRENGTHEN LOCAL WILDLIFE RESCUE CENTERS; MAMMAL QUARANTINE AREA	5,616	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: SPAY/NEUTER, VACCINATION, SEA-TURTLE STRANDING	35,307	CHECK	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: ENVIRONMENTALLY-FRIENDLY Cacao PRODUCTION PROGRAM;	18,800	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: TRAINING AND GENERAL OPERATIONS; PURCHASE OF TRUCK	33,752	EFT	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: STRENGTHEN LOCAL WILDLIFE RESCUE CENTERS/NEW CONSTRUCTION	7,495	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	ESTABLISH MODEL RESCUE CENTERS/JAIUR TRAINING CENTER	12,000	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	PUBLIC OUTREACH PROGRAM TO EDUCATE/DISSUADE THE PURCHASE OF ILLEGAL	5,929	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT FOR DEVELOPMENT FOR WILDLIFE BASED TOURISM	11,000	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 93

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICAN & CARIBBEAN	SPAY-NEUTER CLINIC WORK	37,000.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	PROMOTE AWARENESS OF BIODIVERSITY PROTECTION AND AGRICULTURE PRODUCT	30,546.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	CAWC 2011 SUPPORT	1,387.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	CAWC 2011 SUPPORT	500.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	DISASTER RELIEF	798.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	DONKEY STABLE	3,815.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SEA TURTLE HATCHERY	5,000.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: SPAY/NEUTER	3,636.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: EDUCATION AND OUTREACH PROGRAM	2,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: GUATEMALA CLINIC INFRASTRUCTURE	1,250.	WIRE	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: SPAY/NEUTER	737.	EFT	0.		
		CENTRAL AMERICAN & CARIBBEAN	SUPPORT: VET SERVICES	1,035.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT THE POST RESCUE CARE OF INTERCEPTED DOGS IN BEIJING, CHINA;	13,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROMOTE THE AWARENESS AND SUPPORT OF THE PEOPLE/GOV. OF TAIWAN ON THE IMPORTANCE OF	15,720.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HELP PROMOTE SHARK FIN-FREE	6,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	STREET DOGS/CATS PROGRAM-PREVENTION OF RABIES AND PURCHASE A VEHICLE TO BE USED AS	20,607.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: TSUNAMI RELIEF; CONSTRUCTION/OPERATIO OF MIHARU ANIMAL	250000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SHARK FIN CAMPAIGN PROJECT	10,503.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	SUPPORT: ANIMAL RESCUE	1,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF: PHILLIPINES FLOOD	5,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANIMAL CARE EXPO 2011 AWARD	1,868.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANIMAL CARE EXPO 2011 AWARD	4,844.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF: PHILLIPINES FLOOD	3,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	OFFICE MAINTENANCE	1,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PHILIPPINE FLOOD RELIEF	500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: SPAY/NEUTER	592.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: SPAY/NEUTER/VACCINATION PROGRAM	1,500.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	SUPPORT: SPAY/NEUTER/VACCINATION PROGRAM	1,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: SPAY/NEUTER/VACCINATION PROGRAM	2,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: SPAY/NEUTER/VACCINATION PROGRAM	2,918.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: RESCUE OF SLAUGHTER-BOUND DOGS	2,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT: RESCUED DOGS	2,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: SPAY/NEUTER	8,430.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FOR BULL FIESTA CAMP	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CANADIAN SEAFOOD BOYCOTT IN UK	121358.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: SANCTUARY TRAINING; CONSTRUCTION OF LION-PROOF BOMAS	10,704.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ANIMAL CARE EXPO 2011 AWARD	1,943.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROMOTING PUBLIC POLICY AND LAW PROTECTING ANIMALS	3,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: SPAY/NEUTER	563.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: FIELD RESEARCH ON ECOLOGY	4,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: SPAY/NEUTER	2,291.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: SMALL CETACEAN CONSERVATION RESEARCH	1,617.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT: VET AND ANIMAL SUPPLIES	4,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WHALES PROTECTION TRAINING	5,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TO DEVELOP THE CAPACITY OF YOUNG NTL VETERINARIANS FOR WILDLIFE AND	5,500.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT: SPAY/NEUTER	2,128.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT: HUMANE EDUCATION PROGRAM	1,500.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT TO PROVIDE CARE FOR ANIMALS	7,000.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	ADMINISTRATION OF HOWLEY TNR	3,086.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	CAACQ (COMPANION ANIMAL ADOPTION CENTER OF QUEBEC) CONFERENCE	2,044.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT: CAT RESCUE PROGRAM	3,028.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	ANIMAL CARE EXPO 2011 AWARD	788.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	MARINE MAMMALS EXPLOITATION AWARENESS	2,000.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT: ANIMAL RESCUE	2,019.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT: ANIMAL RESCUE	3,000.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT: CAT RESCUE PROGRAM	1,506.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT: HORSE RESCUE PROGRAM	2,019.	WIRE	0.		
		NORTH AMERICA - MEXICO AND CANADA	SUPPORT: RESCUE PROGRAM	3,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT: MEATLESS-MONDAYS CAMPAIGN	6,500.	WIRE	0.		
		SOUTH AMERICA	CAWC 2011 SCHOLARSHIP	726.	WIRE	0.		
		SOUTH AMERICA	EQUINE HEALTH CLINIC	5,000.	WIRE	0.		
		SOUTH AMERICA	ANIMAL CARE EXPO 2011 AWARD	718.	WIRE	0.		
		SOUTH AMERICA	POST DISASTER RELIEF	1,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	SUPPORT: SPAY/NEUTER	802.	WIRE	0.		
		SOUTH AMERICA	SUPPORT: SPAY/NEUTER	3,500.	WIRE	0.		
		SOUTH AMERICA	SUPPORT: SPAY/NEUTER	4,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT FOR STERILIZATION CLINIC	2,250.	WIRE	0.		
		SOUTH AMERICA	SUPPORT TO FACILITATE DISCUSSION AND PLAN ACTION FOR ANIMAL WELFARE	2,264.	WIRE	0.		
		SOUTH AMERICA	SUPPORT: EDUCATIONAL MATERIALS	3,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT: SETTING UP OF A KENNEL WING, SURGERY ROOM, AUDITORIUM,	55,676.	WIRE	0.		
		SOUTH ASIA	SUPPORT: VET SALARY/CONTROL OF STRAY STREET DOGS/ THE ATTENDANT	7,683.	WIRE	0.		
		SOUTH ASIA	SUPPORT: ANIMAL CARE PROJECT; VEHICLE	15,688.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH ASIA	SUPPORT: FLOOD DISASTER; DOG-CATCHERS	12,000.	WIRE	0.		
		SOUTH ASIA	CLIMATE CHANGE WORK	1,000.	WIRE	0.		
		SOUTH ASIA	DISASTER RELIEF - ORISSA	3,000.	WIRE	0.		
		SOUTH ASIA	ANIMAL CARE EXPO 2011 AWARD	1,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT: SPAY/NEUTER	2,622.	WIRE	0.		
		SOUTH ASIA	SUPPORT: SHELTER OPERATIONS	5,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	ANIMAL CARE EXPO 2011 AWARD	1,418.	WIRE	0.		
		SUB-SAHARAN AFRICA	ANIMAL CARE EXPO 2011 AWARD	1,918.	WIRE	0.		
		SUB-SAHARAN AFRICA	ANIMAL CARE EXPO 2011 AWARD	4,363.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	SUPPORT: SPAY/NEUTER	913.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT: ADD SCHOLARSHIP FUND	2,143.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT: EMERGENCY CARE PROGRAM	1,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT: VETERINARY FEES	4,300.	WIRE	0.		

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

Complete this part to 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.

SCHEDULE F, 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 GRANTEES.

PART II, COLUMN (D):

REGION: CENTRAL AMERICAN & CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT: ENVIRONMENTALLY-FRIENDLY CACAO PRODUCTION PROGRAM; PARTICIPATION IN INT'L CACAO MARKET

REGION: CENTRAL AMERICAN & CARIBBEAN

(D) PURPOSE OF GRANT: PUBLIC OUTREACH PROGRAM TO EDUCATE/DISSUADE THE PURCHASE OF ILLEGAL WILDLIFE AS PETS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORT THE POST RESCUE CARE OF INTERCEPTED DOGS IN BEIJING, CHINA; TRAINING AND AWARENESS PROGRAM/BUILDING A RURAL MODEL OF ANIMAL PROTECTION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: PROMOTE THE AWARENESS AND SUPPORT OF THE PEOPLE/GOV. OF TAIWAN ON THE IMPORTANCE OF PROTECTING SHARKS; TO SUPPORT SHELTER DESIGN

REGION: EAST ASIA AND THE PACIFIC

Part V Supplemental Information

Complete this part to 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.

(D) PURPOSE OF GRANT: STREET DOGS/CATS PROGRAM-PREVENTION OF RABIES AND PURCHASE A VEHICLE TO BE USED AS A MOBILE CLINIC

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORT: TSUNAMI RELIEF; CONSTRUCTION/OPERATION OF MIHARU ANIMAL SHELTER

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO DEVELOP THE CAPACITY OF YOUNG NTL VETERINARIANS FOR WILDLIFE AND CONSERVATION ISSUES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT: SETTING UP OF A KENNEL WING, SURGERY ROOM, AUDITORIUM, RESIDENTIAL AREA, KITCHEN AREA, VEHICLE PURCHASE ,ETC; CREATING THE FIRST CNVR TEAM (CATCH-NEUTER-VACCINATE-RELEASE)

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT: VET SALARY/CONTROL OF STRAY STREET DOGS/ THE ATTENDANT PROBLEMS OF RABIES AND ZONOTIC ILLNESS; EXPO SCHOLARSHIP AWARD

PART I, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPE OF SERVICE(S): STRENGTHEN LOCAL WILDLIFE RESCUE CENTERS; SUPPORT MAMMAL QUARANTINE AREA, SPAY/NEUTER, VACCINATION, SEA-TURTLE STRANDING; ENVIRONMENTALLY-FRIENDLY CACAO PRODUCTION PROGRAM; PARTICIPATION IN INT'L CACAO MARKET TRAINING AND GENERAL

Part V Supplemental Information

Complete this part to 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.

OPERATIONS; ESTABLISH MODEL RESCUE CENTERS; PUBLIC OUTREACH PROGRAM TO
 EDUCATE/DISSUADE THE PURCHASE OF ILLEGAL WILDLIFE AS PETS; PROMOTE
 AWARENESS OF BIODIVERSITY PROTECTION AND AGRICULTURE PRODUCT

PART I, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPE OF SERVICE(S): PROMOTE THE AWARENESS ON THE
 IMPORTANCE OF PROTECTING SHARKS; STREET DOGS/CATS PROGRAM-PREVENTION OF
 RABIES; TRAINING AND AWARENESS PROGRAM/BUILDING A RURAL MODEL OF ANIMAL
 PROTECTION; DISASTER-RELIEF SUPPORT; SPAY/NEUTER

PART I, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPE OF SERVICE(S): SUPPORT: SANCTUARY TRAINING;
 CONSTRUCTION OF LION-PROOF BOMAS; CANADIAN SEAFOOD BOYCOTT IN UK;
 SPAY/NEUTER; SCIENTIFIC AND FIELD RESEARCH ON ECOLOGY

PART I, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPE OF SERVICE(S): TO DEVELOP THE CAPACITY OF YOUNG NTL
 VETERINARIANS FOR WILDLIFE AND CONSERVATION ISSUES

PART I, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPE OF SERVICE(S): SUPPORT TO PROVIDE CARE FOR ANIMALS;
 RESPONDING TO CASES OF COMPANION ANIMAL SUFFERING BY RESCUING DOGS FROM
 PUPPYMILLS; CAMPAIGNS TO END COMMERCIAL KILLING OF SEALS FOR FUR

Part V Supplemental Information

Complete this part to 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.

PART I, COLUMN (E):

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPE OF SERVICE(S): SUPPORT: SPAY & NEUTER PROGRAMS

PART I, COLUMN (E):

REGION: SOUTH AMERICA

(E) SPECIFIC TYPE OF SERVICE(S): CONDUCTING ACTIVE CAMPAIGNS TO END THE CONFINEMENT OF FARM ANIMALS IN FACTORY FARMING

PART I, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPE OF SERVICE(S): CAPACITY BUILDING FOR THE MOVEMENT THROUGH FUNDING GRASSROOTS OUTREACH TO PROMOTE PLANT-BASED EATING THROUGHOUT INDIA; WORKSHOPS AND LECTURES ON THE SUFFERING OF FARM ANIMALS; PROMOTING HUMANE MANAGEMENT OF STREET ANIMALS

PART I, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPE OF SERVICE(S): CONDUCTIVE ACTIVE CAMPAIGNS TO END COMMERCIAL WHALING

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))
		CARIBBEAN ANIMAL FUNDR		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	89,024.			89,024.
	2 Less: Charitable contributions	56,825.			56,825.
	3 Gross income (line 1 minus line 2)	32,199.			32,199.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	20,889.			20,889.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,802.			40,802.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(61,691)
	11 Net income summary. Combine line 3, column (d), and line 10				-29,492.

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: NATIONAL OUTDOOR SPORTS ADVERTISING

(I) ADDRESS OF FUNDRAISER:

5151 WISCONSIN AVE, NW, 4TH FLOOR, WASHINGTON, DC 20016

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIGOS DE LOS ANIMALS PO BOX 70159 CAROLINA, PUERTO RICO 00984	66-0673931	501 (C) 3	3,000.	0.			SUPPORT: ANIMAL CONTROL OFFICER TRAINING
ANIMAL BALANCE 1920 BLAKE STREET BERKELEY, CA 94704	68-0630714	501 (C) 3	3,000.	0.			EDUCATION PROJECT FOR CARING FOR DOGS
ANIMAL WELFARE INSTITUTE PO BOX 3650 WASHINGTON, DC 20027	13-5655952	501 (C) 3	550.	0.			SUPPORT: IWC 63RD ANNUAL MEETING
ASOCIACION DE AMIGOS POR LOS ANIMAL ES DE SOSUA, INC. - EPS D4145 PO BOX 02-5648 - MIAMI, FL 33126	23-1523544	501 (C) 3	582.	0.			SUPPORT: SPAY & NEUTER
FUNDACION SPAY/PANAMA PO BOX 025724 MIAMI, FL 33102	20-8764359	501 (C) 3	960.	0.			SUPPORT: SPAY & NEUTER
HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 92067	23-7228287	501 (C) 3	532.	0.			SUPPORT: EDUCATION PROGRAMS FOR ANIMAL CARE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE BEINGS INC. 47 MERCER STREET, 6TH FLOOR NEW YORK, NY 10013	77-0716198	501 (C) 3	5,000.	0.			PEGASUS RECIPIENT / TO TREET ALL ANIMALS WITH COMPASSION & RESPECT
INSTITUTE FOR IN VITRO SCIENCES, INC - 30 W WATKINS MILL RD, STE 100 - GAITHERSBURG, MD 20878	52-2029668	501 (C) 3	6,000.	0.			SUPPORT: INTERNATIONAL TRAINING PROGRAM
INTERNATIONAL SPAY/NEUTER NETWORK 15127 PERDIDO DRIVE ORLANDO, FL 32828	20-2892114	501 (C) 3	5,000.	0.			SUPPORT: SPAY & NEUTER
PROTECTION & EDUCATION RE: ANIMALS CULTURE & THE ENVIRONMENT INC - 636 SOUTH AVENUE - PATON, IA 50217	20-0061405	501 (C) 3	6,000.	0.			SUPPORT: DISASTER RELIEF
ROMANIA ANIMAL RESCUE, INC. 8000 MORGAN TERRITORY ROAD LIVERMORE, CA 94551	72-1546354	501 (C) 3	3,843.	0.			SUPPORT: SPAY & NEUTER; PRINTING EDUCATIONAL BOOKLETS
THE BHUTAN FOUNDATION 2100 PENNSYLVANIA AVENUE WASHINGTON, DC 20037	13-3376290	501 (C) 3	120,000.	0.			SUPPORT: SPAY & NEUTER
THE HUMANE SOCIETY OF PUERTO RICO PO BOX 2387 GUAYNIBO, PUERTO RICO 00970	66-0329776	501 (C) 3	3,500.	0.			SUPPORT: SPAY & NEUTER
VIEQUES HUMANE SOCIETY & ANIMAL RESCUE - PO BOX 1399 - VIEQUES, PUERTO RICO 00765	66-0463223	501 (C) 3	2,613.	0.			SUPPORT: SPAY & NEUTER
WIDECAST: WIDER CARIBBEAN SEA TURTLE CONSERVATION NETWORK - 1348 RUSTICVIEW DRIVE - BALWIN, MO 63011	33-0751451	501 (C) 3	10,000.	0.			SUPPORT: SEA TURTLE RESCUE CENTER

Schedule I (Form 990)

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

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

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

SCHEDULE I, PART I, LINE 2: 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b	4c							
	X		X							
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b								
		X	X							
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b								
		X	X							
<p>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</p>	7		X							
<p>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</p>	8		X							
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2011

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		(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	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	268,226.	0.	0.	25,045.	6,250.	299,521.	0.
2 G. THOMAS WAITE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	199,594.	0.	0.	51,662.	16,763.	268,019.	0.
3 ANDREW ROWAN	(i)	116,575.	0.	0.	35,176.	13,110.	164,861.	0.
	(ii)	77,717.	0.	0.	23,450.	8,741.	109,908.	0.
4 ROGER KINDLER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	193,684.	0.	0.	21,755.	18,407.	233,846.	0.
5 MARTA PRADO	(i)	164,690.	0.	0.	7,432.	6,279.	178,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 4A: MARTA PRADO RECEIVED A SEVERANCE PACKAGE OF \$29,089

FOR HER SEPARATION WITH THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

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

ANIMALS, SEEKING AN END TO ANIMAL TESTING FOR HUMAN HAZARD AND RISK
ASSESSMENT, CAMPAIGNING AGAINST FARM ANIMAL SUFFERING, CAMPAIGNING
AGAINST WILDLIFE ABUSE AND SUFFERING, CONFRONTING A WIDE RANGE OF
ANIMAL CRUELTY, ESPECIALLY CRUELTY THAT IS SUPPORTED BY GOVERNMENT
SUBSIDIES, AND THE CELEBRATION OF THE HUMAN-ANIMAL BOND.

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

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

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

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

TRANSLOCATION OR CULLING.

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

ANIMALS. IN ADDITION, HSI ALSO RESPONDS TO CASES OF COMPANION ANIMAL SUFFERING (E.G. RESCUING DOGS FROM PUPPY MILLS IN CANADA) AND TO MAJOR DISASTERS THAT AFFECT ANIMALS BY SENDING SKILLED RESPONDERS AND FUNDING SUPPORT TO AID WHEN DISASTERS OCCUR. IN 2011, HSI CONTINUED TO SUPPORT A PROJECT IN HAITI TO ESTABLISH AN ANIMAL CARE CENTER IN THE COUNTRY AND ASSISTED EGYPTIAN ORGANIZATIONS TO FEED HORSES AND CAMELS LEFT AT RISK WHEN TOURISM COLLAPSED DURING THE "ARAB SPRING".

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

CANADA, UNITED KINGDOM, COSTA RICA, HONG KONG

FORM 990, PART VI, SECTION A, LINE 2: DIRECTOR PACELLE AND OFFICERS

ENGLAND, WAITE, CRANE, ROWAN, AND KINDLER WERE EMPLOYED AS OFFICERS OR OTHERWISE BY ANOTHER TAX-EXEMPT ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES. THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER.

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.

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

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

THE MEMBERS OF THE BOARD OF THE HUMANE SOCIETY INTERNATIONAL AND CAN ALSO REMOVE THEM AT WILL.

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

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

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

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE PRINCIPAL SALARIED HSI OFFICER WAS RECOMMENDED BY A BOARD COMMITTEE OF THE HUMANE SOCIETY OF THE U.S., WHICH SHARES THE SERVICES OF THAT OFFICER WITH HSI.

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

THE COMMITTEE RELIES UPON COMPARABILITY DATA. THIS PROCESS WAS USED IN AND FOR 2010 AND 2011. THE HSI BOARD ITSELF EVALUATES ITS PRINCIPAL SALARIED OFFICER'S JOB PERFORMANCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LOSS FROM FUNDRAISING EVENT	29,492.
ROUNDING ADJUSTMENT	-42.
TOTAL TO FORM 990, PART XI, LINE 5	29,450.

FORM 990, PART XII, LINE 2C

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

FORM 990, PART VII

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

	HSUS
WAYNE PACELLE	40
TOM WAITE	40
ANDREW N ROWAN	16
CAROL ENGLAND	40
GWEN CRANE	40
ROGER KINDLER	40

Related Organizations and Unrelated Partnerships

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HUMANE SOCIETY OF THE UNITED STATES - 53-0225390, 2100 L STREET, NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DELAWARE	501(C)(3)	7			X
HUMANE SOCIETY INTERNATIONAL UK 5 UNDERWOOD ST. LONDON, UNITED KINGDOM N1 7LY	ANIMAL WELFARE	UNITED KINGDOM	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY INTERNATIONAL CANADA 460 ST. CATHERINE WEST, SUITE 506 MONTREAL, QUEBEC, CANADA H3B 1A7	ANIMAL WELFARE	CANADA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		X
FRIENDS OF HUMANE SOC. INT'L FOR THE PROTECTION & CONSERVATION OF ANIMALS, 1250 RENE-LEVESQUE BLVD, STE 2500, WEST MONTREAL,	ANIMAL WELFARE	CANADA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		X

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

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMANE SOCIETY OF THE UNITED STATES	C	3,200,000.	GL ACTIVITY
(2) HUMANE SOCIETY OF THE UNITED STATES	O	4,655,574.	INTERCOMPANY ON GENERAL LEDGER
(3) HUMANE SOCIETY OF THE UNITED STATES	Q	824,108.	CASH TRANSFERS ON BANK STATEMENT
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

FRIENDS OF HUMANE SOC. INT'L FOR THE PROTECTION &

CONSERVATION OF ANIMALS

1250 RENE-LEVESQUE BLVD, STE 2500

WEST MONTREAL, QUEBEC, CANADA

NAME AND ADDRESS OF RELATED ORGANIZATION:

HUMANE SOCIETY INTERNATIONAL LATIN AMERICA

250 MTS. OESTE DEL MALL SAN PEDRO, OFICENTRO LA ALAMEDA, OFICINA #2

SAN JOSE, COSTA RICA

NAME AND ADDRESS OF RELATED ORGANIZATION:

HUMANE SOCIETY INTERNATIONAL INDIA

112 SAFAL PEGASUS, NR. PRAHLADNAGAR, AUDA GARDEN 100 FEET RD

AHMEDABAD, GUJARAT, INDIA