

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2013 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	
	2100 L STREET, NW		
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		G Gross receipts \$ 7,430,639.	
F Name and address of principal officer: ANDREW N. ROWAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
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		H(c) Group exemption number	
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 ANIMALS		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,222,647.	Current Year 7,427,621.
	9 Program service revenue (Part VIII, line 2g)	10,500.	3,070.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,615.	-52.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,289,762.	7,430,639.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	766,695.	904,494.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,887,982.	1,957,741.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	198,649.	56,496.
	b Total fundraising expenses (Part IX, column (D), line 25)	377,454.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,722,669.	4,517,157.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,575,995.	7,435,888.
19 Revenue less expenses. Subtract line 18 from line 12	-286,233.	-5,249.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 870,564.	End of Year 504,505.
	21 Total liabilities (Part X, line 26)	1,578,728.	821,036.
	22 Net assets or fund balances. Subtract line 21 from line 20	-708,164.	-316,531.

Part II Signature Block

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

Sign Here		Date 11/12/14			
	G. THOMAS WAITE, III, TREASURER	Type or print name and title			
Paid Preparer Use Only	Print/type preparer's name WILLIAM E. TURCO, CPA	Preparer's signature 	Date 11/12/14	Check if self-employed <input type="checkbox"/>	PTIN P00369217
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Firm's address 9737 WASHINGTONIAN BLVD, STE 400 GAITHERSBURG, MD 20878	Phone no. 301-296-3600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HSI EXTENDS THE WORK OF THE HSUS GLOBALLY AND ADDRESSES ISSUES SUCH AS PROMOTING THE HUMANE MANAGEMENT OF STREET ANIMALS (E.G. IN INDIA, BHUTAN, BANGLADESH, THE PHILIPPINES, CHINA AND LATIN AMERICA), SEEKING AN END TO ANIMAL TESTING FOR HUMAN AND ENVIRONMENTAL HAZARD AND RISK

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,376,155. including grants of \$ 220,183.) (Revenue \$) HSI CONDUCTS A VARIETY OF PROGRAMS AIMED AT STOPPING WILDLIFE SUFFERING AND ABUSE. THESE INCLUDE A MAJOR CAMPAIGN AIMED AT STOPPING THE KILLING OF SEALS FOR COMMERCIAL PURPOSES, A CAMPAIGN TO STOP SHARK FINNING AND THE CONSUMPTION OF SHARK FIN SOUP, A CAMPAIGN AGAINST MERCY RELEASE PROGRAMS THAT ENCOURAGE THE CAPTURE AND SUBSEQUENT RELEASE OF WILD ANIMALS, AS WELL AS SUBSTANTIAL WORK ON WILDLIFE TRADE (VIA CITES AND OTHER ACTIVITIES), ON EFFORTS TO STOP COMMERCIAL WHALING (VIA THE IWC), AND ATTEMPTS TO IMPROVE WILDLIFE PROTECTION MECHANISMS IN INTERNATIONAL TRADE NEGOTIATIONS, AND REDUCING WHALING AND DOLPHIN EXPLOITATION WITH INDIA'S BAN ON DOLPHINARIUMS. HSI IS ACTIVE IN CAMPAIGNING AGAINST FUR GARMENTS AND IN PROMOTING WILDLIFE CONTRACEPTION AS A HUMANE WAY TO MANAGE WILDLIFE POPULATIONS

4b (Code:) (Expenses \$ 2,474,557. including grants of \$ 522,701.) (Revenue \$ 3,070.) HSI ACTIVELY SUPPORTS THE EDUCATION AND DEVELOPMENT OF ANIMAL PROTECTION ORGANIZATIONS THROUGH A VARIETY OF EDUCATIONAL AND HANDS-ON PROGRAMS. EVERY YEAR, HSI ORGANIZES AN INTERNATIONAL TRACK AS PART OF THE ANIMAL CARE EXPO THAT IS AIMED SPECIFICALLY AT ATTENDEES FROM INTERNATIONAL ANIMAL ORGANIZATIONS. HSI ALSO ORGANIZES AND SUPPORTS WORKSHOPS ACROSS THE WORLD TO ENHANCE THE CAPACITY AND SKILLS OF THE INTERNATIONAL ANIMAL MOVEMENT. AS PART OF THIS APPROACH, HSI HAS BEEN DEVELOPING PROGRAMS AND TECHNOLOGIES THAT PERMIT HIGH VOLUME STERILIZATION OF STREET DOGS. THESE PROJECTS TRAIN VETERINARIANS, VETERINARY TECHNICIANS AND ANIMAL HANDLERS, CHANGE THE WAY COMMUNITIES VIEW STREET ANIMALS, AND INDIRECTLY AND DIRECTLY ENHANCE THE CAPACITY OF LOCAL ORGANIZATIONS WHILE ALSO IMPROVING THE WELLBEING OF STREET

4c (Code:) (Expenses \$ 1,911,322. including grants of \$ 161,611.) (Revenue \$) HSI HAS ACTIVE CAMPAIGNS AGAINST CONFINEMENT AGRICULTURE IN INDIA, BRAZIL AND MEXICO. IN ADDITION, HSI IS ENGAGING THE EU, THE FAO AND THE OIE ON FARM ANIMAL WELFARE AND COOPERATING WITH INTERNATIONAL ANIMAL NGOS TO PRESS FOR HUSBANDRY IMPROVEMENTS THAT WILL REDUCE ANIMAL SUFFERING ACROSS THE GLOBE. HSI WORKS WITH ARCOS DORADOS (LARGEST MCDONALD'S FRANCHISE IN LATIN AMERICA) TO OBTAIN THEIR COMMITMENT TO USE "CRATE-FREE" PORK. AUSTRIA AGREED, FOLLOWING AN HSI INVESTIGATIVE REPORT, TO LEAD AN EFFORT TO PRESS FOR A CHANGE IN EU POLICY THAT PROHIBITS INVESTMENT IN INTENSIVE ANIMAL CONFINEMENT PROJECTS OUTSIDE THE EU THAT DO NOT CONFORM TO EU'S POLICIES ON FARM ANIMAL WELFARE.

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

4e Total program service expenses 6,762,034.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			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
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **SEE SCHEDULE O**
- 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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **G. THOMAS WAITE, III - 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. BRUCE FOGLE CHAIR/DIRECTOR	2.00	X						0.	0.	0.
(2) DR. IRENE CROWE VICE CHAIR/DIRECTOR	2.00	X						0.	0.	0.
(3) LESLIE BARCUS BOARD TREASURER/DIRECTOR	2.00	X						0.	0.	0.
(4) DR. NANDITHA KRISHNA DIRECTOR	1.00	X						0.	0.	0.
(5) NICHOLAS IBARGUEN DIRECTOR	1.00	X						0.	0.	0.
(6) VERNA SIMPSON DIRECTOR	1.00	X						0.	0.	0.
(7) WAYNE PACELE DIRECTOR	1.00 39.00	X						0.	356,305.	44,376.
(8) G. THOMAS WAITE III TREASURER	1.00 39.00			X				0.	206,434.	83,520.
(9) TERRY REESE ASSISTANT TREASURER	2.00 38.00			X				0.	115,755.	21,280.
(10) KIMBERLY GETZ ASSISTANT TREASURER	2.00 38.00			X				0.	26,825.	646.
(11) GWEN CRANE ASSISTANT TREASURER	2.00 38.00			X				0.	58,734.	2,317.
(12) ANDREW ROWAN PRESIDENT	24.00 16.00			X				37,955.	151,822.	98,049.
(13) CRISTOBEL BLOCK VICE PRESIDENT	39.00 1.00			X				105,243.	5,539.	47,098.
(14) ROGER KINDLER GENERAL COUNSEL	1.00 39.00			X				0.	200,444.	49,711.
(15) CAROL ENGLAND SECRETARY	38.00 2.00			X				0.	63,785.	17,791.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							143,198.	1,185,643.	364,788.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							143,198.	1,185,643.	364,788.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NATIONAL OUTDOOR SPORTS AD, 5151 WISCONSIN AVE. NW, 4TH FL, WASHINGTON, DC 20016	FUNDRAISING CONSULTANTS	315,969.
LW ROBBINS 201 SUMMER STREET, HOLLISTON, MA 01746	FUNDRAISING CONSULTANTS	200,173.
NGUYEN THI MINH THUONG, A9 BUILDING, 2 NGOC HA, HA NOI, HA NOI, VIETNAM 00000	REDUCE RHINO DEMAND ADS	118,174.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	225.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	3,989,640.				
	e	Government grants (contributions)	152,379.				
	f	All other contributions, gifts, grants, and similar amounts not included above	3,285,377.				
	g	Noncash contributions included in lines 1a-1f: \$	9,902.				
	h	Total. Add lines 1a-1f	7,427,621.				
	Program Service Revenue	2 a	REGISTRATION FEES	900099	3,070.	3,070.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,070.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19					
Less: direct expenses							
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances						
	Less: cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	LIST RENTAL	900099	2,093.			2,093.	
	OTHER INCOME	900099	-2,145.			-2,145.	
	All other revenue						
	Total. Add lines 11a-11d			-52.			
12	Total revenue. See instructions.		7,430,639.	3,070.	0.	-52.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	229,800.	229,800.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	674,694.	674,694.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,808.	135,131.	8,140.	19,537.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,454,264.	1,320,415.	61,822.	72,027.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,788.	56,682.	2,441.	1,665.
9 Other employee benefits	155,816.	141,872.	6,586.	7,358.
10 Payroll taxes	124,065.	111,915.	5,344.	6,806.
11 Fees for services (non-employees):				
a Management				
b Legal	32,546.	29,700.	1,418.	1,428.
c Accounting	6,027.	5,500.	263.	264.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	56,496.			56,496.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,303,000.	2,101,577.	100,358.	101,065.
12 Advertising and promotion	197,947.	180,634.	8,626.	8,687.
13 Office expenses	457,341.	414,996.	21,095.	21,250.
14 Information technology				
15 Royalties				
16 Occupancy	106,945.	97,592.	4,660.	4,693.
17 Travel	540,282.	493,028.	23,544.	23,710.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,192.	2,000.	96.	96.
23 Insurance	13,490.	12,310.	588.	592.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT RESPONSE COSTS	487,401.	416,561.	35,296.	35,544.
b EDUCATION MATERIAL	363,035.	331,284.	15,820.	15,931.
c R/E AND OTHER TAXES	6,951.	6,343.	303.	305.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,435,888.	6,762,034.	296,400.	377,454.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	833,248.	446,818.	24,997.	361,433.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	456,623.	1	174,440.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	107,258.	3	189,638.	
	4 Accounts receivable, net	257,197.	4	97,526.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	27,221.	9		25,901.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,000.			
	b Less: accumulated depreciation	3,000.			
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	870,564.	16		504,505.	
Liabilities	17 Accounts payable and accrued expenses	133,075.	17	102,543.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,445,653.	25		718,493.
	26 Total liabilities. Add lines 17 through 25	1,578,728.	26		821,036.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-2,376,865.	27	-1,985,232.	
	28 Temporarily restricted net assets	1,668,701.	28	1,668,701.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <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	-708,164.	33		-316,531.	
34 Total liabilities and net assets/fund balances	870,564.	34		504,505.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,819,716.	6,758,752.	8,107,587.	9,222,647.	7,427,621.	51,336,323.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,819,716.	6,758,752.	8,107,587.	9,222,647.	7,427,621.	51,336,323.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						51,336,323.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	19,819,716.	6,758,752.	8,107,587.	9,222,647.	7,427,621.	51,336,323.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,913.	22,448.	47,982.	56,615.	2,093.	200,051.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						51,536,374.
12 Gross receipts from related activities, etc. (see instructions)					12	78,968.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.61	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.49	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

OMB No. 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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/>	\$ 3,989,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of organization <p style="text-align: center;">HUMANE SOCIETY INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">52-1769464</p>
---	---

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) 2013

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

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

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

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		2,483.
e Publications, or published or broadcast statements?	X		37,283.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		694.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		583.
i Other activities?	X		2,002.
j Total. Add lines 1c through 1i			43,045.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		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

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

SCHEDULE C, PART II-B, LINE 1(A)-1(J):

EXPLANATION: 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.

PART II-B, LINE 1H, RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS,

SPEECHES, LECTURES, OR ANY SIMILAR MEANS:

HSI ORGANIZED RALLIES IN SUPPORT OF PROPOSED LEGISLATION.

PART II-B, LINE 1I, OTHER ACTIVITIES:

HSI STAFF HAVE INTERNAL CONFERENCE CALLS AND/OR MEETINGS AND CONFERENCE

CALLS AND/OR MEETINGS WITH OTHER ORGANIZATIONS TO DISCUSS STRATEGY,

ENDORSEMENTS, ETC.

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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 XIII. Check here if the explanation has been provided in Part XIII

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO/FROM HUMANE SOCIETY OF THE US	718,493.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	718,493.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE SOCIETY FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY

IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS

CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN

THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE SOCIETY MAY RECOGNIZE

THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS

MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM

SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A

GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

Part XIII Supplemental Information (continued)

ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND

PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE SOCIETY'S TAX POSITIONS AND CONCLUDED THAT THE

SOCIETY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO

THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THIS GUIDANCE. GENERALLY, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS

BEFORE 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

HSI UK AND HSI CANADA REVENUE NOT INCLUDED IN FINANCIAL

STATEMENTS 3,189,787.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

HSI UK AND HSI CANADA EXPENSES NOT INCLUDED IN FINANCIAL

STATEMENTS 3,255,023.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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		216,058.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO OTHER SOCIETIES		110,972.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO OTHER SOCIETIES		88,420.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO OTHER SOCIETIES		2,500.
NORTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		22,048.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO OTHER SOCIETIES		2,500.
SOUTH AMERICA	0	0	GRANTS TO OTHER SOCIETIES		52,100.
SOUTH ASIA	0	0	GRANTS TO OTHER SOCIETIES		164,496.
3 a Sub-total	0	0			659,094.
b Total from continuation sheets to Part I	4	108			4,974,232.
c Totals (add lines 3a and 3b)	4	108			5,633,326.

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

Schedule F (Form 990) 2013

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		15,600.
CENTRAL AMERICA AND THE CARIBBEAN	1	8	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	335,155.
EAST ASIA AND THE PACIFIC	0	24	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	344,605.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	9	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	707,169.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	13,442.
NORTH AMERICA	1	22	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	657,877.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	337,463.
SOUTH AMERICA	0	12	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	737,168.
SOUTH ASIA	2	28	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	1,372,944.
SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	SEE PART V OF SCHEDULE F	452,809.
Totals	4	108			4,974,232.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	VET SALARIES FOR SPAY/NEUTER PROGRAM	5,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TRANSPORTATION OF DOGS	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	VET SALARIES FOR SPAY/NEUTER PROGRAMS	5,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ERADICATE DOG FIGHTING	2,891.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PREVENT DOG FIGHTING	5,287.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SPAY/NEUTER & HUMANE EDUCATION	3,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANE EDUCATION PROJECT, CLINIC MAINTENANCE	75,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SPAY AND NEUTER SERVICES	17,000.	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 76

3 Enter total number of other organizations or entities 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 AMERICA AND THE CARIBBEAN	RESCUE CENTER CONSTRUCTION	6,452.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESCUE CENTER CONSTRUCTION	8,563.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	2013 SPAY & NEUTER SUPPORT	3,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ONGOING CARE OF 200 ANIMALS	3,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SPAY/NEUTER & SUPPORT OF PROGRAMS IN CRISIS	44,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT SPAY/NEUTER SERVICES	8,000.	EFT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HELP ESTABLISH A RESCUE CENTER	7,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	WILDLIFE RESCUE IN HONDURAS	7,515.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STERILIZATION/VACCINA OF 750 ANIMALS	5,000.	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 AMERICA AND THE CARIBBEAN	GUATEMALAN SEA TURTLE PROJECT	850.	EFT	0.		
		EAST ASIA AND THE PACIFIC	FUNDING/HIRE 2 SUPPORT STAFF	5,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SHARK PROTECTION IN BEIJING	700.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO SUPPORT PRINT ADVERTISING- BE CRUELTY FREE	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DOG SMUGGLER PROJECT	6,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CONF. THE IMPACT OF EAST JAPAN EARTHQUAKE ON ANIMALS	35,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CONF. THE IMPACT OF EAST JAPAN EARTHQUAKE ON ANIMALS	14,193.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	FUKUSHIMA IMPACT STUDY/Tsunami RELIEF	9,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PIG WELFARE RESEARCH PROGRAM	6,579.	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	FUKUSHIMA IMPACT STUDY REPORT	8,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	VET TRAINING FUNDS-FLIGHT/LODGING	2,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PIGS-ANIMAL WELFARE -N.VIETNAM	1,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	ADDT'L FUNDS FOR SPAY/NEUTER CLINICS	2,500.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAGE-FREE CAMPAIGN	8,071.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOS DELFINES 2013 CAMPAIGN	671.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT EDUCATIONAL MISSION	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAGE-FREE CAMPAIGN IN ROMANIA	8,256.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EUROPEAN UNION LEGAL WORK MARINE MAMMALS	3,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ILLEGAL SEAL KILLING IN SCOTLAND	2,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAGE-FREE CAMP IN ROMANIA	8,422.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ATTENDENCE OF EXPERT AT WORKSHOP	3,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEGASUS GRANT SPAY/NEUTER & EDUCATION	3,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SPAY NEUTER EDUCATION MATERIALS	2,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PHILIPPINE DOG MEAT TRADE	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	2013 SUPPORT ABC/JALPUR CENTER	19,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR SPAY/NEUTER PROJ-PALESTINE	2,500.	WIRE	0.		
		NORTH AMERICA	GRANT FOR SPAY & NEUTER CLINICS	15,048.	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 FLOODS DISASTER RELIEF	2,500.	WIRE	0.		
		NORTH AMERICA	SPAY/NEUTER PROJECT IN MEXICO	4,500.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	MOSCOW ANIMAL TESTING ADS	1,500.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	MOSCOW ANIMAL TESTING ADS	1,000.	WIRE	0.		
		SOUTH AMERICA	FUNDING FOR PRINTING THE GUIDE FOR RESPONSIBLE WHALEWASHING	1,000.	WIRE	0.		
		SOUTH AMERICA	ASSIST CETACEAN SCIENCE, PROJECTS & PEOPLE	1,000.	EFT	0.		
		SOUTH AMERICA	ELIMINATE GESTATION CRATES - FACEBOOK ADS	2,000.	WIRE	0.		
		SOUTH AMERICA	FARM ANIMAL WELFARE WORKSHOP	2,600.	WIRE	0.		
		SOUTH AMERICA	BATTERY CAGE CAMPAIGN VIDEOS	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	HORSES SEIZED IN ABUSIVE SITUATION	5,000.	WIRE	0.		
		SOUTH AMERICA	DOLPHIN PROTECTION IN PERU	10,000.	WIRE	0.		
		SOUTH AMERICA	FUNDING-LOW COST SPAY/NEUTER MOBILE CLINIC	24,500.	WIRE	0.		
		SOUTH AMERICA	VET CARE & SUPPLIES FOR SPAY/NEUTER ACTIVITY	5,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT : BATTERY CAGE CAMPAIGN	2,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT OLIVE RIDLEY TURTLE PROJECT	10,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT SPAY/NEUTER PROJECT	5,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT IN BANGLADESH	10,000.	WIRE	0.		
		SOUTH ASIA	TO SUPPORT SEA TURTLE CONSERVATION	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 ASIA	GRANT TO FEDERATION OF INDIAN ANIMAL PROTECTION	20,000.	WIRE	0.		
		SOUTH ASIA	EMERGENCY DISASTER FUND - UTTARAKHAND, INDIA	2,000.	WIRE	0.		
		SOUTH ASIA	ANIMAL VICTIMS OF FLOODING-N. INDIA-UTTARAKHAND	5,000.	WIRE	0.		
		SOUTH ASIA	WELFARE OF ANIMALS IN HYDERABAD	4,898.	WIRE	0.		
		SOUTH ASIA	FUNDING FOR BANGLADESH ANIMAL WELFARE	10,000.	WIRE	0.		
		SOUTH ASIA	GO VEGETARIAN OUTREACH	5,079.	WIRE	0.		
		SOUTH ASIA	CYCLONE FLOODING/INDIA-OCT '13	5,000.	WIRE	0.		
		SOUTH ASIA	2013 SUPPORT HIS ABC/JAIPUR CENTER	6,000.	WIRE	0.		
		SOUTH ASIA	VIDEO SCREENING FOR HUMANE EATING	1,078.	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	ANIMAL TESTING PROJECT	32,440.	WIRE	0.		
		SOUTH ASIA	VEHICLE/EQUIPMENT FOR JAIPUR ELEPHANT PROJECT	45,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROTECTING VILLAGES FROM LIONS	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT FOR PAAWA CONFERENCE	5,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	DOG BITE PRVENTION TRAINING	2,600.	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

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION: HUMANE SOCIETY INTERNATIONAL USES A COMBINATION OF

MEMORANDUMS OF UNDERSTANDING, WHICH OUTLINE SPECIFIC REPORTING

REQUIREMENTS. ADDITIONALLY, SITE VISITS TO MONITOR THE USE OF GRANT FUNDS

ARE PERFORMED. RECORDS ARE MAINTAINED THROUGH THE RECEIPT OF FINANCIAL

AND PROGRAMMATIC REPORTS FROM GRANTEEES.

SCHEDULE F, PART I, LINE 3:

EXPLANATION: REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE SPAY & NEUTER PROGRAMS; EFFORTS TO ERADICATE DOGFIGHTING IN

COSTA RICA; ANTI-RABIES CAMPAIGN TO PROTECT THE HUMAN POPULATION;

ANIMAL-HANDLING AND EQUINE TRAINING; IMPLEMENTATION OF PRIMARY SCHOOL

EDUCATION PROGRAMS

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE THE AWARENESS ON THE IMPORTANCE OF PROTECTING SHARKS; STREET

DOGS/CATS PROGRAM-PREVENTION OF RABIES; PROMOTE SPAY & NEUTER PROGRAMS;

HELP RESCUE AND CARE FOR DOGS IN CHINA; DISASTER RELIEF -

TSUNAMI/FUKUSHIMA NUCLEAR RADIATION IMPACT ON ANIMALS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS; VETERINARY TRAINING;

CONSERVATION AND WELFARE OF APES; RAISING AWARENESS OF THE CRUELTY OF

BULL FIESTA AND BULLFIGHTING AND ONGOING EFFORTS TO END SUCH PRACTICES;

Part V Supplemental Information

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

HUMAN-ANIMAL CONFLICT STUDY AND RESOLUTION

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

SUPPORTED A CONSULTANT TO TRACK ANIMAL WELFARE PROJECTS AND SUPPORTED A

NUMBER OF RESIDENTS TO ATTEND ANIMAL CARE TRAINING AT THE ANNUAL

INTERNATIONAL ANIMAL CARE EXPO

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

EFFORTS TO IMPROVE LIVES OF HENS & FARM ANIMALS; SUPPORT ANTI-SEALING

COALITION

REGION: RUSSIA & THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE AND SUPPORT SPAY & NEUTER PROGRAMS; ANIMAL RESCUE OPERATIONS;

VETERINARY CARE FOR HORSES

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE ANIMAL BIRTH CONTROL (ABC) PROGRAM, AS WELL AS OTHER SPAY &

NEUTER PROGRAMS; DISASTER RELIEF MEASURES IN INDIA; STUDENT EDUCATION

AND AWARENESS ON WORKING TOWARDS WELFARE OF ANIMALS

Part V Supplemental Information

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

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

PROMOTE AWARENESS OF BIODIVERSITY PROTECTION; PROMOTE HUMANE ELEPHANT

MANAGEMENT

SCHEDULE F, PART II:

EXPLANATION: THE INSTRUCTIONS FOR SCHEDULE F REQUIRE GRANTS AND OTHER

ASSISTANCE GIVEN TO RECIPIENTS OVER \$5,000 BE REPORTED IN DETAIL.

HOWEVER, IN ORDER TO INCREASE TRANSPARENCY AND PROVIDE THE USERS OF THE

FORM WITH COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES,

MANAGEMENT HAS CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL

ON SCHEDULE F OF THE HSI'S FORM 990.

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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. 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

2013

**Open to Public
Inspection**

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

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFGHAN STRAY ANIMAL LEAGUE 3823 SOUTH 14TH STREET ARLINGTON, VA 22204	20-2119782	501 (C) 3	2,000.	0.			FUNDING FOR TIGGER HOUSE
ANIMAL AID UNLIMITED 6900 37TH AVE, S.W. SEATTLE, WA 98126	71-0884843	501(C)(3)	25,600.	0.			COORDINATOR FEES, ADMIN COSTS
ANIMAL BALANCE C/O ANIMAL FUND, FORT MASON CTR SAN FRANCISCO, CA 94123	68-0630714	501 (C) 3	3,500.	0.			SPAY/NEUTER & COMMUNITY OUTREACH SUPPORT
CENTRAL VALLEY COALITION FOR ANIMALS - 619 WOODWORTH AVE, #200 - CLOVIS, CA 93612	30-0019352	501 (C) 3	3,000.	0.			SUPPORT FOR VACCINATION/DE-WORMING
CRISTA MINISTRIES 19303 FREMONT AVE NORTH SEATTLE, WA 98133-3800	91-6012289	501 (C) 3	500.	0.			MEMORIAL DONATION FOR KEITH FLANAGAN
FIXIT FOUNDATION 2143 PIER POINT PLACE VIRGINIA BEACH, VA 23455	27-0972079	501 (C) 3	2,250.	0.			SUPPORT SPAY/NEUTER PROJECT, ST CROIX

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

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
FIXIT FOUNDATION 2143 PIER POINT PLACE VIRGINIA BEACH, VA 23455	27-0972079	501 (C) 3	7,750.	0.			SUPPORT SPAY/NEUTER PROJECT, ST CROIX
GREAT BASIN BIRD OBSERVATORY 1755 E PLUMB LANE SUITE 256 RENO, NV 89502	86-0852927	501(C)(3)	6,140.	0.			AMERC SAMOA DOG SURVEY 7/8-12/30
GREAT BASIN BIRD OBSERVATORY 1755 E PLUMB LANE SUITE 256 RENO, NV 89502	86-0852927	501(C)(3)	6,970.	0.			MAURITIUS DOG SURVEY WORK 6/2-12/30
GUAM ANIMALS IN NEED, INC. PO BOX 22365 BARRIGADA GM, GUAM 96921	66-0457503	501 (C) (3)	5,000.	0.			TRAPS/MED SUPPLIES FOR SPAY/NEUTER PROJECT
INSTITUTE FOR IN VITRO SCIENCES, INC - 30 W WATKINS MILL RD - GAITHERSBURG, MD 20878	52-2029668	501(C)(3)	20,000.	0.			SUPPORT EDUC & TRAINING WKSHOP
INSTITUTE FOR IN VITRO SCIENCES, INC - 30 W WATKINS MILL RD - GAITHERSBURG, MD 20878	52-2029668	501(C)(3)	20,000.	0.			SUPPORT EDUC & TRAINING WKSHOP
INTERNATIONAL FUND FOR ANIMAL WELFARE, INC. - 411 MAIN STREET - YARMOUTH PORT, MA 02675-1822	31-1594197	501(C)(3)	10,000.	0.			CONTR. SCIENTIFIC OFFICER POSITION
INTERNATIONAL SPAY/NEUTER NETWORK 933 SW 16TH STREET FORT LAUDERDALE, FL 33315	20-2892114	501 (C) 3	3,000.	0.			2013 SPAY & NEUTERED SUPPORT
KAIROS COALITION 240 BISHOP AVE PACIFIC GROVE, CA 93950	27-0812489	501 (C) 3	5,710.	0.			HSI'S FACTORY FARMING WORKSHOP

Schedule I (Form 990)

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
KAIROS COALITION 240 BISHOP AVE PACIFIC GROVE, CA 93950	27-0812489	501 (C) (3)	10,000.	0.			SUPPORT ANIMAL LOVERS SOCIETY
PROTECTION & EDU. RE: ANIMALS CULTURE & ENVMT INC - 505 N TOMAHAWK IS DR - PORTLAND, CO 97217	20-3726038	501 (C) 3	10,000.	0.			SUPPORT STERILIZATION
ROMANIA ANIMAL RESCUE, INC. 8000 MORGAN TERRITORY ROAD LIVERMORE, CA 94551	72-1546354	501 (C) (3)	3,000.	0.			SPAY/NEUTER OUTREACH IN ROMANIA
SPECIES SURVIVAL NETWORK 2100 L STREET, NW WASHINGTON, MD 20037	52-2133713	501 (C) 3	40,000.	0.			PREVENT EXPLOITATION OF ANIMALS
THE BHUTAN FOUNDATION 2100 PENNSYLVANIA AVE NW WASHINGTON, DC 20037	13-3376290	501 (C) (3)	42,880.	0.			SUPPORT, SPAY & NEUTER; PREVENTION OF RABIES; DOG POPULATION MANAGEMENT
THE BHUTAN FOUNDATION 2100 PENNSYLVANIA AVENUE WASHINGTON, DC 20037	13-3376290	501 (C) (3)	2,500.	0.			WORLD RABIES DAY INITIATIVE

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

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

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

PART I, LINE 2:

EXPLANATION: IN MOST CASES, GRANT RECIPIENTS ARE REQUIRED TO SUBMIT REPORTS

ON HOW FUNDS WERE USED. GRANTEEES ARE NOTIFIED IN THEIR AWARD LETTER, THAT

FAILURE TO SUBMIT A REPORT WHEN REQUESTED, JEOPARDIZES FUTURE FUNDING.

REPORTS ARE SOLICITED AT THE END OF EACH GRANT YEAR AND ARE MAINTAINED

WITH THEIR APPLICATIONS IN THE HSI OFFSITE STORAGE FACILITY. REPORTING

REQUIREMENTS MAY BE RELAXED WHERE HSI STAFF ARE WORKING LOCALLY WITH THE

GRANTEE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 directors, trustees, and officers, including 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, but 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	X								
	4b	X								
	4c	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	X								
	5b	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	X								
	6b	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) 2013

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

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

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

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

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

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

THROUGH SPAY/NEUTER (AND VACCINATION) PROGRAMS IN MUCH OF ASIA, LATIN

AMERICA AND SOUTH AMERICA, SEEKING AN END TO ANIMAL TESTING FOR HUMAN

HAZARD AND RISK ASSESSMENT THROUGH OUR "BE CRUELTY FREE" CAMPAIGNS

ACROSS THE GLOBE (WITH SIGNIFICANT SUCCESS IN EUROPE, INDIA AND CHINA),

CAMPAIGNING AGAINST FARM ANIMAL SUFFERING BY WORKING ON ENDING

CONFINEMENT CAGES/GESTATION CRATES FOR PIGS AND BATTERY CAGES FOR

CHICKENS AS WELL AS PROJECTS TO UPHOLD THE FARM ANIMAL WELFARE POLICIES

ESTABLISHED IN THE EUROPEAN UNION, CAMPAIGNING AGAINST WILDLIFE ABUSE

AND SUFFERING OF MARINE MAMMALS.

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

ASSESSMENT, CAMPAIGNING AGAINST FARM ANIMAL SUFFERING, CAMPAIGNING

AGAINST WILDLIFE ABUSE AND SUFFERING AND CONFRONTING A WIDE RANGE OF

ANIMAL CRUELTY. HSI IS CONDUCTING ACTIVE CAMPAIGNS TO END THE

CONFINEMENT OF FARM ANIMALS IN FACTORY FARMING IN INDIA, BRAZIL,

MEXICO, ROMANIA AND ELSEWHERE, TO END THE COMMERCIAL KILLING OF SEALS

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

FINNING, AND TO STOP THE ANIMAL SUFFERING/CRUELTY ESPECIALLY CRUELTY

THAT IS SUPPORTED BY GOVERNMENT SUBSIDIES.

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

(PARTICULARLY ELEPHANTS) WITHOUT THE STRESS OF CAPTURE AND

TRANSLOCATION OR CULLING. THE KWA-ZULU NATAL PARKS BOARD HAS ADOPTED

THE USAGE OF PZP IN ELEPHANT CONTRACEPTION. HSI EFFORTS IN HONDURAS

HAVE RESULTED IN THE BUILDING OF A RESCUE CENTER AND TEMPORARY CARE

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

Schedule O (Form 990 or 990-EZ) (2013)

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

FACILITY FOR WILDLIFE RECOVERED FROM THE ILLEGAL WILDLIFE TRADE. OUR
 WORK IN VIETNAM HAS LAUNCHED A RHINO HORN DEMAND REDUCTION CAMPAIGN
 WITH THE SUPPORT OF THE VIETNAMESE GOVERNMENT.

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

ANIMALS. OUR WORK IN THE PHILIPPINES IS TRANSITIONING STREET DOG
 MAINTENANCE FROM CULLING TO SPAY/NEUTER. A PROJECT IN SRINAGAR (INDIA)
 ON STREET DOGS IS LEADING THE WAY TO HUMANE STREET DOG POPULATION
 REDUCTION AND WELFARE. HSI PARTNERED WITH THE MUNICIPALITY OF AYSEN
 (SOUTHERN CHILE) TO REDUCE THE THREAT OF CULLING OF STREET DOGS IN THE
 SOUTHERN REGION WHERE HUMAN HYDATIDOSIS (SPREAD BY DOGS) IS A PROBLEM.
 SPAY/NEUTER PROGRAMS IN JAMSHEDPUR, ST. CROIX, PANAMA, ECUADOR, GUAM
 AND AMERICAN SAMOA ARE ON-GOING. IN ADDITION, HSI ALSO RESPONDS TO
 CASES OF COMPANION ANIMAL SUFFERING AND TO MAJOR DISASTERS THAT AFFECT
 ANIMALS BY SENDING SKILLED RESPONDERS AND FUNDING SUPPORT TO AID WHEN
 DISASTERS OCCUR. IN 2013, HSI BEGAN A NEW TEACHER TRAINING INITIATIVE
 IN HAITI FOR 230 TEACHERS WITH A CURRICULUM IN ANIMAL WELFARE AS PART
 OF A LONG-TERM EFFORT IN HAITI WITH THE GOAL TO SPREAD IT ACROSS THE
 COUNTRY.

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:

EXPLANATION: DIRECTOR PACELE AND OFFICERS ENGLAND, WAITE, GETZ, CRANE,
 ROWAN, AND KINDLER WERE EMPLOYED AS OFFICERS OR OTHERWISE BY ANOTHER
 TAX-EXEMPT ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES.

THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER.

Name of the organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: 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:

EXPLANATION: 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 8B:

EXPLANATION: THE BOARD OF HUMANE SOCIETY INTERNATIONAL ("HSI") HAD NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: HSI RELIES UPON AND FOLLOW THE CONFLICT OF INTEREST POLICY OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES. THE

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

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 15:

EXPLANATION: THE COMPENSATION OF THE PRINCIPAL SALARIED HSI OFFICER WAS

RECOMMENDED BY A BOARD COMMITTEE OF THE HUMANE SOCIETY OF THE U.S., WHICH

SHARES THE SERVICES OF THAT OFFICER WITH HSI. THE COMMITTEE RELIES UPON

COMPARABILITY DATA. THIS PROCESS WAS USED IN AND FOR 2012 AND 2013. THE

HSI BOARD ITSELF EVALUATES ITS PRINCIPAL SALARIED OFFICER'S JOB

PERFORMANCE.

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:

EXPLANATION: 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

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

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 IX, LINE 11G, OTHER FEES:

COMMUNICATION & PLANNING:

PROGRAM SERVICE EXPENSES	333,049.
MANAGEMENT AND GENERAL EXPENSES	15,904.
FUNDRAISING EXPENSES	16,016.
TOTAL EXPENSES	364,969.

PROGRAM CONSULTING:

PROGRAM SERVICE EXPENSES	1,254,369.
MANAGEMENT AND GENERAL EXPENSES	59,901.
FUNDRAISING EXPENSES	60,323.
TOTAL EXPENSES	1,374,593.

VETERINARY/MEDICAL:

PROGRAM SERVICE EXPENSES	112,991.
MANAGEMENT AND GENERAL EXPENSES	5,396.
FUNDRAISING EXPENSES	5,434.
TOTAL EXPENSES	123,821.

OTHERS:

PROGRAM SERVICE EXPENSES	401,168.
MANAGEMENT AND GENERAL EXPENSES	19,157.
FUNDRAISING EXPENSES	19,292.
TOTAL EXPENSES	439,617.

Name of the organization HUMANE SOCIETY INTERNATIONAL	Employer identification number 52-1769464
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,303,000.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO REMOVE HSI UK AND HSI CANADA FROM TAX RETURN 396,882.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

HUMANE SOCIETY INTERNATIONAL

Employer identification number

52-1769464

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CENTER FOR RESPECT OF LIFE & ENVIRONMENT - 52-1520451, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X
DORIS DAY ANIMAL LEAGUE - 95-4117651 2100 L ST. NW WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(4)		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, 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
	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) 2013

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HUMANE SOCIETY INTERNATIONAL INDIA 112 SAFAL PEGASUS, NR. PRAHLADNAGAR, AUDA GA AHMEDABAD, GUJARAT, INDIA	ANIMAL WELFARE	INDIA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY INTERNATIONAL LATIN AMERICA 250 MTS. OESTE DEL MALL SAN PEDRO, OFICENTRO SAN JOSE, COSTA RICA	ANIMAL WELFARE	COSTA RICA	501(C)(3)		HUMANE SOCIETY OF THE UNITED STATES		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 OF THE UNITED STATES CALIFORNIA BRANCH - 94-6050420, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH, INC. - 22-1671626, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	NEW JERSEY	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY UNIVERSITY - 27-0263498 2100 L ST. NW WASHINGTON, DC 20037	ANIMAL WELFARE EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 2	HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION - 22-2768664, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	NEW YORK	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X
SOUTH FLORIDA WILDLIFE CENTER, INC. - 23-7086391, 3200 S.W. 4TH AVE., FT. LAUDERDALE, FL 33315	ANIMAL WELFARE	FLORIDA	501(C)(3)	LINE 9	HUMANE SOCIETY OF THE UNITED STATES		X
THE FUND FOR ANIMALS - 13-6218740 200 W. 57TH ST. NEW YORK, NY 10019	ANIMAL WELFARE	NEW YORK	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X
THE HUMANE SOCIETY OF THE UNITED STATES - 53-0225390, 2100 L STREET, NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DELAWARE	501(C)(3)	LINE 7	N/A		X
THE HUMANE SOCIETY WILDLIFE LAND TRUST - 52-1808517, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X
THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIRONMENTAL EDUCATION - 23-7327537, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	HUMANE SOCIETY OF THE UNITED STATES		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	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 Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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