\*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For t	he 21	011 calendar year, or tax year beginning and	ending		
8	Check	H	C Name of organization		D Employer identif	ication number
_ ;	applica	ible:				
		ress nge	THE HUMANE SOCIETY OF THE UNITED STATES			
Ē		ne nae	Doing Business As		53-022	15390
F		al le		Room/suite	E Telephone number	N.
F	Ten	min-	2100 L STREET, NW			52-1100
٦		andad	City or town, state or country, and ZIP + 4		G Gross receipts \$	233,265,000.
┝	retu	Sice-	WASHINGTON, DC 20037		H(a) is this a group r	eturn
<u>_</u>	per per	ding	F Name and address of principal officer:WAYNE PACELLE		for affiliates?	Yes X No
			SAME AS C ABOVE			cluded? Yes No
_				or 527		list. (see instructions)
<u>+</u>	Tax-e	xem	pt status: X 501(c)(3)	٠. ــــــــــــــــــــــــــــــــــــ	H(c) Group exemption	•
<u>J</u>	Web	BITO:	panization: X Corporation Trust Association Ciher	1 Vear		M State of legal domicile: DE
				L 1001	or tottlemon.	
12	_	3	iummary lelly describe the organization's mission or most significant activities: THE HUI	VANR SOCI	RTY OF THE UNITE	D
8	1	Bri	elly describe the organization's mission of most significant activities:	G TN		<u></u>
Activities & Governance	1.				then OEOL of the next of	nooto
Ę	2		eck this box   if the organization discontinued its operations or dispos			
ğ	3		imber of voting members of the governing body (Part VI, fine 1a)			26
-8	4		ember of independent voting members of the governing body (Part VI, line 1b)			657
.9	5		tal number of individuals employed in calendar year 2011 (Part V, line 2a)			661
3	6		tal number of volunteers (estimate if necessary)			289,942.
Ac	7	a To	tal unrelated business revenue from Part Vill, column (C), line 12			
	<del> </del>	b Ne	t unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
		_			131,213,883.	
9	8		ontributions and grants (Part VIII, line 1h)		3,008,576	
Ę	9		ogram service revenue (Part VIII, line 29)		9,254,471.	
Revenue	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,226,890	
_	111		her revenue (Part VIII, column (A), tines 5, 6d, 8c, 9c, 10c, and 11e)		148,703,820	
	12		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,246,831,	
	13		ants and similar amounts paid (Part IX, column (A), lines 1-3)		0,240,031,	· · · · · · · · · · · · · · · · · · ·
	14		nefits paid to or for members (Part IX, column (A), line 4)		36,204,216	<u> </u>
8	15		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,616,481.	
Expenses	16	a Pr	olessional fundraising fees (Part IX, column (A), line 11e)	****		
×	•	b To	tal fundralsing expenses (Part IX, column (D), line 25) 22,877,	720.	80,293,873	
ш	17		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,361,401	
	18		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,342,419	
_	19	Re	venue less expenses. Subtract line 18 from line 12			<del></del>
35 g	3			- 56	ginning of Current Year 215, 161, 305.	
82	<b>3</b> 20		tal assets (Part X, line 16)			
Net Ass	21		tal liabilities (Part X, line 26)	······	27,646,004.	
3	22		t assets or fund balances. Subtract line 21 from line 20		187,515,301.	103,813,030.
	8 1	12	Signature Block			and hallef it la
Uni	der pe	naltie	s of perjury, I declare that I have examined this return, including accompanying schedule	s and siziem	ems, and to the desi of h	il intromende sun neuer in iz
truc	e, CO11	rect, a	and complete. Declaration of preparer (other than officer) is based on all information of wi	iich preparer	nas any knowledge.	
			Signature of officer		Date	7/1
Sig	-				05:0 /	•
He	4.0		G. THOMAS WAITE III, TREASURER AND CPO Type or print name and title			· · · · · · · · · · · · · · · · · · ·
				11	Date Check	II PTIN
p.,			rini/Type preparer's name Preparer's signalute	CPA	1.10 100 1	
Pai			MES SWEENEY AM T YUMAN	441	11 5 1 > Sentinger	42-0714325
	pare	_	rm's name MCGLADREY LLP	<del>)                                    </del>	Firm's EIN	24-A1783
US	e Cal	/   Fl	IM'S address 8000 TOWERS CRESCENT DR. STE 500	/	Dhara sa 3	03-336-6400
_	1	<u>_</u>	VIENNA, VA 22182-6205		j rnone no. 7	
Ma	ly the	IRS	discuss this return with the preparer shown above? (see instructions)		*************	X Yes No

ADVOCACY AND PUBLIC POLICY, ENCOMPASSING SUCH ACTIVITIES AS	EXPANDING
THE SCOPE OF CORPORATE POLICIES CONCERNING THE TREATMENT OF	ANIMALS,
URGING CONSUMERS TO MODIFY THEIR SPENDING AND LIFESTYLE HAB	ITS TO FAVOR
HUMANE PRODUCTS, INCREASING THE SCOPE AND STRENGTH OF ANIMAL	
STATUTES AND REGULATIONS, AND PERSUADING THOUGHT LEADERS TO	
THEMSELVES WITH HUMANE VALUES, ARE IMPORTANT ELEMENTS OF THE	
WORK,	
STATE AFFAIRS	
Other program services (Describe in Schedule O.)	
	7,831.) (Revenue \$ 120,624.)
Total program service expenses 100,542,665.	, , , , , , , , , , , , , , , , , , , ,

# Form 990 (2011) THE HUMANE SOCIETY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	L	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		23.50 23.50	KJI I
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves " complete Schoolule E. Posts Land IV.			
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	X	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
	bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

# Form 990 (2011) THE HUMANE SOCIETY OF THE U Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
h	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		Х
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		├
·				
ď	any tax-exempt bonds?	24c 24d	_	<del> </del>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disconstitution of the same of	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230	-	<del>-</del>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			# 7 · · ·
	instructions for applicable filing thresholds, conditions, and exceptions):	14.50 Ad	3.00 Sec.	N. 1-444
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
04	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I	31		<u> </u>
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			••
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		i	x
34	Was the organization related to any tax-exempt or taxable entity?	33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a	-	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	مد		
	If "Yes," complete Schedule R, Part V, line 2	36	ı	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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2011)

## Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Form 990 (2011) | Part V | Sta

	Check is screeded of contains a response to any question in this Part V			• • • • • • • • •		<u> </u>
	<b>-</b>	Ι.	l	- Constant	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		61	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			100011111 100011111		
_	(gambling) winnings to prize winners?		i	1c	Х	100,000
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>	ر.			
	filed for the calendar year ending with or within the year covered by this return		65'	- Indicate		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b	X	S. Senancia
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
	•	•••••		3a	X	_
				3b	X	┡
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or othe					
	financial account in a foreign country (such as a bank account, securities account, or other financial	l accou	nt)?	<u>4a</u>	2 34 57 5 7	X
b	If "Yes," enter the name of the foreign country: ▶					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			1000 1000 1000 1000	4.00	1521.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	—	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b	↓	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	anization solicit			l
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	ıtions c	r gifts		ŀ	ľ
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so			7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it $v$	vas req	uired			ŀ
	to file Form 8282?			7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7</b> d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e	<u> </u>	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation fi	le a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. [			300000 300000 1000000000000000000000000	ALTERNATION OF THE PROPERTY OF	\$22
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	<b></b>	••••••	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	· · · · · · · · · · · · · · · · · · ·		9b		<u> </u>
0	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	, .				
<b>a</b>	Gross income from members or shareholders	11a		V.CV.		
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	- <u></u>			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	1	12a		
		12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1998 1998		Hall to
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		i			
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
C 4.:	Enter the amount of reserves on hand	13c			1430	2000 2006 2006
<del>4</del> a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990 (	2011)

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion 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	31.73						
	If there are material differences in voting rights among members of the governing body, or if the governing			2.3				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			3.53 to 3.53 to				
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		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?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6	Did the organization have members or stockholders?	6	х					
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť						
	more members of the governing body?	7a	х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7ь	х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			大場の				
a	The assemble had 0	8a	A.A.A.A.	(1 (3.52)				
b	Each committee with authority to act on behalf of the governing body?	8b	x					
		OD	-					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		-				
<u> </u>	tion b. Folicies (mis section a requests information about policies not required by the internal nevertibe Code.)		Yes	Na				
400	Did the emeritation have lead chapters branches or offiliated?	100	X	No				
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	-					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	406	x					
110		10b	X					
11a	· · · · · · · · · · · · · · · · · · ·	11a	<b>A</b>	Here is				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ulaining 40		dilizz.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا ا						
40	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X	Gent wa				
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?	100.00		- 100				
a	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х	*********				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1000 1000 1000 1000 1000 1000 1000 100					
_	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS			_				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial					
	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	ion: 🕨	·					
	G, THOMAS WAITE III - (202) 452-1100							
	700 PROPESSTONAL DR GATTHERSRIPG MD 20879							

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

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

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

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

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

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

Check this box if neither the organization (A)	(B)	Τ			C)			(D)	(E)	(F)
Name and Title	Average	(4	Position				000	Reportable	Reportable	Estimated
	hours per	er box.		(do not check more than one box, unless person is both an officer and a director/trustee)				1	compensation	amount of
	week (describe	<b>—</b>	T	I	I GOL	J., 0 U.	100)	from	from related	other
	hours for	trustee or director	l	l		L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	stee		l	ns:	l	(W-2/1099-MISC)	(11 23 1000 111100)	organization
	organizations	į	la la		33,86	g a				and related
	in Schedule O)	Individual	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Ботше			organizations
(1) ANITA W. COUPE, ESQ.		╁┺	-	۴	×	王章	75	<u> </u>		
CHAIR OF BOARD	3,00	x		x				0.	0.	0.
(2) JENNIFER LEANING, M.D., S.M.H.		Г						-		
VICE CHAIR	2.00	х		x	ŀ			0.	0.	0.
(3) ERIC L. BERNTHAL, ESQ.										
SECOND VICE CHAIR	2,00	x		x				0.	0.	0.
(4) KATHLEEN M. LINEHAN, ESQ.										
BOARD TREASURER	2.00	х		х				0.	0.	0.
(5) JEFFREY J. ARCINIACO	1						İ			
DIRECTOR	1.00	X	Щ					0.	0.	0.
(6) MICHAEL J. BLACKWELL, DVM, MPH DIRECTOR										
(7) BARBARA BRACK	1.00	X	$\vdash$					0,	0.	0,
DIRECTOR								_		
(8) JERRY CESAK	1,00	A					-	0.	0.	0.
DIRECTOR	1.00	,							_	
(9) NEIL B. FANG, ESQ., CPA	1.00	Ĥ	$\dashv$	-				0.	0.	0.
DIRECTOR	1.00	x						0.	ام	
(10) JANE GREENSPUN GALE		-	$\dashv$	┪	-	$\dashv$			0.	0.
DIRECTOR	1,00	x						0.	0.	0
(11) JONATHAN D. KAUFELT, ESQ.			一	寸						0,
DIRECTOR	1.00	x	ı		- 1			0.	0.	0.
(12) PAULA A. KISLAK, DVM				╗	寸				Ţ.	
DIRECTOR	1,00	x	- 1	- 1		- 1		0.	0.	0.
(13) JOHN MACKEY			$\neg$	T	一					
DIRECTOR	1.00	x					- 1	0.	0.	0.
(14) MARY I. MAX			П	П	T					
DIRECTOR	1.00	х						0.	0.	0.
(15) PATRICK L. MCDONNELL										
DIRECTOR (16) JUDY NEY	1.00	X	4	_	_		_	0.	0.	0.
DIRECTOR				- [			-			
(17) SHARON LEE PATRICK	1,00	X	$\dashv$	-		4	_	0.	0.	0.
DIRECTOR DES PATRICE	1 00		-			- 1	- 1			
132007 01-23-12	1.00	<u>^                                    </u>	Ĺ		_	$oldsymbol{\bot}$		0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (F) (A) (B) (D) (E) Position (do not check more than one Average Name and title Reportable Reportable **Estimated** hours per compensation amount of box, unless person is both an officer and a director/trustee) compensation week from related other from (describe organizations compensation the hours for (W-2/1099-MISC) organization from the ndividual trustee or related (W-2/1099-MISC) organization nstitutional trustee organizations and related in Schedule organizations O) (18) JUDY J. PEIL DIRECTOR 1,00 0 0 0. (19) MARIAN G. PROBST DIRECTOR 1.00 X 0 0 0. (20) JONATHAN M. RATNER 1,00 X DIRECTOR 0. 0 0. (21) JOSHUA S. REICHERT, PH.D. DIRECTOR 1.00 x 0 0 0. (22) WALTER J. STEWART, ESQ. DIRECTOR 1.00 Х 0 0 0, (23) ANDREW WEINSTEIN DIRECTOR 1.00 X 0 0 0. (24) JASON WEISS DIRECTOR 1.00 X 0 0 0. (25) DAVID O. WIEBERS, M.D. DIRECTOR 1.00 0 0 0. (26) LONA WILLIAMS DIRECTOR 1.00 X 0 0 0. 0 0 0. c Total from continuation sheets to Part VII, Section A 2,838,332 172,124. 716,520. d Total (add lines 1b and 1c) 2,838,332. 172,124 716,520,

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

24

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on		\$365 \$455	1 1 1
	line 1a? If "Yes," complete Schedule J for such individual	3	222233	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? If "Yes," complete Schedule J for such individual	4	x	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	Similar.		***
	rendered to the organization? If "Yes," complete Schedule J for such person	5	X	a control design
0	Air- D. Indonesia Control			

Section B. Independent Contractors

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
EURO RSCG EDGE, 2173 SALK AVENUE, SUITE		•
300, CARLSBAD, CA 92008	MARKETING	8,439,157.
QUADRIGA ART		
825 HYLTON ROAD, PENNSAUKEN, NJ 08110	DIRECT RESPONSE	7,745,609.
NATIONAL OUTDOOR SPORTS AD, 5151 WISCONSIN		
AVE, NW, 4TH FL, WASHINGTON, DC 20001	FUNDRAISING CONSULTANTS	2,301,368.
IMLAY INTERNATIONAL, LLC., 5101 BACKLICK		
RD. SUITE I #303, ANNANDALE, VA 22003	PRINT MANAGEMENT	1,622,328,
ARIZONA LOCKBOX, 18401 N. 25TH AVENUE		
SUITE 120, PHOENIX, AZ 85023-1208	LOCKBOX PROCESSOR	1,150,407.
2 Total number of independent contractors (including but not limited to those li \$100,000 of compensation from the organization ► 38	isted above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Reportable Reportable **Estimated** Name and title Average Position hours (check all that apply) compensation compensation amount of other from from related per organizations compensation the week organization (W-2/1099-MISC) from the ndividual trustee or directo (W-2/1099-MISC) organization fighest compensated and related nstitutional trustee organizations Officer (27) WILLIAM F. MANCUSO DIRECTOR 1.00 x 0 0 ٥. (28) PERSIA WHITE DIRECTOR 1,00 X 0. 0 0. (29) ARNOLD BAER ASSISTANT TREASURER/PART OF YEAR 40.00 x 0 81,655 42,803. (30) GWEN CRANE CONTROLLER & DEPUTY TREASURER 40.00 х 120,747 0. 25,569. (31) JANET D. FRAKE SECRETARY 40,00 x 87,999 0 45,162. (32) PATRICIA A. GATONS ASSISTANT SECRETARY 20,00 x 0 52,106 5,429. (33) GEOFFREY HANDY ASSISTANT TREAS/PART OF YEAR x 40.00 117,622 0 39,415. (34) ROGER KINDLER GENERAL COUNSEL, VP AND CLO 40.00 x 193,684 0 40,162. (35) LAURA MALONEY CHIEF OPERATING OFFICER 40.00 x 161,860 0 13,463. (36) MICHAEL MARKARIAN CHIEF PROGRAM & POLICY OFFICER 36.00 X 185,936 20,660 18,019. (37) DONNA MOCHI ASSISTANT SECRETARY 40.00 X 74,912. 0 15,920. (38) WAYNE PACELLE PRESIDENT AND CEO 40.00 X 268,226 0. 31,295. (39) THERESA CANNON REESE SECOND DEPUTY TREASURER 40.00 X 101,778 0. 35,340. (40) ANDREW ROWAN CHIEF INTN'L OFFICER AND CHIEF SCIEN 16.00 x 77,717 116,575 80,477. (41) BERNARD UNTI ASSISTANT TREASURER 40.00 X 95,640. 0, 20,521. (42) G. THOMAS WAITE III TREASURER AND CFO 40.00 X 199,594 0. 68,425. (43) JOHN BALZAR SVP, COMMUNICATIONS 40,00 X 168,740 0 40,096. (44) HOLLY HAZARD SVP PROGRAMS & INNOVATIONS 32.00 34,889 X 139,557 32,719. (45) JOHN W. GRANDY SVP WILDLIFE PROGRAMS 40.00 X 163,566 0 85,568. (46) HEIDI PRESCOTT SVP, CAMPAIGNS & OUTREACH 40.00 142,720 0 28,038.

Total to Part VII, Section A, line 1c

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (D) (E) (F) (A) (B) Reportable **Estimated Position** Reportable Name and title Average compensation amount of (check all that apply) compensation hours other from from related per the organizations compensation week Highest compensated employee organization (W-2/1099-MISC) from the ndividual trustee or director (W-2/1099-MISC) organization Institutional trustee and related Key employee organizations Officer (47) DEBORAH PEEPLES VP, PHILANTHROPY 40.00 0, 25,075. X 141,130. (48) MARTIN STEPHENS VP, ANIMAL RESEARCH ISSUES 40.00 X 136,569 0, 5,449. (49) JONATHAN LOVVORN SVP, ANIMAL PROTECTION LITIGATION & X 0 40.00 126,574 17,575. Total to Part VII, Section A, line 1c 2,838,332, 172,124 716,520.

Part VIII Statement of Revenue (D) (B) (A) (C) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns 1a b Membership dues c Fundraising events ..... 825,836 10 d Related organizations e Government grants (contributions) 16 f All other contributions, gifts, grants, and similar amounts not included above 121,917,542 19,089,757 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f . 122,743,378 **Business Code** 2 a FUNDRAISING EVENTS 561499 1,385,900 1,385,900 b OTHER PROG. SRVC REV 900099 589,818 589,818. C ADVERTISING 541800 506,935 325,927, 181,008. d SUBSCRIPTIONS 511110 138,566 138,566, CONSULTATION & SERVICE 541990 76,382 76,382 f All other program service revenue 900099 38,071 38,071, Total. Add lines 2a-2f 2,735,672 Investment income (including dividends, interest, and other similar amounts) 4,711,346 -35,985 4,747,331. Income from investment of tax-exempt bond proceeds 5 Royalties ..... 4,647,164 4,647,164. (i) Real (ii) Personal 6 a Gross rents ..... 14,090, b Less: rental expenses ...... c Rental income or (loss) ..... 14 090 d Net rental income or (loss) 14,090 14,090. 7 a Gross amount from sales of (i) Securities (ii) Other 96,799,694 assets other than inventory b Less: cost or other basis and sales expenses ...... 98,242,122. c Gain or (loss) -1,442,428, d Net gain or (loss) -1,442,428 -1,442,428 8 a Gross income from fundraising events (not Other Revenue including \$ 825,836, of contributions reported on line 1c). See 1,385,900 Part IV, line 18 \_\_\_\_\_a 1,445,220 b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events -59,320 -59,320 9 a Gross income from gaming activities. See Part IV, line 19 ...... a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** LIST RENTALS 900099 132,956 132,956 OTHER FEES h 541990 94.800 94,800. d All other revenue Total. Add lines 11a-11d ..... 227,756. Total revenue. See instructions. 133,577,658 2,228,737 289,942 8,315,601, 132009 01-23-12

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se to any question in th	is Part IX		
_7b	not include amounts reported on lines 6b, , 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	6,506,518.	6,506,518.		
2	Grants and other assistance to individuals in			577 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(C)
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			(1984 - 1984) - (1984)	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	242,621.	242,621.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			200000000000000000000000000000000000000	minoresessas agreementelle
	trustees, and key employees	2,470,333.	1,976,266.	74,110.	419,957
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	27,854,096.	22,829,439.	806,993.	4,217,664
8	Pension plan accruals and contributions (include				4,227,004,
	section 401(k) and section 403(b) employer contributions)	2,383,671.	1,956,193.	68,928.	358,550,
9	Other employee benefits	2,650,773.	2,171,780.	76,841.	402,152,
10	Payroll taxes	2,429,237.	1,987,811.	70,549.	370,877
11	Fees for services (non-employees):	,		10,545.	310,811,
а		1			
b	Legal	1,637,280.	721,932.	186,039.	720 300
c	Accounting	230,585.	196,306.		729,309.
d	Lobhying	753,842.	641,775.	6,967.	27,312.
_	Lobbying Professional fundraising services. See Part IV, line 17	4,343,746.	V41,773.	22,777.	89,290.
f	Investment management fees	2,844,686.	2 421 200	05.054	4,343,746.
			2,421,792.	85,951.	336,943.
g 12		13,457,363.	11,449,180.	406,744.	1,601,439.
	Advertising and promotion	11,915,496.	10,096,584.	369,683.	1,449,229.
13	Office expenses	4,364,629.	3,715,778.	131,875.	516,976.
14	Information technology				
15	Royalties	4 715 000			
16	Occupancy	1,745,800.	1,486,268.	52,748.	206,784.
17	Travel	4,502,885.	3,832,583.	136,235.	534,067.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	347,150.	295,542.	10,489.	41,119.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,318,883.	1,122,817.	39,849.	156,217.
23	Insurance	863,677.	735,281.	26,096.	102,300.
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 0.)				
а	EDUCATION MATERIAL	24,137,976.	20,549,597.	729,317.	2,859,062.
b	DIRECT RESPONSE COSTS	10,116,669.	5,049,579.	1,029,856.	4,037,234.
C.	EQUIPMENT	445,364.	379,156.	13,456.	52,752.
d	OTHER TAXES	208,927.	177,867.	6,313.	24,747.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	127,772,207.	100,542,665.	4,351,816.	22,877,726.
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	41,180,876.	24,335,136.	915,376.	15 930 364
100010	01-23-12		==,===,===,	-20,010.	15,930,364.

132010 01-23-12

Page 11

Part X | Balance Sheet (A) (B) Beginning of year End of year Cash · non-interest-bearing 7,409, 6,600. 1 Savings and temporary cash investments 2 21,607,092, 23,403,868. 2 Pledges and grants receivable, net 3 9,939,838 9,929,680. 3 Accounts receivable, net 4,955,450. 4,918,241 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net ..... 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 552,009 718,800. 9 10a Land, buildings, and equipment: cost or other 22,087,889. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 9,684,081, 13,147,925 10c 12,403,808. Investments · publicly traded securities 150,935,351, 11 158,175,691. 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 14,053,440, 15 7,423,391. 16 Total assets. Add lines 1 through 15 (must equal line 34) 215,161,305, 217,017,288. 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 8,664,945. 17 9,359,666. 18 Grants payable \_\_\_\_\_ 18 Deferred revenue \_\_\_\_\_ 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II ..... 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ..... 24 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 18,981,059, 24,441,792. Total liabilities. Add lines 17 through 25 27,646,004. 26 33,801,458. Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 138,009,419 134,776,460. 27 Temporarily restricted net assets 18,336,013 16,336,810. 28 Permanently restricted net assets 31,169,869, 32,102,560, 29 Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances ..... 33 187,515,301, 183,215,830, 33 Total liabilities and net assets/fund balances ... 215,161,305. 217,017,288.

Form 990 (2011)

Form	1 990 (2011) THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390		Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	*******************			X			
		_						
1	Total revenue (must equal Part VIII, column (A), line 12)							
2	Total expenses (must equal Part IX, column (A), line 25)	2	127	,772	,207.			
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,805	,451.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187	,515	,301.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-10	,104	,922.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	183	,215	,830.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII		•••••		$\mathbf{x}$			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			<b>38</b> 33				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u>o.</u>						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x			
b			2b	Х				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho		<b>3</b> 3333		47.11			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued		N.					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	iale Audit	% 2000 Care	V1 (MAN)	HORSE			
	Act and OMB Circular A-133?	<b>G</b>	3a		х			
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to underno such audits		35					

Form **990** (2011)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number

53-0225390 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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. b \_\_\_ Type II c Type III - Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 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? | 1<u>1g(iii)</u> h Provide the following information about the supported organization(s). (iii) Type of (vi) is the ganizațion in col. (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify the (vii) Amount of organization organization in col. (i) organized in the organization in col. (i) listed in your organization in col. (described on lines 1-9 support governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

## 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.)

Se	ection A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				(-) 2010	(0)2011	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	85,224,988.	86,727,035.	97,027,023.	131,213,883	122,743,378.	522,936,307.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	85,224,988.	86,727,035.	97,027,023.	131,213,883.	122,743,378.	522,936,307.
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)						436,233.
	Public support, Subtract line 5 from line 4.						522,500,074.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	85,224,988.	86,727,035.	97,027,023.	131,213,883.	122,743,378.	522,936,307.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		_				
_	and income from similar sources	8,245,945.	8,478,978.	7,333,227.	8,317,712.	9,408,585.	41,784,447.
9	Net income from unrelated business						
	activities, whether or not the	]	ľ				
	business is regularly carried on						
10	Other income. Do not include gain		1	ĺ		l	
	or loss from the sale of capital	255 525					
	assets (Explain in Part IV.)	255,627.	150,410.	798,415.	672,872.	227,756.	2,105,080.
	Total support. Add lines 7 through 10						566,825,834.
12 13	Gross receipts from related activities,					12	12,374,063.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	1 501(c)(3)	
èec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage			**********	<u></u>
14	Public support percentage for 2011 (li	ne 6. solumn (f) div	idad by line 11 an	) (D)	<del></del> -		20.10
15	Public support percentage from 2010	Schedule A. Part II	lued by line 11, co	iumn (1))	·····	14	92.18 %
 16a	33 1/3% support test - 2011. If the or	roanization did not	check the hey on	line 12 and line 1	L	15	92.29 %
	stop here. The organization qualifies a	is a publicly suppo	when creamization	ille 13, and line 14	4 IS 33 1/3% OF M	ore, check this box	kand ⊾िं
b	33 1/3% support test - 2010. If the or	roanization did not	check a hov on lin	e 13 or 160 and 1	ing 15 is 20 1/20/		<b>&gt;</b>   <b>x</b>
	and stop here. The organization qualit	fies as a nublicly su	Innorted organizat	ion	ille 15 IS 33 1/3%	or more, check thi	S DOX
7a	10% -facts-and-circumstances test	- 2011. If the orga	pported organizat pization did not ch	eck a boy on line	12 16a ar 16b a		▶∟∟
	and if the organization meets the "fact	s-and-circumstanc	es" test check this	that and etan he	ro, Toa, Cr 100, a	nd line 14 is 10% (	or more,
	meets the "facts-and-circumstances" t	test. The organizati	on qualifies as a m	. Johnand atop ne Jblick sunnarted	organization	. IV HOW the organi	zation
b	10% -facts-and-circumstances test	- 2010. If the organ	nization did not ch	eck a box on line	13.16a 16h or 1	7a and line 15 is 1	
	more, and if the organization meets the	e "facts-and-circum	stances" test. che	ck this box and et	ton here. Evolsin	in Part IV how the	G78 UI
	organization meets the "facts-and-circu	umstances" test. Ti	he organization au	alifies as a nublici	v supported argo	irration	
8	Private foundation. If the organization	did not check a b	ox on line 13, 16a.	16b, 17a. or 17b	check this hav ar	d see instructions	
						tule A (Form 990 c	

## 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

Se	ection A. Public Support	below, please cor	ipiete Part II.)				
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(4) 0040	1	r
	Gifts, grants, contributions, and	(4) 2007	(6) 2000	(0) 2009	(d) 2010	(e) 2011	(f) Total
	membership fees received. (Do not	İ	1				İ
	include any "unusual grants.")		1				
2	Gross receipts from admissions,						
	merchandise sold or services per-		Í				
	formed, or facilities furnished in						
	any activity that is related to the			1			
_	organization's tax-exempt purpose						
3	Gross receipts from activities that		ļ	·			
	are not an unrelated trade or bus-				]		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		1				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					ľ	
6	* ***	<del></del>					
	Total. Add lines 1 through 5			· · · · · · · · · · · · · · · · · · ·			
7 &	Amounts included on lines 1, 2, and	Ī	l				
L	3 received from disqualified persons						
E	Amounts included on lines 2 and 3 received from other than disqualified persons that		·				
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	Albier Committee					
300	tion B. Total Support			2011 304 11 304 44	and the second of the second o	Asserting a separate services	
~~	and the state of t						
		(a) 2007	(b) 2008	(a) 2000	(d) 2010	(-) 0044	<i>10</i> <b>7</b>
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9	Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
0 10abb	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
0 10abb	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b c	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add times 9, 10c, 11, and 12.)						
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	k year as a section	n 501(c)(3) organiza	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, third	, fourth, or fifth ta	k year as a section	n 501(c)(3) organiza	
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, third	, fourth, or fifth ta	k year as a section	n 501(c)(3) organiza	
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi	the organization's <b>c Support Pe</b> ne 8, column (f) di	first, second, third	, fourth, or fifth ta	k year as a section	n 501(c)(3) organiza	
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2011 (lii Public support percentage from 2010	the organization's <b>c Support Pei</b> ne 8, column (f) di Schedule A, Part	first, second, third Centage vided by line 13, co	, fourth, or fifth ta	k year as a section	n 501(c)(3) organiza	tion,
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec 16 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add tines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage from 2010 tion D. Computation of Inves	the organization's <b>c Support Per</b> ne 8, column (f) di  Schedule A, Part <b>tment Income</b>	first, second, third centage vided by line 13, co.	, fourth, or fifth ta	year as a section	n 501(c)(3) organiza	tion,
Cale 9 10a b c 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add tines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publical Support percentage for 2011 (line Public support percentage from 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2011 (support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2010 tion D. Computation of Invesing the support percentage for 2011 (support percentage for 2011)	the organization's <b>c Support Per</b> ne 8, column (f) di  Schedule A, Part <b>tment Income</b> 11 (line 10c, colum	first, second, third centage vided by line 13, co. III, line 15 Percentage in (f) divided by line	, fourth, or fifth ta	year as a section	n 501(c)(3) organiza	tion,
Cale 9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public support percentage for 2011 (line Public support percentage from 2010 threstment income percentage from 2010 revestment  the organization's <b>c Support Per</b> ne 8, column (f) di  Schedule A, Part <b>tment Income</b> 11 (line 10c, colum  010 Schedule A, F	first, second, third centage vided by line 13, co	, fourth, or fifth ta	k year as a section	15   16   17   18	tion, % % % %	
Cale 9 10a b c 11 12 13 14 Sec 16 16 18 19 19	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public Public support percentage for 2011 (lines) provestment income percentage from 2010 investment income percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 201	the organization's <b>c Support Per</b> ne 8, column (f) di  Schedule A, Part <b>tment Income</b> 11 (line 10c, colum  010 Schedule A, Forganization did no	first, second, third centage vided by line 13, co ll, line 15 Percentage in (f) divided by line Part III, line 17	, fourth, or fifth ta	year as a section	15   16   17   18   3 1/3%, and line 17	tion,
Cale 9 10a b c 11 12 13 14 Sec 15 16 17 18 19 a :	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public Public support percentage for 2011 (line) Public support percentage from 2010 throwstment income percentage from 2011 (line) and 33 1/3% support tests - 2011. If the comore than 33 1/3%, check this box and stop the comore than 33 1/3%, check this box and some percentage from 2011.	the organization's <b>c Support Per</b> ne 8, column (f) dischedule A, Part <b>tment Income</b> 11 (line 10c, colum  010 Schedule A, Forganization did nod  d stop here. The	first, second, third centage vided by line 13, co ll, line 15 Percentage in (f) divided by line Part III, line 17 ot check the box or organization qualifi	, fourth, or fifth ta	k year as a section	15   16   17   18   3 1/3%, and line 17 tion	tion,
Cale 9 10a b c 11 12 13 14 Sec 15 16 17 18 19 a :	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public Public support percentage for 2011 (line) Public support percentage from 2010 throwstment income percentage from 2011 (line) and 33 1/3% support tests - 2011. If the comore than 33 1/3%, check this box and stop the comore than 33 1/3%, check this box and some percentage from 2011.	the organization's <b>c Support Per</b> ne 8, column (f) dischedule A, Part <b>tment Income</b> 11 (line 10c, colum  010 Schedule A, Forganization did nod  d stop here. The	first, second, third centage vided by line 13, co ll, line 15 Percentage in (f) divided by line Part III, line 17 ot check the box or organization qualifi	, fourth, or fifth ta	k year as a section	15   16   17   18   3 1/3%, and line 17 tion	tion,
Cale 9 10a b c c 11 1 12 13 14 Sec 17   8   9 a : b : b : b : b : c   1   1   1   1   1   1   1   1   1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public Public support percentage for 2011 (lines) provestment income percentage from 2010 investment income percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 2011 (lines) provestment lines percentage from 201	the organization's  c Support Per ne 8, column (f) di Schedule A, Part tment Income 11 (line 10c, colum 010 Schedule A, F organization did no d stop here. The organization did no	first, second, third centage vided by line 13, co lli, line 15 Percentage in (f) divided by line Part III, line 17 ot check the box or organization qualified the check a box on line	, fourth, or fifth ta flumn (f)) 13, column (f)) In line 14, and line es as a publicly su	year as a section  15 is more than 30 ipported organizar	15   16   17   18   3 1/3%, and line 17 tion	tion,

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

2011

Employer identification number

	E HUMANE SOCIETY OF THE UNITED STATES	53-0225390
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 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	
Charle if the same and a state of		
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	ney or property) from any one
Special Rules		•
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulo)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gri) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	lations under sections reater of (1) \$5,000 or (2) 2%
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educ ruelty to children or animals. Complete Parts I, II, and III.	utor, during the year, ational purposes, or
contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not totated, enter here the total contributions that were received during the year for an exclusively omplete any of the parts unless the <b>General Rule</b> applies to this organization because it respectively, etc., contributions of \$5,000 or more during the year.	I to more than \$1,000. religious, charitable, etc., eceived nonexclusively
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B	Form 990, 990-EZ, or 990-PF),

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

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page 2
Name of org	ganization		Employer identification number
THE HUMA	NE SOCIETY OF THE UNITED STATES		53-0225390
Part I	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
			Person Payroll Noncash Complete Part II if there

Name of organization

Employer identification number

### THE HUMANE SOCIETY OF THE UNITED STATES

53-0225390

(a)	ncash Property (see instructions). Use duplicate copies of	art ii ii additional space is needed.	<del></del>
No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$- \equiv$			
(a) Io. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-   -			
3 01-23-12		<u> </u>	90, 990-EZ, or 990-PF) (20

Name of organization **Employer identification number** THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390 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.) Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE C** (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

ame of organization			En	ployer identification number
THE HUMA	NE SOCIETY OF THE UNITED S	TATES		53-0225390
Part I-A Complete if the	organization is exempt un	der section 501(	c) or is a section 527	organization.
Provide a description of the orga     Political expenditures     Volunteer hours	anization's direct and indirect politi		<b>•</b>	\$
Part I-B Complete if the c	organization is exempt und	der section 5016	2)(3)	
1 Enter the amount of any excise t	ax incurred by the organization un	der section 4955		¢
2 Enter the amount of any excise t	tax incurred by organization manag	ers under section 49	55	4
If the organization incurred a sec	ction 4955 tax, did it file Form 4720	for this vear?		Voc N
4a Was a correction made?	****		***************************************	Yes N
Part I-C Complete if the c	organization is exempt und	ler section 501(c		
1 Enter the amount directly expend	ded by the filing organization for se	ction 527 exempt fur	nction activities	\$
2 Enter the amount of the filing org	ganization's funds contributed to of	her organizations for	section 527	
exempt function activities			<b>&gt;</b>	\$
3 Total exempt function expenditu	res. Add lines 1 and 2. Enter here a	and on Form 1120-PC	)L,	
Did the filing organization file For	em 1100 DOL familia		······	\$ <del></del>
5 Enter the names, addresses and	m 1120-POL for this year?	N) of all another 507.	- Pat	Yes No
made payments. For each organi	employer identification number (El ization listed, enter the amount pai	n) of all section 527 p	colitical organizations to when	ich the filing organization
contributions received that were	promptly and directly delivered to	a separate political o	roanization, such as a sena	rate segregated fund or a
political action committee (PAC).	If additional space is needed, prov	ide information in Pa	rt IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

LHA

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 201	1 THE HUMANE S	OCIETY OF THE UNITE	STATES	53-02	25390 Page 2
Part II-A Complete if the o	rganization is	exempt under sect	on 501(c)(3) and f	iled Form 5768	25390 Page 2
(election under se					
A Check Lifthe filing organ	ization belongs to a	n affiliated group (and list	in Part IV each affiliate	d group member's nar	ne, address, EIN,
expenses, and si	nare of excess lobb	ying expenditures).			
B Check F Limit the ming organi	zation checked bo	A and "limited control" p	rovisions apply.		
Liı (The term "expe	mits on Lobbying I anditures" means a	Expenditures amounts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	nfluence public opir	nion (grass roots lobbying	1		
b Total lobbying expenditures to in	ifluence a legislativ	e body (direct lohhving)	***************************************		
c Total lobbying expenditures (add	lines 1a and 1b)	(aa., ,a.a., ,a, ,a, ,a, ,a, ,a, ,a, ,a, ,a, ,a, ,a, ,a, ,a, ,a	•••••••••••		-
d Other exempt purpose expendito		************************************		<del></del> -	
e Total exempt purpose expenditu	res (add lines 1c ar	nd 1d)			
f Lobbying nontaxable amount. Er	nter the amount fro	m the following table in bo	oth columns		
if the amount on line 1e, column (a		e lobbying nontaxable ar			. Was S. S. St. Sterver L. Corn
Not over \$500,000		6 of the amount on line 1			
Over \$500,000 but not over \$1,0		0,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1		5,000 plus 10% of the ex			
Over \$1,500,000 but not over \$1		5,000 plus 5% of the exc			
Over \$17,000,000		000,000.	<u> </u>		
g Grassroots nontaxable amount (e	enter 25% of line 1f	)		A to the latest and the second and t	i mari galilii ilii. Galilii iliii
h Subtract line 1g from line 1a. If ze					
i Subtract line 1f from line 1c. If ze	ro or less, enter -0-				
j If there is an amount other than z	ero on either line 1	h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
(Some organi	4-Year	Averaging Period Under a section 501(h) election	Section 501(h)	· · ·	
c	olumns below. Se	e the instructions for line	es 2a through 2f on pa	age 4.)	
	Lobbying E	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(e) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount				"	
b Lobbying ceiling amount	11.000 (C. 10.00 )				
(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					

Schedule C (Form 990 or 990-EZ) 2011

## Schedule C (Form 990 or 990-EZ) 2011 THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(	a)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or	104.50 10030		
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?	X	14 - 14 - 14 <b>000 00</b>	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	х	<u> </u>	
c Media advertisements?	х		9,280
d Mailings to members, legislators, or the public?	x	-	653,335
e Publications, or published or broadcast statements?	х		551,507
f Grants to other organizations for lobbying purposes?	х		465,838
g Direct contact with legislators, their staffs, government officials, or a legislative body?	х		681,598
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	×		130,973
i Other activities?	х		74,753
j Total. Add lines 1c through 1i			2,567,284
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	SK private seed participation
b If "Yes," enter the amount of any tax incurred under section 4912		Harra et A	A A A A A A A A A A A A A A A A A A A
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?		to been all the beauty	
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction
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)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)	(5), or se	ction III-A, line 3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) "No" OR	(5), or se (b) Part	ction III-A, line 3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members	on 501(c) "No" OR	(5), or se (b) Part	ction III-A, line 3, is
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members  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).	on 501(c) "No" OR	(5), or se (b) Part	ction III-A, line 3, is
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Part IV Supplemental Information (continued)	53-0225390	Page 4
WELFARE LEGISLATION.		
WINTERS DEGISTRATION.		
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, HSUS STAFF, UNPAID		
VOLUNTEERS, AND PAID CONSULTANTS HAVE DIRECT CONTACT WITH LEGISLATORS AND		
THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES.		
1H, RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES,		
OR ANY SIMILAR MEANS:		
THE HSUS HELD LOBBY DAYS IN VARIOUS STATE CAPITALS FOR CITIZENS WHO ARE		
CONCERNED ABOUT ANIMAL WELFARE ISSUES, AND WHO WISH TO PARTICIPATE IN THE		
LEGISLATIVE PROCESS AND INFLUENCE PUBLIC POLICY. THE HSUS ALSO HELD A		
"TAKING ACTION FOR ANIMALS" CONFERENCE WHICH INCLUDED A LOBBYING DAY FOR		
VOLUNTEERS AND ATTENDEES.		
11. OTHER ACTIVITIES:		
THE HSUS UTILIZED PAID CONSULTANTS TO ASSIST WITH MEDIA ADVERTISEMENTS		
AND ENGAGE IN DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFFS.		
CONSULTANTS ALSO PROVIDED ASSISTANCE WITH MAILINGS, PUBLICATIONS, AND		
RALLIES AND DEMONSTRATIONS.		

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

**Employer identification number** 

53-0225390 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? J No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

					<b>1</b>				
Sch	edule D (Form 990) 2011 THE HUMANE	SOCIETY OF THE	UNITED STATES		,	53-0	225390		Page 2
Pa	rt III   Organizations Maintaining C	ollections of A	t, Historical T	reasures.	or Oth	er Similar A	ssets	continu	rage :
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following t	nat are a s	significant use	of its colle	ection i	tems
	(check all that apply):		,,				J. 110 00110	,00011	torris
а	Public exhibition	d	Loan or exc	change prog	ırams				
b	Scholarly research	•	Other	0					
C	Preservation for future generations	•							
4	Provide a description of the organization's co	llections and explain	n how they further t	the oroaniza	ition's exe	empt nurpose ir	Part XIV	,	
5	During the year, did the organization solicit or	receive donations of	of art. historical trea	asures, or of	her simila	r accete	· · · · · · · · · · · · · · · · · · ·	•	
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's c	ollection?			. 🗀 үе	<b>.</b>	□ No
Pa	rt IV Escrow and Custodial Arrang	ements. Comple	te if the organization	n answered	d "Yes" to	Form 990 Per	t IV line C	) or	
	reported an amount on Form 990, Part	X, line 21.				, , , , , , , , , , , , , , , , , , ,	C (V, III) C	, OI	
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	ns or other a	assets not	tincluded			
	on Form 990, Part X?	-					Ye	. [	□ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the fol	lowing table:	**************	• • • • • • • • • • • • • • • • • • • •	******************	. — .		10
	-	•	· · · · · · · · · · · · · · · · · · ·				Δm	ount	
C	Beginning balance					1c	- Ain	DUIL	
d	Additions during the year	•••••••	**********************		•••••••	1d			
е	Distributions during the year	***************************************		******		1a			
f	Ending balance	***************************************		******************		16			<b></b>
<b>2</b> a	Did the organization include an amount on For	rm 990. Part X. line 2	217	•••••••••		·· <u>L···</u>	Ye		No
b	If "Yes," explain the arrangement in Part XIV.			·····	••••••••••	***************************************	. — 16	3 [	140
	t V Endowment Funds. Complete if	the organization ans	wered "Yes" to Fo	rm 990. Par	t IV. line 1	n			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years b	ack (a)	Four ve	ars back
1a	Beginning of year balance	27,569,938.	26,491,737.		9,540.	20,303,1		- Val yee	JIS DOCK
	Contributions	15,712,	56,342.	<del></del>	3,351.	879,1		andrais.	
C	Net investment earnings, gains, and losses	-429,288,	1,916,328.	<del></del>	8,299.	817,2			angespit to pre-
d			, ,		-, (	,-	10000	MANDEN	
е	Other expenditures for facilities						280 660	ages (Carrie Service of the	Michigan Company
	and programs	1,029,986.	894,469.	55	9,453.			er i del Leta del Let	
f	Administrative expenses	, ,			,		1,419.00	oddogddd. Goddogae	
	End of year balance	26,126,376.	27,569,938.	26 49	1,737.	21,999,5	40	1 (1944) (1944) 1 (1944)	<u>1800 (808 1)</u> 1888 288 1
2	Provide the estimated percentage of the current			I *	-,	,223,0	-300an)	<u></u>	<u>Mariaka 190</u>
а	Board designated or quasi-endowment	1,00	% 	y) neid as.					
	Permanent endowment 99.00	%	<b>-70</b>						
	Temporarily restricted endowment ▶	—.··							
	The percentages in lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the possess		ion that are held a	nd administ	arad for th	an organization			
	by:	or the organization		ina dariminati		ie organization		Ye	a I Na
	(i) unrelated organizations						20	_	s No x
							3a		_
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations li	sted as required on	Schedule P2	•••••••	••••••	•••••••	3a		X
4	Describe in Part XIV the intended uses of the o	roanization's andou	ouriedule nr	••••••	•••••		<u>[ 3</u> 1	<u> </u>	—
Par	t VI Land, Buildings, and Equipme	nt. See Form gan	Part X line 10						
vog Tig	Description of property	(a) Cost or oth		or other	(a) A-	oumulated I	/-/\ =		
	a sassification property	basis (investme				cumulated reciation	(a) B	look va	iue
1a	Land			,189,010.	dep			6 10	0 010
	Lano			, ,		u verregerijihili jektili.		0,10	9 010.

Schedule D (Form 990) 2011

5,570,930.

643,868.

12,403,808.

6,738,897

2,945,184

e Other .....

**b** Buildings

c Leasehold improvements
d Equipment

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

12,309,827

3,589,052.

(a) Description of security or category (including name of security)	(b) Book value		e) Method of valuation: or end-of-year market value
(1) Financial derivatives			
Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	,		
Part VIII Investments - Program Related.	See Form 990, Part X, lir	e 13.	
(a) Description of investment type	(b) Book value		Method of valuation: r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	ſ	<b>,</b>	
(10)			
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, lin	ne 15.	800,000 - 140,000 - 140,000 400,000 - 140,000 - 140,000	
(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, lin (a	ne 15. a) Description	Sociation - Mariant - Appendix Mariant - Henri	(b) Book value
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX: Other Assets. See Form 990, Part X, lin  (a)	ne 15.		
(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX: Other Assets. See Form 990, Part X, lin (a (1) (2)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part   X   Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	ne 15.		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX: Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	ne 15. a) Description		
(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) line	ne 15.  a) Description		
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X	ne 15.  a) Description		
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(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX: Other Assets. See Form 990, Part X, lin  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. See Form 990, Part X  (a) Description of liability (1) Federal income taxes (2) ACCRUED SEVERANCE OBLIGATION (3) DEFERRED COMPENSATION ANNUITY CONTRAC	ne 15.) ne 15.)	(b) Book value	
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(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX: Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  otal. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X: Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2) ACCRUED SEVERANCE OBLIGATION  (3) DEFERRED COMPENSATION ANNUITY CONTRACT  (4) SPLIT INTEREST ARRANGMENTS LIABILITY  (5) ACCRUED POSTRETIREMENT BENEFIT OBLIGATION	ne 15.) ne 15.) (, line 25.	(b) Book value  1,521,141, 420,055, 7,921,747, 11,559,327,	
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  otal. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2) ACCRUED SEVERANCE OBLIGATION  (3) DEFERRED COMPENSATION ANNUITY CONTRACT  (4) SPLIT INTEREST ARRANGMENTS LIABILITY  (5) ACCRUED POSTRETIREMENT BENEFIT OBLIGATION  (6) DUE TO AFFILIATES	ne 15.) ne 15.) (, line 25.	(b) Book value  1,521,141.  420,055.  7,921,747.	
(10) Dal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Dart IX Other Assets. See Form 990, Part X, lin  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Dal. (Column (b) must equal Form 990, Part X, col (B) lin Dart X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2) ACCRUED SEVERANCE OBLIGATION  (3) DEFERRED COMPENSATION ANNUITY CONTRAC  (4) SPLIT INTEREST ARRANGMENTS LIABILITY  (5) ACCRUED POSTRETIREMENT BENEFIT OBLIGA  (6) DUE TO AFFILIATES	ne 15.) ne 15.) (, line 25.	(b) Book value  1,521,141, 420,055, 7,921,747, 11,559,327,	
(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED SEVERANCE OBLIGATION (3) DEFERRED COMPENSATION ANNUITY CONTRACT (4) SPLIT INTEREST ARRANGEMENTS LIABILITY (5) ACCRUED POSTRETIREMENT BENEFIT OBLIGATION (6) DUE TO AFFILIATES (7) (8)	ne 15.) ne 15.) (, line 25.	(b) Book value  1,521,141, 420,055, 7,921,747, 11,559,327,	
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(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) line (a) Description of liability  (1) Federal income taxes (2) ACCRUED SEVERANCE OBLIGATION (3) DEFERRED COMPENSATION ANNUITY CONTRACT (4) SPLIT INTEREST ARRANGENTS LIABILITY (5) ACCRUED POSTRETIREMENT BENEFIT OBLIGATION (6) DUE TO AFFILIATES (7) (8) (9) (10)	ne 15.) ne 15.) (, line 25.	(b) Book value  1,521,141, 420,055, 7,921,747, 11,559,327,	
(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) line (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED SEVERANCE OBLIGATION (3) DEFERRED COMPENSATION ANNUITY CONTRACT (4) SPLIT INTEREST ARRANGEMENTS LIABILITY (5) ACCRUED POSTRETIREMENT BENEFIT OBLIGATION (6) DUE TO AFFILIATES (7) (8) (9)	ne 15.)  (, line 25.	(b) Book value  1,521,141. 420,055. 7,921,747. 11,559,327. 3,019,522.	(b) Book value

	edule D (Form 990) 2011 THE HUMANE SOCIETY OF THE UNITED STAT	ES		53-022	5390 Page 4
1	Reconciliation of Change in Net Assets from Form 990			ements	<u> </u>
	Total revenue (Form 990, Part VIII, column (A), line 12)	•••••			133,577,658
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		127,772,207
3	Excess or (deficit) for the year. Subtract line 2 from line 1	• • • • • • • • • • • • • • • • • • • •	3		5,805,451
4	Net unrealized gains (losses) on investments		4		-5,253,993
5	Donated services and use of facilities		5		
6	investment expenses		161		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		lal		-4,850,929
9	Total adjustments (net). Add lines 4 through 8		9		-10,104,922
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	1 10 1		-4,299,471
	rt XII Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per l	Return	
1	Total revenue, gains, and other support per audited financial statements	***************************************		1	139,866,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a			
b	· · · · · · · · · · · · · · · · · · ·	2b	4,857,276		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	4,857,276,
3	Subtract line 2e from line 1			3	135,008,784.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			14.5%	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-1,431,126,		
C	Add lines 4a and 4b			4c	-1,431,126.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	133,577,658.
Pa	TEXIII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per	Returr	<u> </u>
1	Total expenses and losses per audited financial statements			1	144,165,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_		3.5.38	
а	Donated services and use of facilities	2a	4,857,276.		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	11,536,048.		
е	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	16,393,324.
3	Subtract line 2e from line 1	•••••	•••••••••••••••••••••••••••••••••••••••	3	127,772,207.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	••••••	•••••••••••••••••••••••••••••••••••••••	V-1 (A)	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b	1		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • • • • • • • • • • •		5	127,772,207.
Par	t XIV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a ar	d 4: Part IV. lines 1	h and 2h	Part V line 4: Part
X, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also corr	plete this par	t to provide any add	ditional in	formation.
	V, LINE 4: INCOME FROM ENDOWMENTS IS EXPENDABLE TO SUPPORT TO				
FOLL	OWING:				
DEFR	AY BUILDING OPERATING EXPENSES, AWARD SCHOLARSHIPS TO CONNECT	CUT			
SECO	NDARY SCHOOL STUDENTS, AND SUPPORT FOR THE BEST INTERESTS OF T	THE			
	NIZATION AND OTHER HUMANE ORGANIZATIONS, INCLUDING THE NORMA 1				
	NE EDUCATION AND NATURE CENTER. ADDITIONALLY, FUNDS SUPPORT T				
		ne STATE			
OF N	W HAMPSHIRE WILDLIFE AND THE BETTERMENT OF SONG BIRDS.		-		

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)	THE UNITED STATES	53-0225390	Page 5
- Continued			
LOSS ON SALE OF SECURITIES	-1,442,428.		
LOSS FROM FUNDRAISING EVENTS	-59,320.		
ADDED FMV OF DONATED VEHICLES	70,618.		
ROUNDING	4.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,431,126.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:			
POST RETIREMENT BENEFITS ADJUSTMENT	4,839,631.		
REALIZED & UNREALIZED LOSS ON INVESTMENTS	6,696,420.		
ROUNDING ADJUSTMENT	-3.		
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	11,536,048.		
		<u> </u>	

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

**Employer identification number** 

53-0225390 Part 1 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	☐ No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

(a) Region	(b) Number of offices	(c) Number of	an be duplicated if additional space is n  (d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	employees, agents, and independent contractors in region	services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	for and investments in region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTMAKING		42,488
EAST ASIA AND THE					
PACIFIC	0	0	GRANTMAKING		70,536
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTMAKING		60,597
SOUTH AMERICA	o	0	GRANTMAKING		12,000
SOUTH ASIA (AFGHANISTAN, BANGLADESH, BHUTAN,				"	
INDIA, MALDIVES,	0	0	GRANTMAKING		18,000
SUBSAHARAN AFRICA	0	0	GRANTMAKING		39,000
		,			
3 a Sub-total	0	0			242,621.
<b>b</b> Total from continuation sheets to Part I	C	0			0,
c Totals (add lines 3a and 3b)	0	0			242,621.

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

Schedule F (Form 990) 2011

Page 2

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Ö (g) Amount of ö ö ö ö ö ė. ö non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of WIRE WIRE. 3,000 MIRE 2,000,WIRE 10,086,WIRE 500 MIRE 1,700.WIRE 3,602.WIRE of cash grant 2,750. 850. (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 14. CENTER OPERATIONS AND the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter PROTECTION OF MORELET LOCAL WILDLIFE RESCUE FOR NGO REP TO ATTEND CONSERVATION PROGRAM SEA TURTLE HATCHERY SUPPORT: RESCUE AND SEA TURTLE HATCHERY SUPPORT: STRENGTHEN PRANSPORTATION COST NEUTER PROGRAM FOR (d) Purpose of SUPPORT: RESCUE UPPORT: SPAY & W SUPPORT: SPAY & grant SUPPORT: SPAY AND COMMUNITY IWC MEETING KURAL ARBA ROCODILES SUPPORT ENTERS NEUTER TEUTER ENTRAL AMERICAN CENTRAL AMERICAN CENTRAL AMERICAN CENTRAL AMERICAN SENTRAL AMERICAN CENTRAL AMERICAN CENTRAL AMERICAN SENTRAL AMERICAN (c) Region Part II can be duplicated if additional space is needed. CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN Enter total number of other organizations or entities and EIN (if applicable) (b) IRS code section (a) Name of organization က

tal number of other organizations or entities
SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) [Part III] Continuation of	THE HUM	(Form 990) THE HUMANE SOCIETY OF THE UNITED STATES  Continuation of Grants and Other Assistance to Organizations or Entities	MIOI	United States.	53-0225390 Schedule F (Form 990)	90), Part II, line 1		Page 2
(a) Name of organization	(b) IHS 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)
			SUPPORT: EDUCATION					
		CENTRAL AMERICAN	AND COMMUNITY					
		& CARIBBEAN	OUTREACH PROGRAM	3,000.	WIRE	0		
			SUPPORT: SPAY &					
			NEUTER; AWARENESS					
		IA AND THE	PROGRAM; POST-RESCUE					
		PACIFIC	CARE OF DOGS	17,761.	MIRE	0		
			SUPPORT: SHELTER					
NAME OF THE PROPERTY OF THE PR			DESIGN AND		-			
		EAST ASIA AND THE	CONSTRUCTION IN					
		PACIFIC	TAIPEI	37,930.WIRE	IRE	•		
	\$ 2 V							
		RAST ASTA AND THE						
			SUPPORT: CNVR PROGRAM	aa1% 000 c	100	•		
				200	- TANE	2		
		EAST ASIA AND THE	SUPPORT PURCHASE LAND					
		PACIFIC	OF HOSPITAL	3,000.WIRE	IRE	•		
			SUPPORT: SUMMER CAMP					
			DESIGNED TO SPREAD					
		EAST ASIA AND THE PACIFIC	THE MESSAGE OF LOVE OF ANIMALS AND	9 845 W	24 24 37	_		
		ENIGHT ( MC)						
		ICELAND AND						
		GREENLAND)	WELL-BEING OF ANIMALS	5,000,	WIRE	•		
			HIRE A WESTERN					
		LUDING	VETERINARIAN FOR					
		Р	LYR/CNTRL OF					
		GREENLAND }	STRAY/STREET DOGS AND	M,000,61	WIRE	.0		
			SUPPORT: CAT					
		LUDING	POPULATION MANAGEMENT					
		Ð	GUIDANCE MANUAL					
		GREENLAND)	COMPILATION AND	2,597.WIRE	IRE	0.		i

监	THE HUM	THE HUMANE SOCIETY OF THE UNITED STATES	UNITED STATES		53-0225390	06		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9	90), Part II, line 1		
n (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT: SPAY &					
		GREENLAND)	Neuter	1,000.WIRE	WIRE	0		
AX.		EIROPE (TNCLITIDING						
		ICELAND AND	HUMANE MANAGEMENT OF					
		GREENLAND)	STRAY COMMUNITY DOGS	3,000.	WIRE	•		
			SUPPORT: WILDLIFE					
		EUKOPE (INCLUDING	CONSERVATION UNIT					
		GREENLAND)	RESEARCH PROJECT DEPT OF ZOOLOGY	30,000	WIRE	0		
			SUPPORT: EQUINE					
		SOUTH AMERICA	RESCUE AND RECOVERY	4,000.	WIRE	0.		
			SUPPORT FOR					
			EDUCATIONAL	_				
			PROGAM/AWARENESS OF	•				
		SOUTH AMERICA	THE NEED OF ANIMALS	2,000.WIRE	TIRE	0		
			SUPPORT: SPAY &					
	2.000	SOUTH AMERICA	NEUTER, HUMANE EDU	2,000.WIRE	TRE	0.		
					_			
	91	SOUTH AMERICA	SUPPORT: SPAY & NEUTER	2 000	WIRE	,		
			SUPPORT: SPAY &					
	<b>8</b>	SOUTH AMERICA	NEUTER	2,000.	WIRE	0.		
				<u>-</u> .				-
		SOUTH ASIA	SUPPORT: HUMANE EDU PROGRAM	3 000 MIRE	- L	c		
						,		

Schedule F (Form 990)	THE HUM	THE HUMANE SOCIETY OF THE UNITED STATES	UNITED STATES		53-0225390	90		Page 2
┚	or Grants and Other	Continuation of Grants and Other Assistance to Organizations of	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	United States.	(Schedule F (Form 9	90), Part II, line	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)
			TO ASSIST IN CARING					
		SOUTH ASIA	FOR ABANDONED ANIMALS IN NEW DELHI	10,000,CHECK	CHECK	o		
	i i		mwanting as the dis					
		SOUTH ASIA	FOR S/N CLINIC	2,000.WIRE	WIRE	0		
			SUPPORT: HUMANE					
			MANAGEMENT OF STRAY					
		SOUTH ASIA	COMMUNITY DOGS	3,000.	WIRE	0		
			SUPPORT: SPAY &					
		SUB-SAHARAN	NEUTER; HUMANE EDU	•				
		REVICA	PROGRAM	3,000.	WIRE	o		
			SUPPORT: BASIC					
		SUB-SAHARAN	TRAINING OF					-
		AFRICA	DONKEY-OWNED	2,000.WIRE	WIRE	0		
		2100						
		SOS-SARANAN AFRICA	PROGRAM	2,000,WIRE	VIRE	0		
		SUB-SAHARAN AFRICA	IMMUNOCONTRACEPTION FUNDING FOR ELEPHANTS	25,000.	WIRE	0		
		SUB-SAHARAN	SUPPORT: TRAINING					
		AFRICA	FACILITY CONVERSION	3,000.	WIRE	•		
		SDB-SAHARAN	HAN MINAMIN . HODE					
			PROGRAM	2,000.WIRE	TRE	0		

Part II Continuation o	f Grants and Other	nd Other Assistance to Organizations or Entities	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 990)	30), Part II, line 1	0	Page 2
) Name	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT: HUMANE EDU PROGRAM	2 000 WIRE	TRE	C		
	<b>X</b>							

Schedule F (Form 990) 2011 THE HUMANE SOCIETY OF THE UNITED STATES

Farill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

Part III can be duplicated if additional space is needed.

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

132073 01-23-12

,7.1N <del>T</del>	To leight 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)	X 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)	X 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)	X 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)	X 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)	Voc. X No.

## Page 5 Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. SCHEDULE F, PART I, LINE 2: THE HUMANE SOCIETY OF THE UNITED STATES ISSUES GRANTS TO ORGANIZATIONS THAT MEET OUR MISSION CRITERIA. GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT EITHER WE HAVE (1) THOROUGHLY RESEARCHED; (2) HAVE AN EXISTING RELATIONSHIP WITH; (3) INTERACTED WITH IN CONJUNCTION WITH AN HSUS-SPONSORED EVENT. GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS. PART II, COLUMN (D): REGION: EAST ASIA AND THE PACIFIC (D) PURPOSE OF GRANT: SUPPORT: SUMMER CAMP DESIGNED TO SPREAD THE MESSAGE OF LOVE OF ANIMALS AND RESPECT FOR LIVES REGION: EUROPE (INCLUDING ICELAND AND GREENLAND) (D) PURPOSE OF GRANT: HIRE A WESTERN VETERINARIAN FOR 1YR/CNTRL OF STRAY/STREET DOGS AND THE ATTENDANT PROBLEMS OF RABIES AND ZOONOTIC ILLNESS REGION: EUROPE (INCLUDING ICELAND AND GREENLAND) (D) PURPOSE OF GRANT: SUPPORT: CAT POPULATION MANAGEMENT GUIDANCE MANUAL COMPILATION AND PRODUCTION REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: SUPPORT: BASIC CARE/TREATMENT & TRAINING OF DONKEY-OWNED COMMUNITIES

## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

2011

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f X Solicitation of government grants Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) NATIONAL OUTDOOR SPORTS -Yes No 5151 WISCONSIN AVE, NW, 4TH FUNDRAISING CONSULTANTS 40,826,074 X 2,090,271 38,735,803. INFOCISION MANAGEMENT TELE FR TO OBTAIN MULTI YR CORPORATION - 325 SPRINGSIDE REVENUE X 2,683,985 333,229 2,350,756. DONOR SERVICES GROUP LLC -TELE FR TO OBTAIN MULTI YR 6715 SUNSET DRIVE BLVD, LOS REVENUE X 2,524,599 1,089,976 1,434,623. WATERSHED COMPANY - 100 BUSH STREET SUITE 850, SAN WEBSITE MARKETING X 1,500,000 1,383,819. 116,181 THE SHARE GROUP, INC. - 73 TELE FR TO OBTAIN MULTI YR CHAPEL ST, NEWTON, MA 02458 REVENUE X 1,047,664 532,088 515,576. ADESA IMPACT - 13085 HAMILTON CROSSING, STE 500, CARMEL, IN AUTO RECOVERY SERVICES x 318,932 70,618 248,314. DONOR CARE CENTER, INC - 480 W. TUSCARAWAS AVE. FUNDRAISING CONSULTANTS X 74,876 57,641 17,235. PUBLIC INTEREST COMMUNICATIONS - 7700 DIRECT RESPONSE x 44,002 53,742 -9,740. Total 49,020,132, 4.343.746. 44,676,386. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Schedule G (Form 990 or 990-EZ) 2011

		of fundraising event contributions and g	ross income on Form 99	0-EZ, lines 1 and 6b. List	events with gross recei	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	l					(add col. (a) through
			NY GALA	ANIMAL CARE EXPO	5	col. (c))
Ę	l		(event type)	(event type)	(total number)	- "
Revenue	1	Gross receipts	787,832.	584,380.	839,524.	2,211,736
	2	Less: Charitable contributions	563,451,		262,385,	825,836
	3	Gross income (line 1 minus line 2)	224,381.	584,380.	577,139.	1,385,900
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	195,225.	5,873.	74,244.	275,342
Direct	7	Food and beverages			253,332.	253,332
	8	Entertainment				
	9	Other direct expenses		583,601.	266,713.	916,546.
	10	Direct expense summary. Add lines 4 throug			<b>&gt;</b>	( 1,445,220
n.	11		n (d), and line 10		<b>&gt;</b>	-59,320
Pě	îtî	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		Co. Dull Aska Sankank	-	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ye.				Singerprogression brings		con (a) through con (c),
ا تت	1	Gross revenue				
	_					
တ္က	2	Cash prizes				
ense		•				
ន្ន	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor		☐ Yes % ☐ No	Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		· 	(
	8	Net gaming income summary. Combine line	, column d, and line 7	***************************************	<b>&gt;</b>	
			<del>-</del>		<del></del>	
		ter the state(s) in which the organization opera				
		he organization licensed to operate gaming ac		states?		L Yes L No
D	11 "1	No," explain:				
	_					
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
	_					
3208	2 01	-23-12			Calcadale Office	m 990 or 990-E7) 2011

<u>50</u>	redule G (Form 990 or 990-EZ) 2011 THE HOMANE SOCIETY OF THE UNITED STATES 53-02	15390		Page 3
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:			
	The organization's facility	13a		%
1	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		. 70
	properties of the properties of the properties of the postal and records.			
	Name			
	Address			
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
ŧ	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
•	If "Yes," enter name and address of the third party:			
	Name		-	
	Address >			
16	Gaming manager information:			
	Name ▶			
	Traille -			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mondatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>	_	$\overline{}$
	retain the state gaming license?	יש	/es	Ll No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$			
Fä	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see ir	struc	tions).
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
			<u> </u>	
(1)	NAME OF FUNDRAISER: NATIONAL OUTDOOR SPORTS			
,	OF TOTAL PROPERTY AND TOTAL PROPERTY OF THE PR	—		
(I)	ADDRESS OF FUNDRAISER:			
515'	WISCONSIN AVE, NW, 4TH FL, WASHINGTON, DC 20016			
	WISCONSIN AVE, NW, 4TH FL, WASHINGTON, DC 20016			
(1)	NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORPORATION			
(I)	ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333			
			-	

Schedule G (Form 990 or 990-EZ) 2011 THE HUMANE SOCIETY OF THE UNITED STATES  Part IV   Supplemental Information (continued)	53-0225390	Page 4
Supplemental information (continued)		
HELP ANIMALS, DIRECT MAIL FUNDRAISING HELPS TO CREATE GREATER AWARENESS		
OF OUR CAMPAIGNS AND OUR CONCERNS, AND HAS ALLOWED US TO BUILD A		
CONSTITUENCY OF SUPPORTERS UNMATCHED IN THE HUMANE FIELD, WITH		
TREMENDOUS SOCIAL, POLITICAL, AND PRACTICAL BENEFITS TO OUR WORK.		
TO COMPLEMENT DIRECT MAIL, THE HSUS RELIES ON LARGER INDIVIDUAL GIFTS		
SOLICITED BY REGIONAL FUNDRAISERS, PLANNED GIVING, FOUNDATION GRANTS,		
TELEPHONE SOLICITATION, WORKPLACE GIVING, BEQUESTS, AND, MOST RECENTLY		
DIRECT RESPONSE TELEVISION ADVERTISEMENTS. TOGETHER, THESE METHODS		
FORM THE BASIS OF A COMPREHENSIVE APPROACH TO SECURING THE FUNDS AND		
THE CONSTITUENCY NECESSARY TO MEET OUR URGENT AND LONG TERM ANIMAL		
WELFARE GOALS.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0347

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

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATE	HETY OF THE U	NITED STATES					Employer identification number 53-0225390
Part 1 General Information on Grants and Assistance	nd 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?	o substantiate the stance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	ion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant	of grant funds in the United States.	d States.			
Rattill 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	Governments and	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part I	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Check this	box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	dditional space is need	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(r) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTOR AND OTHERS FOR ANIMALS							
11523 BURBANK BLVD NORTH HOLLYWOOD, CA 91601	95-2783139	501 (C) (3)	2,000.	0.			SUPPORT: SPAY & NEUTER
	0000		000 6	c			GRNERAL, SUPPORT
ARLINGTON, VA 22204	20-2119/82	501 (C) (3)	3,200.				SENERGI SOLFONT
ALABAMA ANIMAL ALLIANCE 5316 ATLANTA HWY MONTGOMERY, AL 36109	20-8251059	501 (C) (3)	•906	0.			SUPPORT: SPAY & NEUTER
ALABAMA ANIMAL CONTROL ASSOCIATION 1802 CENTRAL PARKWAY SW DRCAMHD AT. 35601	£192601-£9	501 (C) (3)	2 000	á			SUPPORT: SPAY & NEUTER
ALL ABOUT ANIMALS RESCUE, INC. 23205 GRATIOT AVE #331 EASTPOINTE MI 48021	9899008-08	501 (C) (3)	2,544,				
ALLEY CAT GUARDIANS 1430 CARPENTER LN STE B MODESTO, CA 95351	03-0478130	501 (C) (3)	1,300.	0			SUPPORT: SPAY & NEUTER
2 Enter total number of section 501(c)(3) and government organizations if	nd government or	ganizations listed in the	isted in the line 1 table				262.
	s listed in the line	1 table					2.
_ ر ا	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES	пвту ог тив с	MITED STATES			1. J. C. Communication of the Part of the		53-0225390 Page 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
ALLIANCE FOR CONTRACEPTION IN CATS & DOGS - 14245 NW BELLE COURT - PORTLAND, OR 97229	41-2185841	501 (C) (3)	40,000.	0.			SUPPORT FOR HUMANE CONTROL OF CATS & DOGS THROUGH CONTRACEPTION
ALMOST HOME FOUNDATION PO BOX 308 ELK GROVE VILLAGE, IL 60009	04-3805366	501 (C) (3)	671.	°			SUPPORT: SPAY & NEUTER
ALTERNATIVES CONGRESS TRUST 2100 L STREET NW WASHINGTON, DC 20037	52-2294193	501 (C) (3)	56,657.	0.			SUPPORT: 8TH WORLD CONGRESS-ALTERNATIVE
ANGEL ACRES HORSE HAVEN RESCUE, INC PO BOX 62 - GLENVILLE, PA 17329	13-4271553	501 (C) (3)	1,500.	0.			HELP CARE FOR 2 TENNESSEE WALKING HORSES TO BALTIMORE CNTY ANML CNTRL
ANIMAL ANGELS, INC 622 EAST COLLEGE ST LAKE CHARLES, LA 70602	72-1461961	501 (C) (3)	2,000.	o			SUPPORT: SPAY & NEUTER
ANIMAL BALANCE 1920 BLAKE STREET BERKELEY, CA 94704	68-0630714	501 (C) (3)	3,000.	0.			SUPPORT: SPAY & NEUTER
ANIMAL CARE AND CONTROL OF NEW YORK CITY - 11 PARK PLACE STE 805 - NEW YORK, NY 10007	13-3788986	501 (C) (3)	5,000.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
ANIMAL COALTION OF TAMPA INC 1719 W LEMON STREET TAMPA, FL 33606	59-3713414	501 (C) (3)	2,000.	0.			SUPPORT: SPAY & NEUTER
ANIMAL DEFENSE LEAGUE OF ARIZONA INC P O BOX 3393 - PHOENIX, AR 85067	74-2493030	501 (C) (3)	3,036.	.0			SUPPORT: SPAY & NEUTER

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

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

Partin Communation of Grants and Office Assistance to Governments and Organizations in the Office Orates (Schedule Houringsof), Farting	Assistance to Go	Wei Illingins and Organ	DOWN IN CHORD	Illed orang local	n : (/222 : 1122 : 2122		
(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
ANIMAL FRIENDS RESCUE PROJECT PO BOX 51083 PACIFIC GROVE, CA 93950	77-0491141	501 (C) (3)	1,650.	.0			SUPPORT: SPAY & NEUTER
ANIMAL HEALTH CENTER/TAILS OF LOVE FOUNDATION' - 190624 HWY 26 - SCOTTSBLUFF, NE 69361	32-0089048	501 (C) (3)	4,077.	•0	,		SUPPORT: SPAY & NEUTER
ANIMAL KIND, INC 5311 MISSION WOODS RD MISSION WOODS, KS 66205	74-3105423	501 (C) (3)	5,000.	0.			SUPPORT: SPAY & NEUTER
ANIMAL LOVERS LEAGUE 40 SHORE ROAD GLEN COVE, NY 11542	11-3259425	501 (C) (3)	665.	°			SUPPORT: SPAY & NEUTER
ANIMAL PROTECTION LEAGUE OF NJ P.O. BOX 174 ENGLISHTOWN, NJ 07726	22-2849700	501 (C) (3)	1,093.	0			SUPPORT: SPAY & NEUTER
ANIMAL PROTECTION SOCIETY OF CASWELL COUNTY - PO BOX 193 - YANCEYVILLE, NC 27379	56-1925043	501 (C) (3)	2,500.	.0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
ANIMAL PROTECTION SOCIETY OF DURHAM, INC - 2117 EAST CLUB BLVD - DURHAM, NC 27704	56-1047100	501 (C) (3)	5,000.	0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
ANIMAL RESCUE FUND OF THE HAMPTONS PO BOX 901, 90 DANIELS HOLE RD WAINSCOTT, NY 11975	23-7400663	501 (C) (3)	7,567.	.0			SUPPORT: SPAY & NEUTER; VET CARE; PET ADOPTIONS
ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND STREET DES MOINES, IA 50313-2528	42-0680427	501 (C) (3)	5,929.	,	·		SUPPORT: SPAY & NEUTER; DISNEY-SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES

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990) THE HUMANE SOCIETY OF THE UNITED STATES		uation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
. I (Form		Continu
Schedule		Part

(a) Name and address of (b) EIN (c) IRC section or government if applicable and address of contact in the conta	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	on (d) Amount of (e) Amount of (f) Method of (f) cash grant non-cash valuation no assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESCUE LEAGUE WESTERN PA 662 HAMILTON AVENUE PITTSBURGH, PA 15206	25-0325750	501 (C) (3)	3,567.	0.0			SUPPORT: SPAY & NEUTER
ANIMAL WELFARE LEAGUE 10305 SOUTHWEST HWAY CHICAGO, IL 60415	36-2235155	501 (C) (3)	1,500.	•0			REPLACE STOLEN AIR CONDITIONING UNITS IN SHELTER
ANIMAL WELFARE LEAGUE OF ARLINGTON 2650 S ARLINGTON MILL DRIVE ARLINGTON, VA 22206	54-0603502	501 (C) (3)	1,707.	°o			SUPPORT; SPAY & NEUTER
ANIMAL WELFARE LEAGUE OF MONTGOMERY COUNTY - PO. BOX. 7040 - GAITHERSBURG, MD 20898-7041	20-3382175	501 (C) (3)	4,234.	0.			SUPPORT: SPAY & NEUTER
ANIMALS DESERVING OF PROPER TREATMENT - 42 INDUSTRIAL DRIVE - NAPERVILLE, IL 60563	36-3683984	501 (C) (3)	1,266,	0			SUPPORT: SPAY & NEUTER
ARIZONA EQUINE RESCUE ORGANIZATION INC. HAY FOR HORSES FUND - ACTHA CHARITY - 34522 N SCOTTSDALE ROAD - SCOTTSDALE, AR 85266	86-1029061	501 (C) (3)	500,	0.			TO SUPPORT A SPECIALIZED FECHNICAL RESCUE TEACHING CLASS
ASHEVILLE HUMANE SOCIETY, INC 55 SHILOH ROAD ASHVILLE, NC 28803	56-1444098	501 (C) (3)	516.	°			SUPPORT: SPAY & NEUTER
BEND SPAY AND NEUTER PROJECT 61344 PARRELL ROAD BEND, OR 97702	71-0977598	501 (C) (3)	513,	0.			SUPPORT: SPAY & NEUTER
BEST FRIENDS ANIMAL SOCIETY DBA\NO MORE HOMELESS PETS IN UTAH - 500 ANGEL CANYON RD - KANAB, UT 84741	23-7147797	501 (C) (3)	1,029.	0.			SUPPORT: SPAX & NEUTER Schedule I (Form 990)

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES [Parkill Continuation of Grants and Other Assistance to Governments and Organizations is the History Continuation of Grants and Other Assistance to Governments and Organizations is the History Continuation of Grants and Other Assistance to Governments and Organizations is the History Continuation of Grants and Other Assistance to Governments and Organization of Grants and Other Assistance and Organization of Grants and Other Assistance and Organization of Grants and Other Assistance and Organization of Grants and Other Assistance and Organization of Grants and Other Assistance and Organization of Grants and Other Assistance and Othe	CIETY OF THE	THE HUMANE SOCIETY OF THE UNITED STATES	in a the contraction of the cont				53-0225390 Page 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
BIDEAWEE, INC. 410 EAST 38 STREET NEW YORK, NY 10016	13-1655210	501 (C) (3)	7,251.	ď			SUPPORT: SPAY & NEUTER; VET CARE; PET ADOPTIONS
BIG CAT RESCUE CORP 12802 RASY STRRET TAMPA, FL 12802	59-3330495	501 (C) (3)	1,000.	0			ORT: C
BILLERICA CAT CARE COALITION P O BOX 141 NORTH BILLERICA, MA 01862	01-0824277	501 (C) (3)	793,	.0			SUPPORT: SPAX & NEUTER
BLOOMINGTON PETS ALIVE INC. 6522 S EMPIRE RD BLOOMINGTON, IN 47401	36-4516780	501 (C) (3)	2,226.	.0			SPAX
BLUE MOUNTAIN HUMANE SOCIETY 7 E. GEORGE STREET WALLA WALLA, WA 99362	91-0828499	501 (C) (3)	2,500.	o			AID TO
BLUEGRASS BOXER RESCUE PO BOX 21134 OWENSBORO, KY 42304-1134	59-3774289	501 (C) (3)	853.	.0			SUPPORT: SPAY & NEUTER
BORN FREE USA UNITED WITH ANIMAL PROTECTION INSTITUTE - 1122 S ST - SACRAMENTO, CA 95811-6525	94-6187633	501 (C) (3)	2,500.	0			SPAY &
BRAZOS FERAL CAT ALLIES PO BOX 10738 COLLEGE STATION, TX 77842	74-2971863	501 (C) (3)	929	0			SPAY
BROOKINGS REGIONAL HUMANE SOCIETY, INC - 1027 MAIN AVENUE SOUTH - BROOKINGS, SD 57006	46-0452504	501 (C) (3)	2,500.	.0			AID TO F

(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
BROWN COUNTY HUMANE SOCIETY INC. PO BOX 746 NASHVILLE, IN 47448-9376	23-7276105	501 (C) (3)	8,371.	0.			SUPPORT: SPAY & NEUTER; SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES; DOG TRAINING AND
CALTIP INC. 27111 E EL MACERO DRIVE EL MACERO, CA 95618-1006	68-0280726	501 (C) (3)	.000,2	.0			FOOD AND VET CARE FOR FIVE RESCUED SHELTER DOGS
CAMDEN COUNTY ANIMAL SHELTER P O BOX 475 BLACKWOOD, NJ 08012	20-0549531	501 (C) (3)	543.	0			SUPPORT: SPAY & NEUTER
CANYON COUNTY ANIMAL SHELTER PO BOX 1447 CALDWELL, ID 83607	20-8179233	501 (C) (3)	1,500.	0			SUPPORT REPLACEMENT OF BROKEN EQUIPMENT
CARING ABOUT THE STRAYS (CATS) INC 8 KINDERKAMACK ROAD - WESTWOOD, NJ 07675	22-3392588	50 <u>1</u> (C) (3)	836.	0			SUPPORT: SPAY & NEUTER
CASA DEL TORO BULLY BREED  EDUCATION & RESCUE - 4765 N,  COUNTY ROAD 500 E - PITTSBORO, IN  46167	42-1708651	501 (C) (3)	11,500.	0	·		SUPPORT TO HELP PREVENT DOG FIGHTING; HELP REDUCE STRESS OF BEING KENNELED
CAT WELFARE ASSOCIATION INC. 741 WETWORE ROAD COLUMBUS, OH 43214	31-6049232	501 (C) (3)	821.	0.			SUPPORT: SPAY & NEUTER
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403	42-0814023	501 (C) (3)	2,500.				SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
CENTRAL AROOSTOOR HUMANE SOCIETY 26 CROSS STREET PRESQUE ISLE, ME 04769	23-7333853	501 (C) (3)	5,000.	.0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
							Schedule I (Form 990)

(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
CENTRAL NEBRASKA HUMANE SOCIETY 1312 SKY PARK RD GRAND ISLAND, NE 68801	47-0493705	501 (C) (3)	2,500.	0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
CENTRAL NEW YORK CAT COALITION PO BOX 6182 SYRACUSE, NY 13217	06-1688749	501 (C) (3)	. 666	0			SUPPORT: SPAY & NEUTER
CENTRAL PENNSYLVANIA ANIMAL ALLIANCE - 182 SILVER PINE CIRCLE - MECHANICSBURG, PA 17050	20-0459806	501 (C) (3)	836.	0			SUPPORT: SPAY & NEUTER
CHARLOTTESVILLE/ALBEMARLE SPCA 3355 BERKMAR DR. CHARLOTTESVILLE, VA 22901	54-0595009	501 (C) (3)	5,581,	0			SUPPORT: SPAY & NEUTER
CHIMP HAVEN, INC 13HSI CHIMPANZEE PLACE KEITHVILLE, LA 71129	74-2766663	501 (C) (3)	72,480.	0			SUPPORT: CARE AND RESCUE OF CHIMPANZEES
CHIMPANZEE SANCTUARY NORTHWEST PO BOX 952 CLE ELUM, WA 98922	68-0552915	501 (C) (3)	16,000.	0			TO HELP BUILD OUTDOOR
CINCINNATI SPCA 3949 COLERAIN AVE CINCINNATI, OH 45223	31-0543284	501 (C) (3)	5,000,	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
CITIZENS FOR ANIMAL PROTECTION OF WARREN CTY - PO BOX 334 - MACON, NC 27551	56-2048523	501 (C) (3)	601.	0.			SUPPORT: SPAY & NEUTER
CITIZENS IN CHARGE FOUNDATION 2050 OLD BRIDGE RD STE 103 LAKE BRIDGE, VA 22192	13-4070270	501 (C) (3)	4,000.	0.			SUPPORT: 100TH ANNIVERSARY CELEBRATION OF CALIFORNIA'S INITIATIVE AND REFERENDUM
							Schedule I (Form 990)

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(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
CITY OF CORINTH PO BOX 669 CORINTH, MS 38835	64-6000295	CITY OF CORINTH	3,000.	0.			TO SUPPORT PUCHASE OF
CITY OF PLANO PO BOX 860358 PLANO, TX 75086	75-6000640	CITY OF PLANO	651.	0			SUPPORT: SPAY & NEUTER
COALITION TO UNCHAIN DOGS, INC PO BOX 3259 DURHAM, NC 27715	26-2584285	501 (C) (3)	912.	0			SUPPORT: SPAY & NEUTER
COMMUNITY ANIMAL RESCUE EFFORT OF SOUTH BEND INC PO BOX 1481 - SOUTH BEND, IN 46624	26-2636028	501 (C) (3)	1,010,	0			SUPPORT: SPAY & NEUTER
COMPANION ANIMAL ADVOCATES, INC. 55 HARRISTOWN ROAD GLEN ROCK, NJ 07452	26-1922162	501 (C) (3)	996.	0.			SUPPORT: SPAY & NEUTER
CONCERNED CITIZENS FOR ANIMAL WELFARE OF VOLUSIA CO., INC 216 YORK TOWN DR - DAYTONA BEACH, FL 32119	06-1650925	501 (C) (3)	716.	å			SUPPORT: SPAY & NEUTER
CONCERNED CITIZENS FOR ANIMAL WELFARE, INC - 755 MARIE AVE - PENZACOLA, FL 32504	59-3033317	501 (C) (3)	531.	0.			SUPPORT: SPAY & NEUTER
CONNECTICUT HUMANE SOCIETY 701B RUSSELL RD NEWINGTON, CT 06111	06-0667605	501 (C) (3)	2,471.	0.			SUPPORT: SPAY & NEUTER
COUNTY OF RANDOLPH 725 MCDGWELL RD ASHEBORO, NC 27205	56-6001526	CNTY OF RANDOLPH	3,000.	0.		·	HUMANE EUTHANASIA FUND / TO OPEN MORE SPACE AND DO SOME REPAIRS

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES   PARE     Continuation of Grants and Other Assistance to Governments and	LETY OF THE UASSISTANCE to GO	NITED STATES wernments and Organ	nizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)		53-0225390 Page 1
(a) Name and address of organization or government	(p) 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
DAKIN PIONEER VALLEY SOCIETY 171 UNION STREET SPRINGFIELD, MA 01101	20-5318898	501 (C) (3)	5,000.	0.	,		TO HELP CENTER RECOVER FROM TORNADO
DANE COUNTY FRIENDS OF FERALS 627 POST RD MADISON, WI 53713	51-0534813	501 (C) (3)	3,029.	0			SUPPORT: SPAY & NEUTER
DELAWARE COUNTY SPCA 555 SANDY BANK ROAD MEDIA, PA 19063	23-1440112	501 (C) (3)	2,000.	.0			SUPPORT: SPAY & NEUTER
DELAWARE SPCA 455 STANTON CHRISTIANA RD NEWARK, DE 19713	51-0064307	501 (C) (3)	2,000.	0.			SUPPORT: SPAY & NEUTER
DEMING ANIMAL GUARDIANS/TOMAHAWK LIVE TRAP COMP PO BOX 1275 - DEMING, MI 88031	01-0776195	501 (c) (3)	564.	0.0			SUPPORT FOR 8 FERAL CAT TRAPS
DENKAI ANIMAL SANCTUARY 36710 WCR 126 GROVER, CO 80729	73-1706969	501 (C) (3)	1,500.	0.			HORSE RESCUE IMPROVEMENTS
DENVER DUMB FRIENDS LEAGUE 2080 S. QUEBEC STREET, HUMANE SOCIETY OF DENVER, INC DENVER, CO 80231-329	84-0405254	501 (C) (3)	2,000.	*0			CARE/RESCUE LOST & ABANDONED ANIMALS/IRENE C.EVANS CHARITABLE TRUST
DIAN FOSSEY GORILLA FUND INTERNATIONAL, INC - 800 CHEROKEE AVE., SE - ATLANTA, GA 30315	52-1118866	501 (C) (3)	.000,8	0.			SUPPORT: GRACE FOUNDATION/GORILLA SHELTERING
DOG & CAT SHELTER INC 84 E RIDGE RD SHERIDAN, WY 82801	83-0211418	501 (C) (3)	2,000.	0.			SUPPORT: SPAY & NEUTER Schedule I (Form 990)

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

[PATELL | 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 se if applic	(d) Amount of cash grant	(e) Amount of non-cash assistance	rction (d) Amount of (e) Amount of (f) Method of (gash grant non-cash valuation non-assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY SPCA 8323 BALDWIN ST OAKLAND, CA 94621	94-1322202	501 (C) (3)	1,927.	0			SUPPORT: SPAY & NEUTER
ENCORE PETS INC. 3513 MEADOW DRIVE MOREHEAD CITY, NC 28557	26-1577374	501 (C) (3)	2,212.	0.			SUPPORT: SPAY & NEUTER
EQUINE OUTREACH INC 63220 SILVIS RD BEND, OR 97701	51-0484049	501 (C) (3)	500.	0.			TRANSPORT TWO RESCUED HORSES TO S, OREGON
BSPANOLA VALLEY HUMANE SOCIETY P O BOX 29 SANTA CRUZ, NM 87567	85-0406234	501 (C) (3)	793.	0			SUPPORT: SPAY & NEUTER
FARM SANCTUARY, INC PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	S01 (C) (3)	8,900.	0.			SUPPORT: 25TH GALA ANNV./COMBAT THE ABUSES OF FACTORY FARMING; CATTLE RELOCATION
FERAL CAT COALITION- SAN DIEGO 9528 MIRAMAR RD PMB 160 SAN DIEGO, CA 92126	33-0590141	501 (C) (3)	1,008.	.0			SUPPORT: SPAY & NEUTER
FINGER LAKES SPCA, INC. 7315 STATE ROUTE 54 BATH, NY 14810	16-0772023	501 (C) (3)	1,781.	0.			SUPPORT: SPAY & NEUTER; SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
FOOTHILLS ANIMAL SHELTER 580 MCINTYRE ST GOLDEN, CO 80401	84-1287053	501 (C) (3)	726.	0.			SUPPORT: SPAY & NEUTER
FORT COLLINS CAT RESCUE 2321 E. MULBERRY ST. #1 FORT COLLINS, CO 80524	20-4969731	501 (C) (3)	989,				SUPPORT: SPAY & NBUTER

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SHELTER AID TO REDUCE PET HELTER AID TO REDUCE PET FOOD COST FOR DOG RESCUE SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER IOMELESSNESS AND SAVE SUPPORT: SPAY & NEUTER HOMELESSNESS AND SAVE CONTANA LARGE ANIMAL (h) Purpose of grant SANCTUARY & RESCUE or assistance LIVES LIVES (g) Description of non-cash assistance Partil Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of 0. 。 o. ó ö ö ö ö ö (e) Amount of non-cash assistance 3,000. 907. 1,502, 582, 612. 740. 1,500 2,500 (d) Amount of cash grant 2,000 (c) IRC section if applicable THE HUMANE SOCIETY OF THE UNITED STATES 501 (C) (3) 501 (C) (3) 03-0283740 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 20-1235675 82-0491932 26-1676217 93-0467412 37-1551779 38-3171570 72-1500381 20-5244649 (b) EIN SHELTER - PO BOX 281, 3100 AVENUE FRIENDS OF CULLMAN ANIMAL SHELTER SHELTER - PO BOX 1079 - METAIRIE, GREEN MOUNTAIN ANIMAL DEFENDERS FRIENDS OF THE POCATELLO ANIMAL ANIMALS - SPAY COLORADO, PO BOX FRIENDS FOR THE DEARBORN ANIMAL FRIENDS OF THE JEFFERSON ANIMAL OF THE CHIEFS - POCATELLO, ID SANCTUARIES - PO BOX 32294 -FOUNDATION FOR PROTECTION OF (a) Name and address of organization or government GLOBAL FEDERATION OF ANIMAL SHELTER - 2661 GREENFIELD -WASHINGTON, DC 59719-0248 CO 81301 GREENHILL HUMANE SOCIETY VT 05406 88530 GREEN HILL RD DEARBORN, MI 48120 HAPPY DOGS RESCUE CULLMAN, AL 35056 Schedule I (Form 990) EUGENE, OR 97402 OSBORN, MO 64474 3334 - DURANGO, LA 70004-1079 BURLINGTON, PO BOX 4577 PO BOX 161 PO BOX 463 83204

Schedule | (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

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

Cartin Community of a fine and Other Assistance to dovernments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to G			men erares (ocue	dule I (FOILII 990), Fal	t 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
HELLO BULLY/AMERICAN PIT BULL TERRIER ADVOCACY - 4885A MCKINGHT RD 197 - PITTSBURG, PA 15237	26-0447525	501 (C) (3)	500.	0.			HELP REPAIR BULLY BREEDS REPUTATION THROUGH EDUCATION
HELP FOR ANIMALS INC PO BOX 250 BARBOURSVILLE, WV 25504	31-1000816	501 (C) (3)	3,500.	0.			SUPPORT: SPAY & NEUTER
HELP SPAY NEUTER CLINIC 300 N OSAGE STREET INDEPENDENCE, MO 64050	27-1864552	501 (C) (3)	897.	.00		:	SUPPORT: SPAY & NEUTER
HELPING PREVENT HOMELESS PETS, INC 7198 SHELL ROAD - WINSTON, GA 30187	86-1157606	501 (C) (3)	516.	0.			SUPPORT: SPAY & NEUTER
HINSDALE HUMANE SOCIETY 22 N ELM ST HINSDALE, IL 60521	36-2441177	<b>501 (C) (3)</b>	1,394.	0.		•	SUPPORT: SPAY & NEUTER
HOLLY HELP SPAY-NEUTER FUND, UNITED HUMANITARIANS A CORP, - P O BOX 1264 - BRISTOL, VA 24203	86-0264917	501 (C) (3)	3,271.	0.			SUPPORT: SPAY & NEUTER
HORSE HAVEN MONTANA PO BOX 599 FRENCHTOWN, MT 59834	26-0672842	501 (C) (3)	2,000.	0.			SUPPORT: HORSE RESCUE IMPROVEMENT
HOUSTON HUMANE SOCIETY 14700 ALMEDA ROAD HOUSTON, TX 77053	74-1340341	<b>501 (C) (3)</b>	9,500.	0.			SUPPORT: VET CARE & TREATMENT; SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
HUI PONO HOLOHOLONA PO BOX 943 MT VIEW, HI 96771	20-8567302	501 (C) (3)	1,341.	o		·	SUPPORT: SPAY & NEUTER

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

[Partill | 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 (b) EIN (c) IRC section (d) Amount of (f) Method of (g organization or government if applicable cash grant non-cash valuation nor assistance (book, FMV,	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
HUMANE ANIMAL WELFARE SOCIETY OF WAIRESHA COURTY THE - 701							
. <u>8</u>	39-6108644	501 (C) (3)	562.	ô			SUPPORT: SPAY & NEUTER
							SUPPORT HUMANE EDUCATION
HUMANE EDUCATION ADVOCATES  BEACHTMG MEACHEDS BO. BOY 728							FRAINING- HUMANE
543	41-2055310	501 (C) (3)	7,500.	0.			REACHING TEACHERS
HUMANE SOCIETY BOULDER VALLEY 2323 55TH STREET BOULDER, CO 80301	84-0152768	<b>501 (C) (3)</b>	1,567.	.0			SUPPORT: SPAY & NEUTER
HUMANE SOCIETY BROWARD COUNTY, INC							SHELTER AID TO REDUCE PET
FORT LAUDERDALE, FL 33312-5997	59-6002321	501 (C) (3)	5,000.	0			LIVES
HUMANE SOCIETY CALUMET AREA INC.							TO HELP COVER THE COST OF MICRO-CHIPPING/VACCINATIN
421 45TH AVE							OF ANIMALS OF LOW-INCOME
MONSTER, IN 46321	35-0895837	501 (C) (3)	1,276.	0			FOLKS; SPAY & NEUTER
HUMANE SOCIETY FOR TACOMA AND PIERCE COUNTY - 2608 CENTER STREET - TACOMA, WA 98409	91-0577128	501 (C) (3)	10,000.	ô			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
HUMANE SOCIETY OF ANGELINA COUNTY							
FO BOX 4/2 LUFKIN, TX 75902	75-6038557	501 (C) (3)	661.	0.			SUPPORT: SPAY & NEUTER
HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH STREET			·				SHELTER AID TO REDUCE PET HOMELESSINESS AND SAVE
క	93-0616957	501 (C) (3)	2,500.	0.			LIVES
HUMANE SOCIETY OF CHARLOTTE, INC. 2700 TOOMEY AVE							·
CHARLOTTE, NC 28203	58-1342479	501 (C) (3)	4,096.	0			SUPPORT: SPAY & NEUTER

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TATES	sistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	
THE HUMANE SOCIETY OF THE UNITED STATES	of Grants and Other Assistance to Governr	
Schedule I (Form 990)	Part II Continuation	

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of valuation or government if applicable cash grant assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HUMANE SOCIETY OF DAVIE COUNTY P O BOX 153	100000	501 (0) (3)	297	0			GUPPORT; SPAY & NEUTER	
	31-0537073	501 (C) (3)	745.	0			SUPPORT: SPAY & NEUTER	(
	59-0711176	501 (C) (3)	1,884.	0.			SUPPORT: SPAY & NEUTER	
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 63110	43-0652638	501 (C) (3)	.002,8	0			SUPPORT: SPAY & NEUTER	
I I	55-0594927	501 (C) (3)	2,500.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES	
HUMANE SOCIETY OF NORTH TEXAS 1840 EAST LANCASTER FORT WORTH, TX 76103	75-1245911	501 (C) (3)	2,500.	0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES	, ,
	35-1139637	501 (C) (3)	. 1,000.	0.			MEDICAL COST HELP FOR ANIMAL WHOSE OWNERS ARE AFFECTED BY THE ECONOMY	
HUMANE SOCIETY OF PARK COUNTY - PARK COUNTY ANIMAL SHELTER - 5537 GREYBULL HWY - CODY, WY 82414	83-0294762	501 (C) (3)	1,000.	ò			SHELTERS IN CRISIS GRANT/GENERAL EXPENSES	
HUMANE SOCIETY OF PUTNAM COUNTY, INC - PO BOX 995 - COOKEVILLE, TN 38503	58-1387894	501 (C) (3)	4,698.				SUPPORT: SPAY & NEUTER Schedule I (Form 990)	
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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

[RETRI] 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 (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (f) Method of (g) organization or government (d) EIN (d) EIN (e) IRC section (d) Amount of (f) Method of (g) IRC section (d) Amount of (f) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) IRC sectio	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF SOUTH MISSISSIPPI - 2615 25TH AVE SUITE B - GULPORT, MS 39501	64-6034439	501 (C) (3)	1,500.	0.			SHELTER IN CRISIS FUND/FIRE DAMAGES REPAIRS
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BLVD. TUCSON, AZ 85716	86-0112798	501 (C) (3)	3,871.	0			SUPPORT: SPAY & NEUTER
HUMANE SOCIETY OF ST. THOMAS 7041 ESTATE NADIR #26 ST. THOMAS, VI 00802	67-0254280	501 (C) (3)	6,843.	0.			SUPPORT: SPAY & NEUTER
HUMANE SOCIETY OF THE BLACK HILLS 1820 E. SAINT PATRICK ST. RAPID CITY, SD 57703	46-0396967	501 (C) (3)	614.	0.			SUPPORT; SPAY & NEUTER
HUMANE SOCIETY OF YUMA, INC 285 N FIGUEROA AVE YUMA, AZ 85364	86-6053617	501 (C) (3)	2,500.	•0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
IDAHO HUMANE SOCIETY, INC. 4775 W DORMAN ST BOISE, ID 83705	82-0212536	501 (C) (3)	.000,2	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
INDY FERAL, INC. P.O. BOX 30054 INDIANAFOLIS, IN 46230	37-1459375	501 (C) (3)	1,500.	0.			SUPPORT: SPAY & NEUTER; FERAL CAT ADVOCACY PROGRAM
INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY (ISAZ) - 38 COLLEGE PARK - DAVIS, CA 95616	30-0275851	501 (C) (3)	4,624.	0			SUPPORT STUDIES OF THE INTERACTIONS OF PEOPLE AND ANIMALS-ANTHROZOOLOGY
INTERNATIONAL SPAY/NEUTER NETWORK 15127 PERDIDO DR ORLANDO, FL 32828-5219	20-2892114	501 (C) (3)	3,000.	0.0			SUPPORT: SPAY & NEUTER

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

Partil 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g organization or government if applicable cash grant non-cash (b) EIN (f) Method of (g) Meth	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
IOWA FEDERATION OF HUMANE SOCIETIES - 5452 NE 22ND STREET - DES MOINES, IA 50313	42-1178225	501 (C) (3)	2005	0			SUPPORT: ANIMAL WELFARE
IOWA HUMANE ALLIANCE 308 E BURLINGTON STREET IOWA CITY, IA 52240	26-1992986	501 (C) (3)	2,231.	ó			SUPPORT: SPAY & NEUTER
CATVANDO NFP CORP PO BOX 851 MAYWOOD, IL 60153	26-1999297	501 (C) (3)	1,216.	.0			SUPPLIES & BOUIDMENT
JOHN'S HOPKINS UNIVERSITY-CENTER	i i						TO ASSIST IN THE COST OF
FOR ALTERNATIVES TO ANIMAL							
TESTINGS - 615 N. WOLFE ST #W7032	-						CONGRESS ON ALTERNATIVES
- BALTIMORE, MD 21205	52-0595110	501 (C) (3)	10,000.	0.			AND ANIMAL USE IN LIFE
JOHNSTON COUNTY ANIMAL SERVICES 115 SHELTER WAY SMITHFIELD, NC 27542	56-6000311	501 (C) (3)	3,000.	ó			TO CONSTRUCT VET. CARE/EUTHANASIA SUITE
KENT COUNTY SPCA							
32 SHELTER CIRCLE CAMDEN, DE 19934	51-6018851	501 (C) (3)	891.	0.			SUPPORT; SPAY & NEUTER
KITSAP HUMANE SOCIETY 9167 DICKEY RD NW SILVERDALE, WA 98383	91-0728353	501 (C) (3)	000	G			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
LEE COUNTY HUMANE SOCIETY							SHELTER AID TO REDUCE PET
AUBURN, AL 36832	63-0713052	501 (C) (3)	2,500.	0.			HOMBLESSNESS AND SAVE LIVES
cus;							
naucha , mr. 39004	81-6014910	501 (C) (3)	2,000.	0:			SUPPORT: SPAY & NEUTER

Schedule I (Form 990)	THE 1	IUMANI	SOCIETY	Y OF	THE	UNITED	STATES
Part II Continuation of G	Grant	s and Othe	ner Assistar	300	to G	overnme	nts and Orga

				tin il loop into il capacitati di il la capaci	(11)	
(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
6 6 6 6						
-020/202			0			SUPPORT: SPAY & NEUTER
26-0040658	501 (C) (3)	5,000.	0			WOLF CARE & MEDICAL
16-0743047	<b>501</b> (C) (3)	965.	0			SUPPORT: SPAY & NEITHER
		36	c			
1		, , , , , , , , , , , , , , , , , , , ,	2			SUPPORT: SPAY & NEUTER
30-0501857	501 (C) (3)	500.	0			TO SUPPORT NATIONAL PIT BULL AWARENESS CAMPAIGN
04-2104400	501 (C) (3)	572.	0			SUPPORT: SPAY & NEUTER
			•			
1		120.				SUPPORT: SPAY & NEUTER
54-1853093	SOI (C) (3)	5,000.	.0		<u> </u>	SUPPORT MINE DETECTION DOG PARTNERSHIP PROGRAM, THE CHILDREN AGAINST MINES PROGRAM, AND THE
41-1678502 5	(01 (C) (3)	823.	0.		, o	1 48
		\$ 501 (C) 501 (C) 501 (C) 501 (C) 501 (C) 501 (C)	501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3)	501 (C) (3) 1,719.  501 (C) (3) 5,000.  501 (C) (3) 36,117.  501 (C) (3) 36,117.  501 (C) (3) 572.  501 (C) (3) 5,000.	501 (C) (3)       1,719.       0.         501 (C) (3)       5,000.       0.         501 (C) (3)       36,117.       0.         501 (C) (3)       572.       0.         501 (C) (3)       5,000.       0.	501 (C) (3) 1,719, 0, 65. 0. 601 (C) (3) 5,000, 0, 65. 0, 651 (C) (3) 36,117, 0, 601 (C) (3) 5,000, 0, 601 (C) (3) 5,000, 0, 601 (C) (3) 5,000, 0, 601 (C) (3) 5,000, 0, 601 (C) (3) 6,000, 0, 601 (C) (6,000, 0) 6,000, 0, 601 (C) (6,000, 0) 6,000, 0, 601 (C) (6,000, 0) 6,000, 0, 601 (C) (6,000, 0) 6,000, 0, 601 (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES  [PARTIL Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	THE HUMANE SOCIETY OF THE UNITED STATES stants and Other Assistance to Governments and	NITED STATES	nizations in the U	nited States (Sche	dule I (Form 990), Par		53-0225390 Page 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
MARYLAND SPCA 3300 FALLS ROAD BALTIMORE, MD 21211	52-6001558	501 (C) (3)	2,500.	0			SUPPORT: SPAY & NEUTER
MASSACHUSETTS SPCA-NEVINS FARM 350 SOUTH HUNTINGTON AVE BOSTON, MA 11217	35-2336082	501 (C) (3)	1,985.	ů			SUPPORT: SPAY & NEUTER
MCKAMEY ANIMAL CARE & ADOPTION CENTER - 4500 N ACCESS RD - CHATTANOOGA, TN 37415	01-0824858	501 (C) (3)	1,500.	0			BREEDER/HOARDER COST
MENOMINER ANIMAL SHELTER, INC 361 N184 HAGGERSON COURT MENOMINEE, MI 49858	38-3295492	501 (C) (3)	521,	0.			SUPPORT: SPAY & NEUTER
MERRIMACK RIVER FELINE RESCUE SOCIETY - 63 ELM ST RTE 110 - SALISBURY, MA 01952	04-3172322	501 (C) (3)	2,671.	0.			SUPPORT: SPAY & NEUTER
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD SUITE 220 BINGHAM FARMS, MI 48025	38-1358206	501 (C) (3)	7,500.	0.			SUPPORT: THE ANIMAL WELFARE CONFERENCE; SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE
MIDLAND COUNTY HUMANE SOCIETY PO BOX 1034 MIDLAND, MI 48641-1034	38-6114132	501 (C) (3)	.000,2	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES

SUPPORT: SPAY & NEUTER
Schedule I (Form 990)

SUPPORT: OPERATIONAL

RXPENSES

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2,500.

31-1708503 501 (C) (3)

MINNESOTA HOOVED ANIMAL RESCUE

FOUNDATION - PO BOX 47 -ZIMMERMAN, MN 55398

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2,000.

90-0397515 501 (C) (3)

PROGM - 10000 HIGHWAY 55 - STE MINNESOTA SPAY NEUTER ASSITANT

300, MN 55441

THE HUMANE SOCIETY OF THE UNITED STATES

Schedule I (Form 990)

SUPPORT BALLOT MEASURE TO STANDARDS FOR THE CARE OF SHELTER AID TO REDUCE PET SHELTER AID TO REDUCE PET SUPPORT: PUPPY MILL DOGS FRANSPORTATION; SHELTER SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER SSTABLISH COMMON-SENSE SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER HOMELESSNESS AND SAVE IOMELESSNESS AND SAVE (h) Purpose of grant or assistance DOGS AT LARGE-SCALE AID TO REDUCE PET RESCUE AND LIVES LIVES (g) Description of non-cash assistance Partill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation 0 ö ٥, ٥. ö ď ö ö ė. (e) Amount of non-cash assistance 806. 512. 2,000. (d) Amount of cash grant 2,500, 15,000, 2,316, 85,838 5,000 4.334 (c) IRC section if applicable NAVAJO NATION 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (4) 501 (C) (3) 501 (C) (3) 501 (C) (3) 36-4538177 501 (C) (3) 26-0574783 30-0245020 23-7100847 21-0679893 26-2121272 86-0092335 27-1423987 20-2938077 (P) EIN MOUNTAINEER SPAY NEUTER ASSISTANCE MISSOURIANS FOR THE PROTECTION OF DOGS - 7584 OLIVE, SUITE 205 - ST LIVESTOCK PROGRAM - P.O. BOX 1450 5221 GREENWAY DRIVE EXTENSION PROGRAM, INC - PO BOX 4335 -- WINDOW ROCK, AZ 86515-1450 (a) Name and address of organization or government MISSISSIPPI SPAY AND NEUTER NAVAJO NATION VETERINARY & CO 80908 MISSISSIPPI ANIMAL RESCUE NATIONAL MILL DOG RESCUE NEW BEGINNINGS FOR CATS 2104 OLD BRANDON ROAD MONMOUTH COUNTY SPCA MORGANTOWN, WV 26504 EATONTOWN, NJ 07724 JACKSON, MS 39204 IL 60954 COLORADO SPRINGS, PEARL, MS 39208 LOUIS, MO 63130 FARGO, ND 58103 260 WALL STREET MINN-KOTA PAAWS 2125 1ST AVE S 7701 E 3500 RD PO BOX 88468 MOMENCE,

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES   Partill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990)) Part III)	LETY OF THE CASSISTANCE TO GO	INITED STATES	oizations in the III	ited States (Sche	dula I (Form 990) Par	:	53-0225390 Page 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
NEW HAMPSHIRE HUMANE SOCIETY 1305 MEREDITH CENTER RD LACONIA, NH 03247	02-6006374	501 (C) (3)	2,500.	ů			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
NEW ROCHELLE HUMANE SOCIETY 70 PORTWAN RD NEW ROCHELLE, NY 10801	13-1740009	501 (C) (3)	1,500,	°°			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
NO MORE HOMELESS PETS, INC PO BOX 141023 GAINESVILLE, FL 32614-1023	02-0536968	501 (C) (3)	849.	.0			SUPPORT; SPAY & NEUTER
NORTHWEST ORG. FOR ANIMAL HELP PO BOX 1603 STANWOOD, WA 98292	91-1362069	501 (C) (3)	794.	0.			SUPPORT: SPAY & NEUTER
OKLAHOMA ALLIANCE FOR ANIMALS 2642 E 21ST STREET SUITE 12 TULSA, OK 74114	84-1640954	501 (C) (3)	2,551.	0.0			SUPPORT: SPAY & NEUTER
ONE OF A KIND PET RESCUE, INC 1485 MARION AVE AKRON, OH 44313	20-4631002	501 (C) (3)	636,	0,			SUPPORT: SPAX & NEUTER
OREGON OUTBACK HUMANE SOCIETY PO BOX 206 LAKEVIEW, OR 97630	20-8682453	501 (C) (3)	527.	0.			SUPPORT: SPAY & NEUTER
OREGON SPAY/NEUTER FUND 2475 GARMISCH DR #4 VAIL, CO 81657	93-0683959	501 (C) (3)	2,000.	0.			SUPPORT: SPAY & NEUTER
OREGONIANS FOR HUMANE FARMS 2236 SE 10 TH AVENUE FORTLAND, OR 97214	45-1774205	PENDING C(4)	25,000.	0			SUPPORT: IMPROVE THE LIVES OF EGG-LAYING HENS

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES [Parell   Continuation of Grants and Other Assistance to Governments and	CIETY OF THE U	NITED STATES vernments and Organ	nizations in the Ur	nited States (Sche	TES and Organizations in the United States (Schedule I (Form 990), Part II.)		53-0225390 Page 1
(a) Name and address of organization or government	(p) EIN	(o) 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
PAL HUMANE SOCIETY PO BOX 3085, 22148 HWY 18 APPLE VALLEY , CA 92307	95-4516403	501 (C) (3)	541.	0.0			SUPPORT: SPAY & NEUTER
PARKER PAWS 587 OX MILL CREEK RD WEATHERFORD, TX 76087	26-1458532	501 (C) (3)	1,064,	0.			SUPPORT: SPAY & NEUTER
PAWS ANIMAL WELFARE SOCIETY, INC PO BOX 94 FORT KENT MILLS, ME 04744	22-2564622	501 (C) (3)	2,000.	0.		•	SUPPORT: SPAY & NEUTER
PAWS OF MICHIGAN PO BOX 2184 RIVERVIEW, MI 48193	32-0213112	501 (C) (3)	636.	0			SUPPORT: SPAY & NEUTER
PAWS OF NE LOUISIANA INC. 205 LAKESHORE DRIVE MONROE, LA 71203-4947	68-0557163	501 (C) (3)	865.	0.			SUPPORT: SPAY & NEUTER
PEOPLE FOR ANIMALS INC. 401 HILLSIDE AVE HILLSIDE, NJ 07205	22-2331492	501 (C) (3)	2,614,	0.			SUPPORT: SPAY & NEUTER
PET ALLIANCE INC 1250 OHIO PIKE SUITE 201 AMELIA, OH 45102-1239	14-1966759	501 (C) (3)	3,746.	0.			SUPPORT: SPAY & NEUTER
PET PREVENT A LITTER OF CENTRAL TEXAS - PO BOX 41 - SAN MARCO, TX 78667	74-2586062	501 (C) (3)	742.	0.			SUPPORT: SPAY & NEUTER
PHILADELPHIA ANIMAL WELFARE SOCIETY - 100 N 2ND ST - PHILADELPHIA, PA 19106-1902	26-3862631	501 (C) (3)	1,500.	0.			SHELTER IN CRISIS FUND/REPLACE OF BROKEN WASHER/DRYER UNITS

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

[Partill | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I Fr

Example Commission of Grant and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to G	overnments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Pari	t II.)	
(a) Name and address of organization or government	<b>(b)</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
PRESTON COUNTY HUMANE SOCIETY PO BOX 395 KINGWOOD, WV 26537	52-2422279	501 (C) (3)	672	c			ontoboom, case e vermon
PRINCE WILLIAM SPCA PO BOX 6631 WOODBRIDGE, VA 22195	20-1399213		774	ó			Agas Agas
RED LAKE ROSIE'S RESCUE, INC 23880 SOUTH GOOD ROAD TRAIL, MN 56684	20-3917194	501 (C) (3)	5,000.	°o			AID TO NESS AN
RED SKY RESCUE, INC 8305 W COUNTY ROAD 150 N MEDORA, IN 47260	27-0737457	501 (C) (3)	1,500.	o			SUPPORT CONSTRUCTION OF FENCE TO BUILD A YARD FOR DOGS
RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 2519 HERMITAGE ROAD - RICHMOND, VA	54-0506328	501 (C) (3)	18,043.	o			SUPPORT: MISSOURI DOGS RESCUE AND CARE; SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE
ROCKINGHAM-HARRISONBURG SPCA P.O BOX 413 HARRISONBURG, VA 22803	54-0935739	501 (C) (3)	2,500,	0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
ROMANIA ANIMAL RESCUE, INC. 8000 MORGAN TERRITORY ROAD LIVERMORE, CA 94551	72-1546354	501 (C) (3)	3,000.	0.			GUPPORT: SPAY & NEUTER
SACRAMENTO AREA ANIMAL COALITION PO BOX 161043 SACRAMENTO, CA 95816	51-0461220	501 (C) (3)	1,422.	0			SUPPORT: SPAY & NEUTER
SAFE HAVEN EQUINE RESCUE 4994 FM 2088 GILMER, TX 75644	75-2839955	501 (C) (3)	1,500.	0.			ABUSED ANIMALS RESCUE

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES    Daily     Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I Form 00% Both II)	CIETY OF THE U	NITED STATES	il ode di onoitorio	وبادي ومؤمون ادوان	dulo I (Como 000) Dad		53-0225390 Page 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
SALEM PRIENDS OF FELINES 980 COMMERICAL STREET SE SALEM, OR 97302	68-0577560	501 (C) (3)	1,021.	0.			SUPPORT: SPAY & NEUTER
SANTA CRUZ SPCA 2685 CHANTICLEER AVENUE SANTA CRUZ, CA 95065	94-6171565	501 (C) (3)	5,000.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
SAVE A KITTY FERAL CAT PROGRAM PO BOX 1442 PARKERSBURG, WV 26102	20-1356147	501 (C) (3)	800.	0.			SAVE A KITTY RESCUE
SAVE A STRAY'S LIFE 2845 FM 1516 SOUTH SAN ANTONIO, TX 78263	74-2753901	501 (C) (3)	500.	0.			SAVE THE LIPE OF UNWANTED AND ABUSED PET POPULATION
SAVE THE ANIMALS RESCUE TEAM (START) - PO BOX 1098 - LITTLE FALLS, NJ 07424	52-1765363	501_(C) (3)	686,	0.			SUPPORT; SPAY & NEUTER
SAVE THE CHIMPS, INC PO BOX 12220 FORT PIERCE, FL 34979	65-0789748	501 (c) (3)	25,000.	0.			FUNDS TO SUPPORT THE SANCTUARY
SAWA-SOCIETY OF ANIMAL WELFARE ADMINISTRATORS - 15508 W. BELL RD STE 101-613 - SURPRISE, AZ 85374	41-1618666	501 (C) (6)	15,000.	0.			SUPPORT: ANNUAL CONFERENCE PROGRAM
SEATTLE ANIMAL SHELFER 600 FOURTH AVENUE SEATTLE, WA 98104	27-2834182	501 (C) (3)	1,492.	. 0			SUPPORT: SPAY & NEUTER
SECOND CHANCE ANIMAL SHELTER 111 YOUNG ROAD EAST BROOKFIELD, MA 01515	41-1780387	501 (C) (3)	5,000.	0			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

[Partill 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g organization or government if applicable cash grant non-cash valuation nor government (book, FALV),	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEBOYGEN COUNTY HUMANE SOCIETY 3107 N 20TH STREET SHEBOYGEN, WI 53020	39-1050684	501 (C) (3)	5,000.	,0	appraisat, orier		SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
SHELTER FROM THE STORM ANIMAL 3120 EDMONTON DR STE 500 SUN PRAIRIE, WI 53590	20-3627106	501 (C) (3)	3,500.	0			SUPPORT: SPAY & NEUTER; REPLACEMENT OF DOG KENNELS
SHERWOOD HUMANE ANIMAL SERVICES 6500 NORTH HILLS BLVD SHERWOOD, AR 72120	71-0408925	CITY OF SHERWOOD	.129	0			SUPPORT: SPAY & NEUTER
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STRAY ANIMALS - 2600 WILMINGTON PIKE - KETTERING, OH 45419	23-7367199	501 (C) (3)	532.	0.			SUPPORT; SPAY & NEUTER
SOS STRAY OR STRANDED ANIMAL RESCUE - PO BOX 1135 - MIDLAND, MD 48641-1135	38-3562588	501 (C) (3)	1,488.				SUPPORT: SPAY & NEUTER
SOURIS VALLEY ANIMAL SHELTER 1935 20TH AVE SE MINOT, ND 58701	45-0345317	501 (C) (3)	5,000.	0.			SHELTER SUPPORT FOR FLOOD RELIEF
SOUTH UMPQUA RURAL COMMUNITY PARTNERSHIP - COMMUNITY PARTNERSHIP - TILLER, OR 97484	33-1131242	501 (C) (3)	1,000,	0.			SUPPORT: LIVING W/BEAVER/PROTECTION OF NATURAL RESOURSES
SOUTHEAST LLAMA RESCUE, INC 678 MILL CREEK RD LURAY, VA 22835	56-2272041	501 (C) (3)	3,000.	0			SUPPORT FOR ABUSED AND NEGLECTED LLAMAS AND ALPACAS
SOUTHERN OREGON HUMANE SOCIETY 2910 TABLE ROCK ROAD MEDFORD, OR 97501	93-0391640	501 (C) (3)	1,500,	0,			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES  [Partit   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	THE HUMANE SOCIETY OF THE UNITED STATES PRANTES AND Other Assistance to Governments and	INITED STATES	nizations in the Ur	iited States (Sche	dule I (Form 990), Par		53-0225390 Page 1
(a) Name and address of organization or government	( <b>b</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
SPARTANBURG HUMANE SOCIETY 150 DEXTER RD SPARTANBURG, SC 29303	57-0481019	501 (C) (3)	2,500.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
SPAY ARKANSAS, INC 200 SOUTH BARTON AVE FAYETTEVILLE, AR 72701	06-1833843	501 (C) (3)	2,000,	0.			SUPPORT: SPAY & NEUTER
SPAY NEUTER A ACTION PROJECT OF SAN DIEGO - PO BOX 1373 - LA JOLLA, CA 92038	33-0517862	501 (C) (3)	826.	0			SUPPORT: SPAY & NEUTER
SPAY TEXAS 1531 WOODED ACRES DR WACO, TX 72710	26-1109903	501 (C) (3)	2,000.	ů			SUPPORT: SPAY & NEUTER
SPAY TODAY 1864 S WADSWORTH BLVD LAKEWOOD, CO.80232	80-0303411	501 (C) (3)	726.	0			SUPPORT: SPAY & NEUTER
SPAY/NEUTER KANSAS, INC. 319 S. HYDRAULIC ST WICHITA, KS 67211	42-1753707	501 (C) (3)	2,000.	0			SUPPORT: SPAY & NEUTER
SPAYGEORGIA, INC. PO BOX 492739 LAWRENCEVILLE, GA 30049	58-1860046	501 (C) (3)	4,000.	0.			SUPPORT; SPAY & NEUTER
SPAY-NEUTER ASSISTANCE PROGRAM PO BOX 70286 HOUSTON, TX 77270	76-0608925	501 (C) (3)	1,496.	0			SUPPORT: SPAY & NEUTER
SPCA LA 5026 W JEFFERSON BLVD LOS ANGELES, CA 90016	, 95-1738153	501 (C) (3)	4,318.	0.			SUPPORT: SPAY & NEUTER

THE HUMANE SOCIETY OF THE UNITED STATES

Schedule I (Form 990)

SHELTER AID TO REDUCE PET PREVENT THE EXPLOITATION HURRICANE IRENE RECOVERY TO SUPPORT ANIMAL RESCUE SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER HOMELESSNESS AND SAVE (h) Purpose of grant or assistance SHELTERS IN CRISIS PRANT/RESCUE HELP MISASTER RELIEF: ASSISTANCE OF ANIMALS PROGRAM LIVES (g) Description of non-cash assistance | Parkilla | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0. 0 o. ö ö ö Ö ö ö (e) Amount of non-cash assistance 553. 1,010. 542. 2,000. 2,500. (d) Amount of cash grant 2,000 1,680 40,000 1,000 (c) IRC section if applicable SPOKANE COUNTY 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 23-7174193 27-1359759 58-1674663 59-0715928 52-2133713 91-6001370 91-1223929 02-0537086 01-0756138 (b) EIN 100 WILSON STREET, PO BOX 1772 SPOKANE COUNTY REGIONAL ANIMAL CORP. SPCA OF NORTHEASTERN NC, INC. PROTECTION SERVICES - 1116 W BROADWAY - SPOKANE, WA 99260 (a) Name and address of organization or government N CLARENDON, VT 05759-9430 ST. CHARLES HUMANE SOCIETY SPRING HILL HORSE RESCUE SPECIES SURVIVAL NETWORK ELIZABETH, NC 27909 SUNCOAST HUMANE SOCIETY ST. CHARLES, MO 63303 9099 130TH AVE NORTH WASHINGTON, DC 20037 SPCA TAMPA BAY, INC. SPOKANIMAL C.A.R.E. ENGLEWOOD, FL 34224 710 N. NAPA STREET 2100 L STREET, NW SPOKANE, WA 99202 STONE COUNTY SPCA WIGGINS, MS 39577 1099 PRALLE LANE 6781 SAN CASA DR LARGO, FL 33773 321 ELMER AVE E 175 MIDDLE RD

THE HUMANE SOCIETY OF THE UNITED STATES

Schedule I (Form 990)

PANTRY TO HELP LOW-INCOME SHELTER AID TO REDUCE PET SHELTER AID TO REDUCE PET SANCTUARY RESCUE EFFORT SUPPORT: SPAY & NEUTER; RESOLUTION OF WILDLIFE SUPPORT: SPAY & NEUTER SUPPORT: SPAY & NEUTER OMELESSNESS AND SAVE OMELESSNESS AND SAVE SEDICAL CARE PROGRAM (h) Purpose of grant or assistance PROCODILE EDUCATION FAMILIES KEEP THEIR CONFLICT SCENARIOS REPLENISH PET FOOD SUMMERLEE GRANT/TO PROTECTION AND THE TO AID SPAY-NEUTER SUPPORT AMERICAN ROGRAM MIMALS IVES LIVES non-cash assistance (g) Description of Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation 0. ö °. ٥. Ö ó ٥. ö ö (e) Amount of non-cash assistance 636. 1,500. 4,000, (d) Amount of cash grant 000 8 000 5,000 2,500 2,000 5,000 (c) IRC section if applicable 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 52-0788946 501 (C) (3) 58-2589689 91-6036707 27-2345012 36-2179814 01-0401717 26-3899112 81-0660851 45-2042461 (b) EIN THE BELIZE ECONOMIC AND ECOLOGICAL SOCIETY - 1416 HARRIS IND. BLVD SWEET ONION ANIMAL PROTECTION 5410 GROSVENOR LANE SUITE 200 THE KIBBLE KITCHEN PET PANTRY (a) Name and address of organization or government INC 60 BARBER LANE THE ANIPLANT PROJECT, INC 1414 VIRGINIA STREET EAST THE WILDLIFE SOCIETY, INC THE ANTI-CRUELTY SOCIETY THE ANIMAL'S CRUSADERS, 2132 KENNET UTLEY DRIVE BETHESDA, MD 20814-2144 MB 04622 CHARLESTON, WV 25301 432 KLICKITAT DRIVE LA CONNER, WA 98257 THE FIX FOUNDATION FRANKLIN, KY 42134 GA 30474 CHICAGO, IL 60654 3348 SWANSON ROAD PORTAGE, IN 46368 OSPREY, FL 34229 157 W GRAND AVE CHERRYFIELD, PO BOX 276, PO BOX 451 VIDALIA, THE ARK

Schedule (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES
[PERFIII] Continuation of Grants and Other Assistance to Governments and Organization

Partill   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par	t 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
TOLEDO AREA HUMANE SOCIETY 1920 INDIAN WOOD CIRCLE MAUMEB, OH 43537-4001	34-4429093	501 (C) (3)	5,000.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
TUFTS UNIVERSITY SCHOOL OF VETERINARY MEDICINE CENTER FOR ANIMALS/PUBLIC PO - 200 WESTBORO ROAD BLDG 5 - NORTH GRAFTON, MA	04-2103634	501 (C) (3)	65,265.	Ċ			TO SUPPORT CONTRACEPTION STUDIES ON WHITE-TAILED DEER AND WILD HORSES
TUNICA HUMANE SOCIETY PO BOX 236, 1375 MAIN STREET TUNICA, MS 38676	26-3100061	501 (C) (3)	2,500.	°			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
UNIVERSITY OF TOLEDO RESEARCH UNIV. OF TOLEDO HEALTH SCIENCE CAMPUS, 3000 ARLINGTON AVENUE - TOLEDO, OH 43	34-6401483	501 (C) (3)	15,871.	0			IN-VITRO 6-7 MO. STUDY
VA. FEDERATION OF HUMANE SOC. ROUTE 1. BOX 782 ROSELAND, VA 22967	51-0208873	501 (C) (3)	2,000.	•0			SUPPORT: SPAY & NEUTER
VANDERBURGH HUMANE SOCIETY 400 MILLNER INDUSTRIAL DR., PO BOX EVANSVILLE, IN 47719	35-1068837	501 (C) (3)	5,000,	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
VERMONT COMPANION ANIMAL NEUTERING INC - 19A BAILEY MEADOWS ROAD - MIDDLESEX, VT 05602	26-1415269	501 (C) (3)	6,256	0.			SUPPORT; SPAY & NEUTER
VERMONT HUMANE PEDERATION PO BOX 311 WATERBURY, VT 05676	03-6006500	501 (C) (3)	14,051.	0.			SUPPORT FOR ANIMAL CRUELTY TASK FORCE, AND RESPONSE SYSTEM IMPROVEMENT
VIRGINIA BEACH SPCA 3040 HOLLAND RD VIRGINIA BEACH, VA 23453	54-6061532	501 (C) (3)	1,500.	0.			DISASTER RELIEF: HURRICANE IRENE

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

[Partill | 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) assistance (book, FMV, assistance (book, FMV, appraisal, other)	(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
VOTER PROTECTION ALLIANCE PO BOX 190201 ST LOUIS, MO 63119	27-5278582	PENDING C(4)	50,000.	0,			TO SUPPORT YOUR VOTE COUNTS COMMITTEE/VOTER PROTECTION CAMPAIGNS
WAGS AND WHISKERS PET RESCUE, INC 121 CREEK VIEW DRIVE CROSSVILLE, TN 38555	75-3149358	501 (C) (3)	812.	0.			SUPPORT: SPAY & NEUTER
WASHINGTON ANIMAL RESCUE LEAGUE 71 OGLETHORPE ST. NW WASHINGTON, DC 20011	53-0162440	501 (C) (3)	6,308.	0.			DOG RESCUE AND VET CARE
WASHINGTON HUMANE SOCIETY 7319 GEORGIA AVE., NW WASHINGTON, DC 20012	53-0219724	501 (C) (3)	2,500.	0			SUPPORT: 24TH ANNUAL BARK BALL
WASHINGTONIANS FOR HUMANE FARMS 1037 NE 65TH STREET #186 SEATLLE, WA 98115	27-4636726	PENDING C(4)	305,000.	0			SUPPORT: STATE BALLOT INITIATIVE
WEBARK ESTATES, INC. RT. 1 BOX 431A CAMPBELL HILL ROAD MOUNDSVILLE, WV 26041	02-0644795	501 (C) (3)	1,401.	0.			SUPPORT: SPAY & NEUTER
WEST TENNESSEE ANIMAL RESCUE 6210 OLD UNION CHURCH RD HOLLADAY, TN 38341	20-1899386	501 (C) (3)	1,000.	0.		:	HELP RESCUE/CARE DOGS, BIRDS AND PEACOKS
WHATCOM HUMANE SOCIETY 3710 WILLIAMSON WAY BELLINGHAM, WA 98226	91-0677564	501 (C) (3)	2,500.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
WILDLIFE RESCUE & REHABILITATION, INC - PO BOX 369, 335 OLD BLANCO RD - KENDALIA, TX 78027-0369	74-2012897	501 (C) (3)	5,000.	0			SUPPORT COST ASSOCIATED WITH THE TRANSFER OF ONE LEMUR-HOUSE/FEED/VET. CARE

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[Paritil] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to G	overnments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	( <b>p</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
WINDHAM COUNTY HUMANE SOCIETY PO BOX 397, 916 WEST RIVER RD BARATTLEBORO, VT 50302	03-6016140	501 (C) (3)	2,500.	0.			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WY 53208-3156	39-0810533	501 (C) (3)	2,426.	. 0			SUPPORT: SPAY & NEUTER
YALE UNIVERSITY 47 COLLEGE ST. STE 203 NEW HAVEN, CT 06520	06-0646973	501 (C) (3)	.000,27	0.			SUPPORT RESEARCH & SCHOLARSHIP
YELLOWSTONE VALLEY ANIMAL SHELTER, INC - PO BOX 20920 - BILLINGS, MT 59104	26-1389957	501 (C) (3)	2,500.	å			SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES
HUMANE SOCIETY INTERNATIONAL, INC 2100 L STREET NW WASHINGTON, DC 20037	52-1769464	501 (C) (3)	3,200,000.	0.			SUPPORT RELATIONSHIPS WITH INTERNATIONAL AGENCIES
HUMANE SOCIETY UNIVERSITY 2100 L STREET NW WASHINGTON, DC 20037	27-0263498	501 (C) (3)	1,700,000.	a			THE HSUS SUPPORTS THE WORK AND DEVELOPMENT OF HSU AS AN INDEPENDENT, ACADEMIC INSTITUTION
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							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 53-0225390 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: THE HUMANE SOCIETY OF THE UNITED STATES ISSUES THE HUMANE SOCIETY OF THE UNITED STATES OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT INTERACTED WITH IN CONJUNCTION WITH AN HSUS SPONSORED EVENT. GRANT THOROUGHLY RESEARCHED; (2) HAVE AN EXISTING RELATIONSHIP WITH; (3) GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT BITHER WE HAVE (1) (b) Number of recipients GRANTS TO ORGANIZATIONS THAT MEET OUR MISSION CRITERIA. MEETINGS WITH GRANTEES, AND SITE VISITS. (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III REPORTS,

Schedule I (Form 990) (2011)

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PART II, LINE 1, 132102 01-27-12

Schedule I (Form 990) 2011 THE HUMANE SOCIETY OF THE UNITED STATES  Part IV Supplemental Information	53-0225390	Page 2
Supplemental information		
NAME OF ORGANIZATION OR GOVERNMENT:		
RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS		
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT: MISSOURI DOGS RESCUE AND		
CARE; SHELTER AID TO REDUCE PET HOMELESSNESS AND SAVE LIVES		
NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: THE HSUS SUPPORTS THE WORK AND		
DEVELOPMENT OF HSU AS AN INDEPENDENT, ACADEMIC INSTITUTION DEVOTED TO		<del></del>
HUMAN-ANIMAL STUDIES AND RELATED FIELDS, AND THEY SHARE A GENERAL		
ORIENTATION CONCERNING THE VALUE AND IMPORTANCE OF HUMANE ATTITUDES AND		
THE HUMANE TREATMENT OF ANIMALS.		
SCHEDULE I, PART II:		
THE INSTRUCTIONS FOR SCHEDULE I REQUIRE GRANTS AND OTHER ASSISTANCE		
GIVEN TO RECIPIENTS OVER \$5,000 BE REPORTED IN DETAIL. HOWEVER, IN		
ORDER TO INCREASE TRANSPARENCY AND PROVIDE THE USERS OF THE FORM WITH		
COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES, MANAGEMENT		
HAS CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL ON SCHEDULE		
I OF THE HSUS'S FORM 990.		
		<del></del>

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Compensated Employees

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number 53-0225390

Part I **Questions Regarding Compensation** Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? X ..... b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b c Participate in, or receive payment from, an equity-based compensation arrangement? x 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X b Any related organization? X If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X ..... b Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III. 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 X 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 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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Schedule J (Form 990) 2011

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (f) 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(2)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	Ξ	117,622.	0.	0.	18,257.	21,158,	157,037.	0
1 GEOFFREY HANDY	Ξ	0.	0.	0.	0.	0	0	0
	Ξ	193,684.	0.	0.	21,755.	18,407.	233,846.	0
2 ROGER KINDLER	8	0.	0.	0	0	0	0	0
	Θ	161,860.	0.	0	6,413.	7,050.	175,323.	0
3 LAURA MALONEY	₿		0.	0.	0	.0	0	0.
	9	ī	0.	.0	9,857.	6,360.	202,153,	0.
4 MICHAEL MARKARIAN	▣		0.	.0	1,095.	707.	22,462.	0
	Ξ	268,226.	0.	.0	25,045.	6,250.	299,521.	0.
5 WAYNE PACELLE	▤		0,	.0	0.	0.	ò	0.
	Ξ		0.	.0	23,450.	8,741.	109,908.	0.
6 ANDREW ROWAN	▣		.0	0.	35,176.	13,110.	164,861.	0.
	Ξ	199,594.	0.	0.	51,662.	16,763.	268,019.	0
7 G. THOMAS WAITE III	<u>(ii)</u>		0.	0	0	0	0	0
	ε	168,740.	0.	0.	39,275.	821.	208,836.	0
8 JOHN BALZAR	⊞		0.	0.	0.	0.	0	0
	3	139,	0.	.0	24,506.	1,669.	165,732.	0.
9 HOLLY HAZARD	<b>E</b>		0.	0.	6,127.	417.	41,433.	0
	Ξ	163,566.	0.	0.	.94,416.	19,092.	249,134.	0
10 JOHN W. GRANDY	▣		0.	0.	0.	0.	0	0.
	€	142,72	0.	0.	20,972.	7,066.	170,758.	0.
44 HEIDI PRESCOPT	(E)		0.	0.	0.	0.	.0	0
	Ξ	141,13	0.	0	7,945.	17,130.	166,205.	0
12 Deborah Peeples	(ii)	0.	0.	0	0.	0.	0.	0
	8							
13	⊞							
	Ξ							
14	<u>(ii)</u>							
	Ξ							
15	⊞							
	8							
Jb.								

### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Open To Public

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Inspection Employer identification number

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization

	THE	HUMANE SO	CIETY OF	THE UNI	TED STATES	5		5	3-0225	390		
Part I	Excess Benefit	Transact	ions (secti	on 501(c)(	(3) and sectio	n 501(c)(4) organization	ons only)					
	Complete if the orga	nization ans	wered "Yes	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	Ob.		
1	(a) Name of disc	gualified per	000			(h) Decembries	-6 4		·		(c) Cor	rected?
	(a) Name of disc	qualifieu per	5011			(b) Description	or transa	ection			Yes	No
											<u> </u>	
						<del></del>					<u> </u>	<u></u>
	he amount of tax impo	sed on the o	organization	n manager	s or disqualifi	ied persons during the	year un	der				
section			••••		•••••		•••••	•••••	. 🕨 \$			
3 Enter t	he amount of tax, if an	ıy, on line 2,	above, reim	bursed by	y the organiza	ation			. 🕨 \$			
Part II	Loans to and/or	Erom Int	aractad	Darcon								
rait II									_			
(a) Na						line 26, or Form 990-E			Ba. I (f) Ani	roved	1 1 1 1 1 1	
	me of interested on and purpose		to or from nization?	(c) Origi	nal principal nount	(d) Balance due		In uit?	by bo	oroved ard or		/ritten ment?
<b>F</b> 5.5.	a papuo			┪  ̄						ittee?	<del>  </del>	T
		То	From	<del> </del>			Yes	No	Yes	No	Yes	No
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	<u> </u>			<del>                                     </del>							<b></b>	-
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***				t							-	-
otal					<b>&gt;</b> \$		\$646. PA		HIII (1.2884)	Ngjangjej vled		1999
Part III	<b>Grants or Assist</b>	ance Ber	efiting l	ntereste	d Person	S.	Assess of the	× 4 <b>5</b> % 5 10 00 0	millio ta gne	in a charter	Wall Lane & Mark	Technical compatibility
	Complete if the organ	nization ansv	vered "Yes"	on Form	990. Part IV.	line 27.						
(a	) Name of interested p		1			en interested person	and	1	(c) Am	ount an	d type of	<del></del>
•	•			(-,	the or	ganization			(0)	assistan	ce .	
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								1				
									***			

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

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of
(a) Name of interested person	person and the organization	transaction	transaction	organiz	zation's nues?
GRACE MARKARIAN	FAM MBR OF OFFICER	71 701	employment	res	No X
-		,		├	-
			_		
					-
				<u> </u>	
Part V Supplemental Information				<u> </u>	
	ional information for responses to questions	s on Schedule L (see	instructions).		
		000000	niotraotrioj.		
SCH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
-					
(A) NAME OF PERSON: GRACE MARKARIAN					
/P) DECAMANGEE DESCRIPTION TARRESPOND	DEDGOV AND ODGANIZATION				
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
GRACE MARKARIAN IS A FAMILY MEMBER O	F OFFICER				
(D) DESCRIPTION OF TRANSACTION: GRAC	E MARKARIAN, FAMILY MEMBER OF				
OFFICER, WORKS AT THE HUMANE SOCIETY	OF THE UNITED STATES.				
			***		
				, ,, <u>-</u>	

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Noncash Contributions** 

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

(b)

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Types of Property

THE HUMANE SOCIETY OF THE UNITED STATES

(a)

Employer identification number 53-0225390

(c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art · Works of art Art · Historical treasures Art - Fractional interests Books and publications Clothing and household goods ..... 5 Cars and other vehicles 6 382 318,932. PMV Boats and planes \_\_\_\_\_ 7 Intellectual property 8 Securities - Publicly traded ..... Х 50 877.235. FMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests ..... Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 200,000. PMV 15 Real estate - Commercial ..... 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies \_\_\_\_\_ 20 Taxidermy \_\_\_\_\_ 21 22 Historical artifacts Scientific specimens ..... 23 Archeological artifacts 24 PUB SERV MSGE Other > 17,693,590. 25 LEGAL SERVICE X 15 FMV Other > 4,519,996. NOT ON VIII. 26 1G DONATED ADS 27 Other -Х 100 319,793, NOT ON VIII. DM CONSULTING X 11,450. Other -PMV NOT ON VIII. 1G 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? x 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? x 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

Schedule M (Form 990) (2011) THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 2
Supplemental Information. Complete this part to provide the information required by the organization is reporting in Part I, column (b), the number of contributions, the number of it Also complete this part for any additional information.	Part I, lines 30b, 32b, and 33, a ems received, or a combinatio	and whether
PART I, OTHER TYPES OF PROPERTY:		
PACILITY USAGE		
(A) CHECK IF APPLICABLE = X		·
(B) NUMBER OF CONTRIBUTORS = 1		-
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6037.		
(D) METHOD OF DETERMINING REVENUE: FMV, NOT ON VIII, 1G		
SCHEDULE M, LINE 33: ADESA IMPACT ACTS AS HSUS AGENT FOR THE		
VEHICLE DONATION PROGRAM FOR THE PROCESSING OF DONATED VEHICLES. ADESA		
IMPACT MAKES PAYMENTS TO HSUS FOR UNITS SOLD UNDER THEIR AGREEMENT NET		
OF FEES AND EXPENSES.		
	·	
		. <u>.</u>
		<u>-</u> _
		···

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

QMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number 53-0225390

35 0880330
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALL OF ITS FORMS, AND TO CELEBRATE AND STRENGTHEN THE HUMAN-ANIMAL
BOND,
ITS PRIORITY PROGRAMS FOCUS ON COMPANION ANIMALS, WILD ANIMALS AND
HABITAT, CAPTIVE ANIMAL ISSUES, HUMANE RESOLUTION OF HUMAN-WILDLIFE
CONFLICT, FARM ANIMAL WELFARE, MARINE MAMMMALS, ANIMALS IN RESEARCH,
EQUINE PROTECTION, EMERGENCY PREPAREDNESS AND RESPONSE, HUMANE
EDUCATION, AND PUBLIC POLICY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE HSUS IS THE NATION'S LARGEST ANIMAL PROTECTION ORGANIZATION,
PROTECTING ANIMALS THROUGH ADVOCACY, DIRECT CARE, EDUCATION, EMERGENCY
RESPONSE, FIELD WORK, INVESTIGATIONS, RESEARCH, SCIENTIFIC AND
TECHNICAL ANALYSIS, LITIGATION, MEDIA OUTREACH, AND PUBLIC POLICY
INITIATIVES. FROM ITS FOUNDING, THE HSUS HAS SOUGHT TO COMPLEMENT AND
ENHANCE THE WORK OF LOCAL AND REGIONAL HUMANE ORGANIZATIONS, BY
PROMOTING THE PROTECTION OF ANIMALS AT THE NATIONAL LEVEL, BY TACKLING
ISSUES WHOSE SCOPE AND MAGNITUDE SURPASS WHAT LOCAL ORGANIZATIONS COULD
ADDRESS, AND BY WORKING TO EXPAND HUMANE WORK THROUGHOUT THE UNITED
STATES AND ABROAD. THE FOUNDERS OF THE HSUS DID NOT SEEK TO REPLICATE
THE WORK OF LOCAL ORGANIZATIONS BUT INSTEAD TO PROVIDE A NATIONAL VOICE
IN THE FIGHT AGAINST CRUELTY AND THE CELEBRATION OF THE HUMAN-ANIMAL
BOND, AND TO LABOR, AS ONE EARLY MISSION STATEMENT SUGGESTED, "IN EVERY
FIELD OF HUMANE WORK - EVERYWHERE."

INVESTIGATIONS AND LAW ENFORCEMENT RAIDS; LARGE-SCALE INITIATIVES IN

SUPPORT OF ADOPTION AND SPAY/NEUTER TO REDUCE THE HOMELESS ANIMAL

132212 01-23-12

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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
MAKE INFORMATION ON THE HSUS'S WORK AVAILABLE TO COUNTLESS OTHER	00 022330
SUPPORTERS. HSUS VIDEOS WERE VIEWED APPROXIMATELY 4 MILLION TIMES.	
MEDIA AND PUBLIC RELATIONS	
THE PUBLIC RELATIONS DEPARTMENT WORKS TO INFORM THE PUBLIC ABOUT ANIMAL	
PROTECTION. IN 2011, THE HSUS DISTRIBUTED NEARLY 500 PRESS RELEASES TO	
JOURNALISTS, CONDUCTED INTERVIEWS WITH NEWS OUTLETS, DISTRIBUTED	
LETTERS TO THE EDITOR AND OPINION EDITORIALS, PLACED ADVERTISEMENTS AND	
KEPT THE PUBLIC INFORMED THROUGH ITS WEBSITE. THESE EFFORTS GENERATED	
ALMOST 30,000 NEWS STORIES ABOUT THE HSUS AND ITS WORK. 33,000 MEDIA	
OUTLETS WERE GIVEN PET ADOPTION ADVERTISING BY THE SHELTER PET PROJECT,	
JOINTLY LAUNCHED BY THE HSUS, MADDIE'S FUND, AND THE AD COUNCIL.	
SPECIAL EVENTS	
THE HSUS ANNUALLY HOSTS A NUMBER OF CONFERENCES AND EVENTS FOR ANIMAL	
ADVOCATES. THESE INCLUDE ANIMAL CARE EXPO, THE MAJOR PROFESSIONAL	
ANIMAL CARE AND CONTROL EDUCATION CONFERENCE IN THE WORLD, AND TAKING	
ACTION FOR ANIMALS (TAFA), A MARQUEE EVENT FOR HUMANE ADVOCATES	
INTERESTED IN ENGAGEMENT WITH THE ISSUES. IN 2011, 1729 PEOPLE FROM 48	
COUNTRIES ATTENDED ANIMAL CARE EXPO, AND 929 PEOPLE ATTENDED TAFA.	·
HUMANE SOCIETY INSTITUTE FOR SCIENCE AND POLICY	
THE HUMANE SOCIETY INSTITUTE FOR SCIENCE AND POLICY WORKS TO ADVANCE	
THE SCIENCE OF ANIMAL WELFARE AND ITS PRINCIPLES INTO PUBLIC POLICY AND	
OTHER FORUMS. IN APRIL 2011, HSISP SPONSORED ITS INAUGURAL CONFERENCE, 132212 01-23-12	Chedule O (Form 990 or 990-F7) (2011)

SHAW-WORTH AND KAUFELT STUDENT SCHOLARSHIPS, AND THROUGH AWARDS HONORED

THE NATIONAL KIND TEACHER AND THE HUMANE TEEN OF THE YEAR, AND LAUNCHED

THE HUMANE EDUCATION SERVICE-LEARNING GRANT.

AND LEADERSHIP TO HUNDREDS OF LOCAL AGENCIES IN 2011.

THE CAT PROTECTION AND POLICY PROGRAM CONTINUES TO EXTEND ITS EFFORTS

TO REDUCE CAT OVERPOPULATION AND INCREASE QUALITY OF LIFE AND SANCTUARY

TO BETTER UNDERSTAND, APPRECIATE AND RELATE TO THE WILD ANIMALS THAT

Schedule O (Form 990 or 990-EZ) (2011)	Page :
Name of the organization  THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
ANIMALS.	
THE SECTION ALSO RELEASED A REPORT OUTLINING THE ARGUMENTS AND	<u> </u>
SCIENTIFIC EVIDENCE AGAINST THE PUBLIC DISPLAY OF KILLER WHALES, OR	
ORCAS, ON ANIMAL WELFARE GROUNDS, IN THE WAKE OF AN INVESTIGATION INTO	
A TRAINER'S DEATH AT SEAWORLD IN ORLANDO, FLORIDA.	
THE HSUS JOINED WITH OTHER PARTNERS TO FILE A PETITION WITH THE	
DEPARTMENT OF INTERIOR TO LIST AFRICAN LIONS AS ENDANGERED UNDER THE	
U.S. ENDANGERED SPECIES ACT, TO GENERALLY PROHIBIT IMPORTING LION	
TROPHIES INTO THE UNITED STATES.	
THE HSUS WAS ONE OF A NUMBER OF CONSERVATION AND ANIMAL PROTECTION	
GROUPS THAT FILED A LAWSUIT ASKING A FEDERAL COURT IN MASSACHUSETTS TO	
HOLD THE NATIONAL MARINE FISHERIES SERVICE ACCOUNTABLE FOR CONTINUING	
TO ALLOW FOUR PEDERAL FISHERIES TO INJURE AND KILL ENDANGERED WHALES,	
INCLUDING THE CRITICALLY ENDANGERED NORTH ATLANTIC RIGHT WHALE.	
AT PRIME HOOK NATIONAL WILDLIFE REFUGE, IN DELAWARE, THE HSUS PRESSED	
THE U.S. FISH AND WILDLIFE SERVICE (FWS) AND THE INTERIOR DEPARTMENT TO	
RECTIFY ONGOING IMPROPER ACTIVITIES AT THE REFUGE RELATING TO WATERFOWL	
BLINDS AND DEER STANDS CONSTRUCTED, DEVELOPMENTS COMPLETED, AND HUNTING	
SEASONS-BOTH FOR DEER AND MIGRATORY BIRDS-OPENED OR EXPANDED WITHOUT	·
THE LEGALLY REQUIRED REVIEW. AS A RESULT OF THE EVIDENCE WE PROVIDED,	
THE FWS TOOK ACTION TO REDUCE WATERFOWL HUNTING AND HAS CLOSED 200	
ACRES OF THE REFUGE TO DEER HUNTING.	
	<del></del>

RESPONDERS IN EMERGENCIES AFFECTING ANIMALS, AND BUILD VOLUNTEER

NETWORKS OF LIKE-MINDED SUPPORTERS IN THEIR INDIVIDUAL STATES.

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Octional O (Form 950 of 950-E2) (2011)	Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
COALITION.	
THE HSUS DEPLOYED ITS ANIMAL RESCUE TEAM ALL OVER THE NATION TO HELP	
ANIMALS IN DISTRESS, WORKING WITH OTHER ANIMAL WELFARE GROUPS AND ALL	
LEVELS OF LAW ENFORCEMENT OFFICIALS ON MORE THAN 50 RESCUE MISSIONS IN	
2011, SAVING NEARLY 11,000 ANIMALS FROM PUPPY MILLS, ANIMAL FIGHTING	
OPERATIONS, AND OTHER CONTEXTS.	
	<u> </u>
THE HSUS'S ANIMAL CRUELTY AND FIGHTING CAMPAIGN WORKS TO END MALICIOUS	
ACTS OF CRUELTY AND ALL FORMS OF ANIMAL FIGHTING, AND TO SENSITIZE THE	
PUBLIC AND PROFESSIONAL AUDIENCES ABOUT THE CONNECTION BETWEEN CRUELTY	
TO ANIMALS AND INTERPERSONAL VIOLENCE.	
FACTORY FARMING CAMPAIGN	
THE FARM ANIMAL PROTECTION CAMPAIGN WORKS WITH CONSUMERS, CORPORATIONS,	
AND POLICY MAKERS TO SPUR REFORM IN THE TREATMENT OF ANIMALS RAISED FOR	
FOOD. THE HSUS SUPPORTS SUSTAINABLE AND HUMANE FARMING PRACTICES, AND	
ENCOURAGES THE PUBLIC TO FOLLOW THE 3RS OF EATING, I.E. REDUCTION OF	
CONSUMPTION OF ANIMAL PRODUCTS, REFINEMENT, BY CHOOSING TO CONSUME	
ANIMAL PRODUCTS NOT DERIVED FROM FACTORY FARMING, AND REPLACEMENT, THE	
INCORPORATION OF PLANT FOODS INTO THE DIET.	
	•
2011 ACCOMPLISHMENTS INCLUDED CONTINUED SUCCESS IN PERSUADING	
EDUCATIONAL INSTITUTIONS, RESTAURANT CHAINS, AND CORPORATIONS TO	
IMPROVE ANIMAL WELFARE PURCHASING POLICIES IN RELATION TO CAGE-FREE	
EGGS AND OTHER ANIMAL PRODUCTS. THE HSUS SUCCESSFULLY CAMPAIGNED TO	
PERSUADE SMITHFIELD FOODS, AMERICA'S LARGEST PORK PRODUCER, TO RECOMMIT 132212 11-23-12 School	
ureurie Calada	In A /Earm 000 at 000 ETI (0044)

132212 01-23-12

115

132212 01-23-12

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

NET UNREALIZED LOSSES ON INVESTMENTS:

-5,253,993.

Schedule O (Form 990 or 990-EZ) (2011)		Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED	D STATES	Employer identification number 53-0225390
POST RETIREMENT BENEFITS ADJUSTMENT	-4,839,631.	
ADDED FMV OF DONATED VEHICLES	-70,618.	
LOSS FROM FUNDRAISING EVENT	59,320.	
TOTAL TO FORM 990, PART XI, LINE 5	-10,104,922,	
FORM 990, PART XII, LINE 2C		
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL	L STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED I	THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS,		
	· · · · · · · · · · · · · · · · · · ·	
		·
FORM 990, SCHEDULE O		
MISSION OF THE AFFILIATES		
THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATE	SS (COLLECTIVELY,	
THE SOCIETY) IS A NOT-FOR PROFIT ORGANIZATION WHOSE P	PRIMARY PURPOSE IS	
THE WORLDWIDE ADVANCEMENT OF HUMANE TREATMENT OF ANIM	MALS THROUGH PUBLIC	
EDUCATION AND AWARENESS PROGRAMS, THE CONSOLIDATED FI	NANCIAL DATA,	
PRESENTED IN THE ANNUAL REPORT OF THE HSUS, INCLUDES	THE OPERATIONS OF	
THE HSUS AND THE FOLLOWING ENTITIES WHOSE MISSION IS	DESCRIBED BELOW:	
THE HUMANE SOCIETY WILDLIFE LAND TRUST EIN #52-18085	17 (HSUSWLT),	
FOUNDED IN 1993, CELEBRATES AND PROTECTS WILD ANIMALS	BY CREATING AND	
MANAGING PERMANENT SANCTUARIES, BY PRESERVING AND ENH	ANCING NATURAL	
HABITAT, AND BY CONFRONTING CRUELTY. THE HSUSWLT PRO	OTECTS NATURAL	
HABITAT IN PERPETUITY AND WORKS TO ENSURE THAT ANIMALS	S LIVING ON	
PROTECTED LANDS ARE NOT HUNTED, TRAPPED, OR FISHED, WO	ORKING ON ITS OWN	
OR IN COLLABORATION WITH OTHER ORGANIZATIONS. THE LAN	ND TRUST HAS	
CREATED MORE THAN 100 PERMANENT WILDLIFE SANCTUARIES 2 132212 01-23-12		Schedule O (Form 990 or 990-EZ) (2011)

ALMOST EVERY DISCIPLINE, INCLUDING ACADEMIC THOUGHT LEADERS FROM THE

HSU OFFERS A VARIETY OF ONSITE/ONLINE UNDERGRADUATE DEGREES

EXPENSES.

IN-KIND SERVICES REPORTED.

THESE AMOUNTS ARE NOT INCLUDED ON PART VIII

LINE 1G OF CORE FORM 990 IN ADDITION TO THE STATEMENT OF FUNCTIONAL

Department of the Treasury Internal Revenue Service SCHEDULER Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

53-0225390

THE HUMANE SOCIETY OF THE UNITED STATES

Direct controlling entity End-of-year assets <u>e</u> Total income g Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

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

(8)	3	[3]					1
Name, address, and EIN	Primary activity	(c)	(a) Evernot Code	(e) D.(hlib. Oberite:	€ .	(g) Section 512(b)(13)	(13)
of related organization		foreign country)	section	status (if section	Direct controlling entify	controlled entity?	
				501(c)(3))		Yes	_   <u>_</u>
THE HUMANE SOCIETY WILDLIFE LAND TRUST -					THE HIMANE	╀	") 
52-1808517, 2100 L ST. NW, WASHINGTON, DC	-				SOUTETV OF AUT		
20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA 501(C)(3)	101(C)(3)		MITTED CHAMPS	•	
DORIS DAY ANIMAL LEAGUE - 95-4117651					Carpin Carry	<b> </b>	1
2100 L ST. NW							
WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(4)				
THE FUND FOR ANIMALS - 13-6218740					DOT UTTERNITOR	+	ļ
200 W. 57TH ST				- v	TOP HOMENNE		
NEW YORK, NY 10019	ANIMAL WELFARE	NEW YORK	501(C)(3)		TATE OF THE	<b>&gt;</b>	
HUMANE SOCIETY INTERNATIONAL - 52-1769464					THE UTTANE	1	1
2100 L ST. NW					COCTERN OF MUE	-	
WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA 501(C)(3)	01(0)(3)		MITMEN CONTROL	-;	
			10110110		MATER STRIES	-	

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

Schedule R (Form 990) 2011

THE HUMANE SOCIETY OF THE UNITED STATES

53-0225390

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	4	3	4			
Name, address, and EIN	Primary activity	(5) I enel dominie (etete or	(a) Exampt Code	(e)	£ .	(g) Section 5 (2(b)(13)
of related organization	50000 Carrier 1	foreign country)	section	Public chanty status (if section	Direct controlling entity	controlled
				501(c)(3))		Ves No.
DA WILDLIFE					THE HUMANE	╀
320(		-		. *	SOCIETY OF THE	
LAUDERDALE, FL 33315	ANIMAL WELFARE	FLORIDA	501(C)(3)	6	DATTED STATES	<b>&gt;</b>
HUMANE SOCIETY OF HONG KONG LIMITED					THE HIMANE	4
3C WING YEE COMMERCIAL BLDG, 5 WING KUT ST					SOCTETV OF THE	
HONG KONG, CHINA	ANIMAL WELFARE	CHINA	OSN		TATTED STATES	>
THE HUMANE SOCIETY VETERINARY MEDICAL					anapun and	4
ASSOCIATION INC - 22-2768664, 2100 L ST. NW,					SOCTERY OF HUE	_
WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(3)		TATTED STATES	<b>-</b>
NATIONAL ASSOCIATION FOR HUMANE AND					PHE HIMANE	4
ENVIRONMENTAL EDUCATION - 23-7327537, 2100 L				<u> </u>	SOCIETY OF THE	_
ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)		NITED STATES	<b>&gt;</b>
HUMANE SOCIETY INTERNATIONAL UK					THE HIMANE	-
5 UNDERWOOD ST					SOCIETY OF THE	
LONDON, UNITED KINGDOM N1 7LY	ANIMAL WELFARE	UNITED KINGDOM	OBN		TATTED STATES	<b>&gt;</b>
HUMANE SOCIETY INTERNATIONAL CANADA					COTTON CONTRACTOR	4
460 ST. CATHERINE WEST, SUITE 506				40	COLTENY OF HER	
MONTREAL, QUEBEC, CANADA H3B 1A7	ANIMAL WELFARE	CANADA	OEN	-	CHARLE CHARLE	
PRIENDS OF HUMANE SOC. INT'L FOR THE					THE PROPERTY OF THE PARTY OF TH	<u> </u>
PROTECTION & CONSERVATION OF ANIMALS, 1250				4 0	THE HOMENE	
٦	ANIMAL WELFARE	CANADA	NGO NGO		DATTED STATES	<b>&gt;</b>
				DIE	THE HIMANE	4
250 MTS. OESTE DEL MALL SAN PEDRO OFICENTRO				<u> </u>	SOCTERY OF ME	
	ANIMAL WELFARE	COSTA RICA	NGO NGO		UNITED STATES	*
HUMANE SOCIETY INTERNATIONAL INDIA					THE HIMANE	
112, SAFAL PEGASUS NR. PRAHLADNAGAR AUDA GAR				i <u> bo</u>	SOCIETY OF THE	
100 FEET RD, AHMEDABAD, GUJARAT, INDIA	ANIMAL WELFARE	INDIA	NGO NGO	<u>.</u>	TALLED STATES	×
						,
				<u></u>		-
					_	

Schedule R (Form 990) 2011 THE HUMANE SOCIETY OF THE UNITED STATES

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

Page 2

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicila (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under		(f) Share of total income	(g) Share of end-of-year	(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule		(j) (k) General or Percentage managing ownership
		conuty)		C-21 C Suonas	(b)			Yes	K-1 (Form 1065)	Yes No	
		,									
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization or trust during the tax year.)  (a)  (b)  (corp. Scorp,	entations Taxable as	s a Corpo	ear.) (b) Primary activity	mplete if the organizati  (c)  ity Legal domicile (state or foreign country)	anization :  )  omicile Diu  ign  fry)	on answered "Yes" (d)  Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	IV, line 34 becau (f) Share of total income	(g) (because it had one or reconstruction (because it had one or reconstruction (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	e or more	(h) Percentage
				<u>iu.</u>							
								<u>  </u>			
132162 01-23-12				134					Schedule R (Form 990) 2011	R (Form	990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
	ns with one or more	related organizations listec	in Parts II:IV?			CEN
				1a		×
<ul> <li>b Giff, grant, or capital contribution to related organization(s)</li> </ul>				÷	×	L
c Giff, grant, or capital contribution from related organization(s)				4		Ľ
d Loans or loan guarantees to or for related organization(s)			***************************************	2 3		<u> </u>
'		•••••••••••••••••••••••••••••••••••••••		2 ,		٠,
		•••••••••••••••••••••••••••••••••••••••		a P		<u>ا</u>
f Sale of assets to related organization(s)						
				÷		×
		***************************************		19		×
n exchange of assets with related organization(s)	•			÷		×
i Lease of facilities, equipment, or other assets to related organization(s)				F		×
j Lease of facilities, equipment, or other assets from related organization(s)						
V Dorformson of consistence of the consistence of t	***************************************			=		×
Deformance of services of membership of fundraising solicitations for	related organization(s)			¥		×
Performance of services of membership of fundraising solicitations by	related organization(s)			=		x
_	tion(s)			Ę	×	
n Sharing of paid employees with related organization(s)				£	×	
A Boimhumannant and to what a second						6656 664 643 643
				٩		×
P nemiculation ball by related organization(s) for expenses				1p	×	
_				19	X	
		***************************************		+	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.	who must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining			
			DANICALII HIDOLIIB		١	
(1) THE FUND FOR ANIMALS	Δı	7,518,835.	INTERCOMPANY ACTIVITY ON GL			
(2) THE FUND FOR ANIMALS	R	6,569,910.	CASH TRANSPERS ON BANK STATEMENTS			
(3) DORIS DAY ANIMAL LEAGUE	P	2,623,159.	INTERCOMPANY ACTIVITY ON GL			
(4) DORIS DAY ANIMAL LEAGUE	R	3,955,000.	CASH TRANSFERS ON BANK STATEMENTS			
(5) THE HUMANE SOCIETY WILDLIFE LAND TRUST	Ъ	2,871,618.	2,871,618, INTERCOMPANY ACTIVITY ON GL			
(6) THE HUMANE SOCIETY WILDLIFE LAND TRUST	æ	3,337,000	3.337 000 CASH TRANSPERS ON BANK STRATEMENTS			
132163 01-23-12	135		Schedule R (Form 990) 2011	Form	066	2011

Schedule R (Form 990)

THE HUMANE SOCIETY OF THE UNITED STATES

53-0225390

Part V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(e) Amount involved	(d) Method of determining amount involved
(7)SOUTH FLORIDA WILDLIFE CENTER, INC.	đ	304,228.	304,228, INTERCOMPANY ACTIVITY ON GL
(8)SOUTH PLORIDA WILDLIFE CENTER, INC.	ಜ	4,029,618.	CASH TRANSFERS ON BANK STATEMENTS
(9)HUMANE SOCIETY INTERNATIONAL	щ	3,200,000.	3,200,000,BL ACTIVITY
(10)HUMANE SOCIETY INTERNATIONAL	Ç.	4,486,717.	4,486,717.INTERCOMPANY ACTIVITY ON GL
(11)HUMANE SOCIETY INTERNATIONAL	œ	824,108,	824,108.CASH TRANSFERS ON BANK STATEMENTS
(12)THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION INC	ρι	806,892.	806,892, INTERCOMPANY ACTIVITY ON GL
(13)HUMANE SOCIETY INTERNATIONAL	N	121,622.	SALARIES
(14)THE FUND FOR ANIMALS	N	158,064.SALARIES	SALARIES
(15)THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION INC	N	32,248,	32,248,SALARIES
(16)THE HUMANE SOCIETY WILDLIFE LAND TRUST	×	45,429.	45,429.SALARIES
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) (b) (c) (c) (b)	(p)							ŀ	
Name, address, and EIN	Primary activity	l egal dominite	Predominant income Are all			Ξ,	€ .	8	€
of entity		(state or foreign	(related, unrelated, 501(c)3) excluded from tax	•	. is	Dispropor- tionate a allocations?	Code v-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	General o managing partner?	Percentage ownership
		ı	uiuei secilori 3 IC-3 (4) Yes N	o income	assets	Yes No	(Form 1065)	Yes No	
						-			
								+	
								_	
								+	
		-							
						+		+	
						_			
			-						
								-	
						+		+	
		-							
						-		+	
							-		
						F		H	
						-		$\dashv$	
			-			_			

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 5
Part VIII Supplemental Information  Complete this part to provide additional information for reasonable and the provide additional information.		1 250 4
Complete this part to provide additional information for responses to questions on Schedule R (see	e 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		
		-
WAMP AND ADDRESS OF DEVASED COCAMERAGE		
NAME AND ADDRESS OF RELATED ORGANIZATION:		
HUMANE SOCIETY INTERNATIONAL INDIA		:
112, SAFAL PEGASUS NR. PRAHLADNAGAR AUDA GARDEN		
100 PEET RD, AHMEDABAD, GUJARAT, INDIA		
		<u>.</u>
		·
		<del>-</del>
		·

Form <b>990-T</b>	Exempt Organization E	Busine	ss Income 1	Гах Return	ŀ	OMB No. 1545-0687
Department of the Treasury Internal Revenue Service	(and proxy tax	under se	ection 6033(e))			Open to Public Inspection
A Check box if	For calendar year 2011 or other tax year beginning		, and ending		DEmol	501(c)(3) Organizations Onl loyer identification number
address changed	Name of organization ( Check box if na	ame cnange	and see instructions.)		(Emp	ployees' trust, see uctions.)
B Exempt under section	Print THE HUMANE SOCIETY OF THE UNIT	TED STAT	ES			3-0225390
x 501(c)(3)	or Number, street, and room or suite no. If a P.				E Unrel	lated business activity code
408(e) 220(e)	Type 2100 L STREET, NW	·			(See i	instructions.)
408A 530(a)	,,,					
529(a)	WASHINGTON, DC 20037		<u> </u>		54180	00
	F Group exemption number (See instructions.)					
217,017,288.	G Check organization type ► x 501(c) corpo	pration L	501(c) trust	401(a) trust	L	Other trust
	n's primary unrelated business activity.   ADVERTI	STNG				
	the corporation a subsidiary in an affiliated group or a		idiany controlled group?		Ye	es X No
If "Yes," enter the name a	and identifying number of the parent corporation.	parent subs	idialy controlled group?		16	S A NO
J The books are in care of	G. THOMAS WAITE III		Teleph	none number 🕨 (2	02}	452-1100
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	· · · · · · · · · · · · · · · · · · ·					
b Less returns and allow		<b>▶</b> 1c				
2 Cost of goods sold (S	Schedule A, line 7)		-			
3 Gross profit. Subtract						
h Nat gain (less) (Form	ne (attach Schedule D)	4a	40,151.			40,151
b Net gain (loss) (Form c Capital loss deduction	4797, Part II, line 17) (attach Form 4797)	4b				
5 Income (loss) from pa	n for trusts artnerships and S corporations (attach statement)	4c	76 126		22.0	
6 Rent income (Schedul			-76,136.	STMT 2	276%	-76,136
	le C) ed income (Schedule E)	····   3			$\dashv$	
8 Interest, annuities, roy	valties, and rents from controlled organizations (Sch. F	) 8			$\dashv$	
	a section 501(c)(7), (9), or (17) organization	/   <del>*  </del>			$\dashv$	
		9				
10 Exploited exempt activ	vity income (Schedule I)	10				
11 Advertising income (S	Schedule J)	11	325,927.	370,	389.	-44,462
12 Other income (See insi	structions; attach schedule.)	12			71000	
13 Total. Combine lines:	3 through 12	13	289,942.	370,	389.	-80,447
Part II Deduction	ns Not Taken Elsewhere (See instruction	ns for limita	tions on deductions.)			
	contributions, deductions must be directly conne					
15 Salaries and wages	cers, directors, and trustees (Schedule K)	· · · · · · · · · · · · · · · · · · ·	••••••		14	
16 Repairs and maintena	апсе		***************************************		15	
17 Bad debts		*	***************************************		16 17	
18 Interest (attach sched	iule)		*************************	••••••	18	
ia taxes and licenses .					19	250
co charlable contributio	ons (See instructions for limitation rules.)				20	
21 Depreciation (attach F	-orm 4562)					
22 Less depreciation clai	imed on Schedule A and elsewhere on return	•	22a		22b	
23 Depletion		•••••			23	
4 Contributions to geter	rred compensation plans	••••			24	
sa – Embioyee benefit brot	grams				25	
co excess exempt expens	ises (Schedule I)				26	
Excess readership cus	sis (Schedille 1)				27	90,290.
9 Total deductions.	ach schedule) Add lines 14 through 28			·····	28	-
Unrelated business tax	Add lines 14 through 28 xable income before net operating loss deduction. Sub	tract line 20	from line 12		29	90,540.
1 Net operating loss ded	duction (limited to the amount on line 30)				30 31	-170,987.
2 Chilefaten Dushiess (9)	xable income defore specific deduction. Subtract line 3	1 from line 3	30		31	-170,987.
e Specific deduction (Ge	enerally \$1,000, but see instructions for exceptions.)				33	1,000.
Torrelated busines	<b>is taxable income.</b> Subtract line 33 from line 32. If li	ine 33 is are:	ater than line 32, enter th	e smaller	<del></del>	2,000,
of zero or line 32		***********		-	34	-170 987

125711 02-24-12

Preparer

**Use Only** 

TAMES SWEENEY

Firm's name MCGLADREY LLP

Firm's address > VIENNA, VA 22182-6205

8000 TOWERS CRESCENT DR. STE 500

**Paid** 

P01263012

703-336-6400

42-0714325

self-employed

Firm's EIN

Phone no.

Schedule C - Rent Incor	me (From Real	Property a	nd Personal	Property	y Lease	ed With Real P	rope	rty)(see instructions)
Description of property		-						
(1)						<del>-</del>		
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				2012		
(a) From personal property (if the rent for personal property is 10% but not more than	s more than	'of rent f	eal and personal prope for personal property e rent is based on profi	xceeds 50% or	ntage 'If	columns 2(a	city con a) and 2(	inected with the income in (b) (attach schedule)
(1)								
(2)								
(3)								
(4)							,	
Total	0.	Total			0.			
(c) Total income. Add totals of colu						(b) Total deductions	). 1.	
here and on page 1, Part I, line 6, co	lumn (A)				0.	Enter here and on page 'Part I, line 6, column (B)	<u>" ▶</u>	0
Schedule E - Unrelated	Debt-Financed	Income (s	ee instructions)					. <u> </u>
			2. Gross in	come from		<ol><li>Deductions directly to debt-fin</li></ol>	connect anced p	ed with or allocable property
1. Description of d	ebt-financed property		or allocabl	le to debt- property	(a)	Straight line depreciation		(b) Other deductions
77 2000 p.ion 51 5	cot-manoca property		inanced	property		(attach schedule)		(attach schedule)
					ļ		_	
(1)					ļ	-	_	
(2)					<b>_</b>		_	
(3)								
(4)	<del> </del>		<u> </u>		<del>-</del>		_	
<ol> <li>Amount of average acquisition debt on cr allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis flocable to need property schedule)	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%			1	· · · · · · · · · · · · · · · · · · ·
(3)				%			┪	
(4)				%	1			
						ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals				<b>&gt;</b>	·		0.	0
Total dividends-received deduction	ns included in column	8					▶	0
Schedule F - Interest, Ar	nuities, Royal	ties, and R	ents From C	ontrolled	Orgar	nizations (see in	struct	tions)
		Exe	mpt Controlled C	rganization	s	*		
Name of controlled organization	2. Employer ide numb		3. It unrelated income is) (see instructions)	Total of:	4. specified its made	5. Part of column 4 included in the cont organization's gross in	reung	Deductions directly connected with income in column 5
(1)								
(1) (2)				<del>                                     </del>				
(3)								
(4)			<del></del>	-		_		
Nonexempt Controlled Organizat	tions							
7. Taxable Income	8. Net unrelated income	(loss) 9	Total of specified pay	ments 10	) Part of co	olumn 9 that is included	11	Deductions directly connected
	(see Instructions)		made		In the conti	olling organization's oss income	**************************************	vith income in column 10
(1)			<u> </u>					
(2)								
(3)								
(4)								
		<u>.                                      </u>			Enter here a	lumns 5 and 10, and on page 1, Part I, 3, column (A).		Add columns 6 and 11.  There and on page 1, Part I, line 8, column (B).
Totals	•					* *		
Totals			<u></u>	<b>-</b>		0.		6. Form 990-T/2011
								FARM 000-T /9/11

Schedule G - Investm (see ins	ent Income of a tructions)	Section 5	501(c)(7	7), (9), or (17) Oı	ganization			
1. Des	scription of income			2. Amount of Income	3. Deductions directly connected (attach schedule)	4. Set-as		5. Total deductions and set-asides
(1)					(attach schedule)	<del> </del>		(col. 3 plus ccl. 4)
(2)						· · · · · · · · · · · · · · · · · · ·		
(3)						_		_
						_		
(4)				Enter here and on page 1,	minimum exemptor v	anose, viv. Godanana	wasover to the	Enter here and on page
	•			Part I, line 9, column (A).				Part I, line 9, column (B).
				0,				0
Schedule I - Exploited (see insti		y Income,	Other	Than Advertisi	ng Income	-		
		0 -		4. Net income (loss)		1		7 -
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directly com- with produ of unrela business in	nected ction ted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expe attributal column	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)						-		
(3)			- 1					<del>-  </del> -
(4)	<del></del>	<del> </del>	$\rightarrow$			<del> </del>		-
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	art I,					Enter here and on page 1, Part II, line 26.
Totals	٥.		٥.					٠ ا
Schedule J - Advertis			<u> </u>		ENHERIS (\$4886, 1782 17.17		00000000	<u> </u>
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis				<u>-</u>
1. Name of periodical	2. Gross advertising Income		Direct ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circulation Income	6. Readers	ship	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				7552300000000000000000000000000000000000				
(2)							$\neg \neg$	
(2)	-						$\dashv$	**************************************
(4)							-	
				The same Contracting and A	<u></u>			
Totals (carry to Part II, line (5))	Þ	0.	0.					0
Part II Income From columns 2 through	7 on a line-by-line b	asis.)	а ъера	rate Basis (For e	ach periodical list	ed in Part II, f	ill in	
1. Name of periodical	2. Gross advertising Income		Direct Ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readers costs	thip	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ANIMAL SHELTERING								
(2) MAGAZINE	195,6	75. 1	05,385	90,290	58,594	. 305	,551.	90,290
(3) ALL ANIMALS MAGAZIN	E 130,2	52. 2	65,004	-134,752				<del></del>
(4)						1	$\overline{}$	
(5) Totals from Part I		0.	0.		100000000000000000000000000000000000000		III 750	0
	Enter here and page 1, Part I line 11, col. (A	, page 1	re and on , Part I, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Compen	> 325,9	27. 3	70,389					90,290
	Name	rs, Directi	rs, and		3, Pero			ensation attributable
(1)	······································			2. Title	busin	ess	to unre	elated business
						%		
(2)						%		
(3)						%		
(4)	No. 4 (1) (1) - 1 - 2 - 2					%		
Total. Enter here and on page 1, f	'art II, line 14				***************************************	▶		0.

Form 990-T (2011)

FOOTNOTES	STATEMENT 1
NOL CARRYFORWARD	
2007 NET OPERATING LOSS	100.
2008 NET OPERATING LOSS	100.
2009 NET OPERATING LOSS	73,233.
2010 NET OPERATING LOSS	45,787.
2010 NET OPERATING LOSS AVAILABLE	119,220.

FORM 990-T	INCOME	(LOSS)	FROM	PARTNERSHIPS	STATEMENT	2
DESCRIPTION					AMOUNT	
WHITEHALL STREET GLOBAL BALESTRA CAPITAL PARTNERS				-114,913.		
GEMS FUND	KTNEKS				•	269. 674.
MERCED III					-27,	_
TOTAL TO FORM 990-T	, PAGE 1, LI	NE 5			-76,	136.

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

THE HUMANE SOCIETY OF THE UNITED STATES

Note. If losses exceed gains, see Capital losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

## **Capital Gains and Losses**

➤ Attach to Form 1120, 1120-G, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ➤ See separate instructions.

2011 2011

Schedule D (Form 1120) (2011)

Name

over identification number

53-0225390

Short-Term Capital Gains and Losses - Assets Held One Year or Less (c) Date sold (b) Date acquired (e) Cost or other basis (f) Gain or (loss) (d) Sales price (a) Description of property (Subtract (e) from (d)) (Example: 100 shares of Z Co.) (mo., day, yr.) (mo., day, yr.) (see instructions) (see instructions) Short-term capital gain from installment sales from Form 6252, line 26 or 37 2 3 Short-term gain or (loss) from like-kind exchanges from Form 8824 3 Unused capital loss carryover (attach computation) 4 Net short-term capital gain or (loss). Combine lines 1 through 4 . Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II 6 PARTNERSHIP PASSTHROUGH 40,151. 40,151, Enter gain from Form 4797, line 7 or 9 7 Long-term capital gain from installment sales from Form 6252, line 26 or 37 8 Long-term gain or (loss) from like-kind exchanges from Form 8824 9 9 10 Capital gain distributions (see instructions) 10 Net long-term capital gain or (loss). Combine lines 6 through 10 ..... 11 11 40,151. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11) 12 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5) 13 13 40,151. Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other 14 40,151.

**JWA**