# Form 99

SCANNED JUL 13 1999

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

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

This Form

Department of the Treasury internal Revenue Service

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

7998
This Form is Open to Public Inspection

OMB No. 1545-0047

A Fo	or the	19	998 calendar year, OR tax year period beginning	, 1998, and e	nding		, 19
B C	neck if:		Please C Name of organization			D Employer identi	fication number
	Chang of	ge	use IRS				
	addre	\$\$	label or HUMANE SOCIETY INTERNATIONAL, IN	iC.		52-1769	9464
	Initial return		type. Number and street (or P.O. box if mail is not delivered to street address	ss)	Room/suite	E Telephone numl	
$\vdash$	Final		Specific 2100 L STREET NW			202-452	2-1100
F	Amen	de	d listructions. City or town, state or country, and ZIP+4			F Check ▶ 🔲	if exemption
	required for state	lais					application is pending
i G Tv	reporting	) (1	rganization → X Exempt under 501(c) ( 3 ) (insert number) OR ►	section 494	7(a)(1) nonexen	npt charitable trust	
Note	ypo o. Ser	eti	ion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charita	ble trusts MU	ST attach a co	ompleted Sched	ule A (Form 990).
H(a)	le thi	9 2	a group return filed for affiliates? Yes X No	I if either bo	x in H is checked	"Yes," enter four-d	git group
			enter the number of affiliates for which this		number (GEN)		
(4)			is filed:	-	method:		ccrual
(c)	le thie		separate return filed by an organization covered by a group ruling?  Yes X No		er (specify)	_	
K Ch	eck he	are	if the organization's gross receipts are normally not more than \$25,000			return with the IRS	S; but
if i	t racai	oui aui	ed a Form 990 Package in the mail, it should file a return without financial data. So	me states requi	re a complete re	eturn.	
			390-EZ may be used by organizations with gross receipts less than \$100,000 and t				
200000000000000000000000000000000000000	rt I	13	Revenue, Expenses, and Changes in Net Assets or Fun	d Balance	3		
2 EXC	1		Contributions, gifts, grants, and similar amounts received:				
j	-	2	Direct public support	.   1a	91,8	18.	
			Indirect public support				
		b	Government contributions (grants)	"	<del> </del>		
.		7 C		[ 16 ]	Stmt	1	
		d	01 010	1		p:00000000	91,818.
1			(cash \$ 91,818 noncash \$ Program service revenue including government fees and contracts (from Part VII				2 4 7 5 2 5 5
	2		<del>-</del>			1 4 1	
	3		Membership dues and assessments			·····	
	4		Interest on savings and temporary cash investments				
	5		Dividends and interest from securities	[	***************		
	6		Gross rents				
		b	Less: rental expenses	<u>  60  </u>			
୍ର		C	Net rental income or (loss) (subtract line 6b from line 6a)		******************	5c 7	
Revenue	7		Other investment income (describe		(B) Other	- )	
્ર્ક	8	a	Gross amount from sale of assets other (A) Securities	-	(B) Other	<del></del>	
_			than inventory	82		<del></del>	
		þ	Less: cost or other basis and sales expenses	8b 8c	<del></del>	<del></del>	
		C	Gain or (loss) (attach schedule)	1		04	
	1	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	~~~~	***************************************	8d	
	9		Special events and activities (attach schedule):				
		а	Gross revenue (not including \$ of contributions				
			reported on line 1a)				
	l		Less: direct expenses other than fundraising expenses				
		C	, , , , , , , , , , , , , , , , , , , ,			9c	
	10	а	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
		þ		10b	· · · · · · ·		
		C					
	11		Other revenue (from Part VII, line 103)			11	91,818.
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				480,831.
w	13		Program services (from line 44, column (B))				93,190.
Expenses	14		Management and general (from line 44, column (C))			1 1	231,396.
De C	15		Fundraising (from-line-44-column (D))	************		15	231,390.
ш	16		Payments to affiliates (attach schedule)	*******************************		16	805,417.
	17		Total expenses (add lines 16 and 44, column (A)) Q 1				<713,599.>
	18		Excess or (def(c)) or the year (subtrate) 17 from line 12)	*****		18	0.
O'Net Assets	19		Net assets or fund palances at beginning of year (tern line 73, column (A))				0.
	20 21		Other changes in net assets of jund balances (attach explanation)  Net assets or fund balances at end of vear (combine lines 18, 19, and 20)			20	<713,599.>
$Q_{\perp}$	21		Net assets or fund balances at end or year (combine lines 18, 19, and 20)	****	*******************	21	C/13,399.

5000000	Statement of All org	aniza	ETY INTERNAT:	n (A), Columns (B), (C), and	(D) are required for section	769464 Page 2 n 501(c)(3) and
<u> </u>	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	aniz	ations and section 4947(a)(1	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	22	184,368.	184,368.	Statement 3	
	Specific assistance to individuals (attach schedule)	23 24				
24 25	Compensation of officers, directors, etc.	25	133,400.	133,400. 42,263.	0.	0.
26 27		26 27	42,263.	42,203.		
28	Other employee benefits	28 29				
29 30		30				
31 32		31 32	18,396.	18,396.		
33	Supplies	33 34	2,298. 3,334.	2,298. 3,334.		
34 35	• • • • • • • • • • • • • • • • • • • •	35 36	2,891. 298.	2,891. 298.		
36 37		37				
38 39	Printing and publications  Travel	38 39	41,762.	41,762.		
48 41	Conferences, conventions, and meetings	40 41				
42		42				
	Contret expenses (iternize).	43a	_			
C		43b 43c				
d e	See Statement 2	43d 43e	376,407.	51,821.	93,190.	231,396.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	805,417.	480,831.	93,190.	231,396.
Rep	orting of Joint Costs Did you report in column (B) draising solicitation?	(Pro	gram services) any joint cos	ts from a combined educati	onal campaign and	Yes X No
If "Y	es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$	SS	; ( ; and (	n) the amount anocated to r	Jodiani services &	;
P	art III Statement of Program Service	e A	Accomplishments			
IN	at is the organization's primary exempt purpose? TERNATIONAL AFFILIATE Organizations must describe their exempt purpose achievements	ina	olege and concise manner State t	the number of clients served, but	dications issued, etc. Discuss	Program Service Expenses (Required for 501(c)(3) and
achie	evements that are not measurable, (Section 501(c)(3) and (4) org ations to others.)	aniza	tions and 4947(a)(1) nonexempt c	nantable trusts must also enter t	rie amount of Grants and	(4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	TO PROVIDE TRAINING, MA ASSIST ANIMAL PROTECTIO IN FOREIGN COUNTRIES.	N	EFFORTS AND OT	EDUCATION EN	DEAVORS	
	IN FOREIGN COUNTRIBE.		(6	Frants and allocations \$	184,368.)	480,831.
b						
			(6	Grants and allocations \$		
С	<b>c</b>					
				Grants and allocations \$	)	
d						

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations \$ (Grants and allocations \$

480,831.

Note:		e required, attached schedules and amounts wit d-of-year amounts only.	nin the description column should be	(A) Beginning of year	(B) End of year
	45	Cash - non-interest-bearing	***************************************	**	45
	46	Savings and temporary cash investments		46	
			1 1		
	47 a	Accounts receivable	47a	<u> </u>	
	b	Less: allowance for doubtful accounts	47b		47c
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b		48c
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees,	and key employees (attach		
10		schedule)	··· — — — — — — — — — — — — — — — — — —	50	
Assets	51 a			<del></del>	
Ass	b	Less: allowance for doubtful accounts	51b		51c
•	-52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule)		54	
	55 a	Investments - land, buildings, and			
	1	equipment: basis	55a	_	
	b	Less: accumulated depreciation (attach		 	
		schedule)	55b	<del> </del>	55c
	56	Investments - other			56
	57 a	Land, buildings, and equipment: basis	57a	_	
	b	Less: accumulated depreciation			570
	58	Other assets (describe		)	58
				0.	<sub>59</sub> 0.
	59	Total assets (add lines 45 through 58) (must e		-	712 500
	60	Accounts payable and accrued expenses		· ·	
	61	Grants payable		**	51
ë	62	Deferred revenue		••	62
iabilities	63	Loans from officers, directors, trustees, and ke		·-	63
ŢĒ.		Tax-exempt bond flabilities			<u>34a</u>
	b	Mortgages and other notes payable		··	65 65
	65	Other liabilities (describe		)	00
				0.	713,599.
	86	Total liabilities (add lines 60 through 65)	and complete lines 67 through		00
	Organ	izations that follow SFAS 117, check here	and complete lines of unough		
y)		69 and lines 73 and 74		**	67
<u> </u>	67	Unrestricted		·· ———————————————————————————————————	68
ala	68	Temporarily restricted		°	69
d B	69	Permanently restricted	X and complete lines	-	
Ę	Organ	rizations that do not follow SFAS 117, check he	ale 221 and complete intes		
P	70	70 through 74		0.	<713,5 <u>99</u> .>
sts	70	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and			71 0.
SS	71	Retained earnings, endowment, accumulated in			71 0. 72 0.
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated in Total net assets or fund balances (add lines 6			
ž	73	column (A) must equal line 19 and column (B)		0.	73 <713,599.3
	74	Total liabilities and net assets / fund balance	must equal line CC and 79)		74 0.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Pa	Reconciliation of Revenue Financial Statements with	Part	Fi	econci inancia eturn	ial Statements With Expenses per					
a	. Return Total revenue, gains, and other support	01 010	a	Total avegage	as and la	sses per		_	805,417.	
-	per audited financial statements	a 91,818.	b A	audited finan Amounts inc	icial state: Juded on	ments		a	003,417.	
þ	Amounts included on line a but not on line 12, Form 990:		(1)	line 17, Form Donated sen	n 990: vices					
(1)	Net unrealized gains		4			\$				
	on investments\$		3	Prior year ad reported on		S				
(2)	Donated services		91	•	,	\$				
(5)	and use of facilities\$		ব	Losses repo						
(3)	Recoveries of prior		.,			\$				
///	year grants\$Other (specify):		3 <b>1</b>	Other (speci		. *				
(4)	\$\$		( )			\$				
_	Add amounts on lines (1) through (4)	b		Add amount	ts on lines	(1) through (4)		b		
E	Line a minus line b	c 91,818.		Line a minus	sline b.		▶	C	805,417.	
d	Amounts included on line 12, Form		d.	Amounts inc	cluded on	line 17, Form				
	990 but not on line a:		3	990 but not	-					
(1)	Investment expenses		81 · ·	Investment						
	not included on		64	not included						
	line 6b, Form 990\$		33			.\$				
(2)	Other (specify):		(2)	Other (speci	ily).	\$				
_	\$	d	1 —	Add amount	s on lines	(1) and (2)		d		
	Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990	u				e 17, Form 990				
8	(line c plus line d)	e 91,818.	.] -	(line c plus	line d)		▶	e	805,417.	
P	List of Officers, Directors, T	rustees, and Key i	Emplo	yees (Lis	t each on	e even if not comper	isated.)			
<u> </u>			/B) Title	e and averag week devote	ie hours i	(C) Compensation	I I I I I Cont	ributions to ee benefit a deferred ensation	(E) Expense account and	
	(A) Name and address			position		(if not paid, enter -0-)	comp	ensation	other allowances	
<u>PA</u>	UL G. IRWIN		PRES	SIDENT						
			יים א סיד	TIME	l	0.		0.	0.	
73.3.7	DOME N. DOMAN			PRES				<u> </u>		
AIN	DREW N. ROWAN		10101	· IRDD		_				
		<u> </u>	PART	TIME		0.		0.	0.	
G.	THOMAS WAITE III			SURER					•	
<u></u>										
-				TIME		0.		0.	0.	
MU	RDAUGH S. MADDEN		SECR	ETARY	/GEN	ERAL COUN	SEL			
						•		^		
		·	PART	TIME	D 11 (12 )	0.	ממממ	0.	0.	
JA	NET FRAKE		ASST	. SEC.	KETA	RY/TREASU	KEEK			
			ETT.T.	TIME		68,400.	3.	344.	0.	
NTT:	IL W. TRENT			UTIVE				0120		
NE	IL W. TRENT		LMLC	.01112						
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									1	
			1							
	Did any officer, director, trustee, or key employee re	onive angrapata companya	ion of mo	nre than \$10	լը ըրը fro	m vour organization	and all r	elated		
<b>75</b>	Did any officer, director, trustee, or key employee re organizations, of which more than \$10,000 was pro	vided by the related organiz	ations?	If "Yes," attac	ch schedu	ile. X Yes [	No	Stat	ement 4	

52-1769	464		Page 5
**		Yes	No
each activity	76		X
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77		X
)	78a		X
N/A	78b		
*************************	79		X
nembership,			
<u>.</u>	80a	X	2000000000
tatement 5			
pt OR nonexempt.			
•			
0.			X
******************	81b		A
antially less than			X
	82a	<u> </u>	
N/A			
N/A	83a	X	
	83b	X	<del>                                     </del>
N/A	84a		
not			
N/A	84b	********	*********
N/A	85a		
N/A	85b		
a waiver for proxy tax			
_			
N/A			
N/A			
λT / λ			E666-868668

	Otter information		7.5		X		
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		A.		
	If "Yes," attach a conformed copy of the changes.						
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a		X		
h	If "Yes," has it filed a tax return on Form 990-T for this year?		78b				
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79		X		
73							
	If "Yes," attach a statement;						
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,		80a	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  See Statement	5	oua		*********		
þ	If Yes, effet the flattle of the organization						
	and check whether it is exempt OR none.	xempt.					
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	_					
	instructions for line 81	0.					
'n	Did the organization file Form 1120-POL for this year?		81b		X		
00 -	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than						
02 a			82a		X		
	fair rental value?		<u> </u>				
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an N/A						
	- expense in Part in (See instructions for reporting in Part III)			v	<b>******</b>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	<u> </u>		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	<u> </u>		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a				
h	If "Ves" did the organization include, with every solicitation an express statement that such contributions or giffs were not						
n	tax deductible?		84b		,		
0.00	tax deductible?						
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?  N/A		85a 85b				
b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy	lax					
	owed for the prior year.						
C	Dues, assessments, and similar amounts from members 85c N/A						
d	Section 162(e) lobbying and political expenditures 85d N/A						
	Angregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A						
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? $N/A$		85a				
g	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues						
n		ĺ	85h				
	anocable to nondeductible torpying and pendoct experiences for the following the first		<u> </u>				
86	501(c)(7) organizations Enter:						
	initiation tees and capital contributions included on line 12						
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A						
87	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
_	against amounts due or received from them.) 876 N/A	***					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?	0000					
00	If "Yes," complete Part IX	ſ	88	.,,	X		
	501(c)(3) organizations Enter: Amount of tax imposed during the year under:						
вы а	501(c)(3) organizations Eitter: Amount of tax imposed during the year under.	0.					
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►						
þ	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	8	*****	*******	X		
	transaction during the year? If "Yes," attach a statement explaining each transaction	<b>.</b>	89b				
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				^		
	sections 4912, 4955, and 4958				<u>0.</u>		
ri	Foter: Amount of tax in 89c, shove, reimbursed by the organization				0.		
00 2	List the states with which a copy of this return is filed   DISTRICT OF COLUMBIA						
DU A	Number of employees employed in the pay period that includes March 12, 1998		90b		4		
D	Multiper of surproyees surproyed in the pay benou that mondoes match 12, 1990						
	NONTE DE 202	2_45	2-1	100			
91	The books are in care of ► CONTROLLER Telephone no. ► 202	. 40	<u> </u>				
	0.1.0.0 = 0.000.000.000.000.000.000.000.000	<b>L</b> 2	กกว	7			
	Located at ► 2100 L STREET NW, WASHINGTON, DC ZIP +4	<u> Z</u>	003	1			
				. –			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here			₋►L			
	and enter the amount of tax-exempt interest received or accrued during the tax year   92		N/	<u> </u>			

Claric prices amounts unless otherwise   Claricated.	Part VII Analysis of Income-I	Producing Ac	tivities				
Indicated  (a)  (b)  (c)  (d)  (e)  (f)  (d)  (e)  (f)  (d)  (e)  (g)  (g)  (g)  (g)  (g)  (g)  (g			Unrelat	ed business încom <u>e</u>		ted by section 512, 513, or 514	(E)
Same   Code   Amount   Set   Amount   Set   Amount   Set   Amount   Set   Amount   Set	5		(A)	* *	Exclu-		
(a) (b) (c) (c) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				Amount		Amount	function income
(b) (c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f							
(c) (d) (e) (e) (f) Medicare/Medicaid payments (g) Fees and contracts from government agencies  44 Membership dues and assessments  55 Interest on savings and temporary cash investments  56 Dividents and laterest from securities  37 Net rental income or (loss) from real estate: (g) debt-thismost property (g) In of close-thismost property (g) other investment income  90 Other investment income  90 Other investment income  100 Gain or (loss) from sales of assets other than inventory  110 Net income or (loss) from sales of inventory  111 Net income or (loss) from sales of inventory  113 Other revenue:  1							
(d) (e) (f) Medicare/Medicaid payments (g) Fees and contracts from government agencies 95 Interest on savings and temporary cash investments 96 Dividends and interest from sourcities 97 Net rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 111 Net income or (loss) from separal property 122 Gross profit or (loss) from sales of inventory 133 Other revenue:  a b c d d 14 Subtotal (add columns (8), (I)), and (E)) 15 TOTAL (add line 104, columns (8), (I)), and (E)) 15 TOTAL (add line 104, columns (8), (I)), and (E)) 16 Total (add line 104, columns (8), (I)), and (E)) 16 Total (add line 104, columns (8), (I)), and (E)) 17 Relationship of Activities to the Accomplishment of Exempt Purposes 18 Line No.  19 Explain now seak activity for which income is reported in column (E) of Part VII centributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  18 Part XVII Information Regarding Taxable Subsidiaries (Complete this Part If the "Yes" box on 88 is checked.)  18 Name, address, and employer identification number of corporation or partnership ownership interest ownershi							
(e) (f) Modicare/Medicaid payments (g) Fees and contracts from government agencies 94 Membership dues and assessments 95 Dividends and interest from securities 97 Net rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property 99 Other investment income 100 Gain or (loss) from personal property 110 Gain or (loss) from sales of assets other than inventory 110 Action or (loss) from sales of inventory 110 Action or (loss) from sales of inventory 110 Not income or (loss) from sales of inventory 110 Not income or (loss) from sales of inventory 110 Not income or (loss) from sales of inventory 110 City revenue:  a b c d d  b C C Heart VIII Relationship of Activities to the Accomplishment of Exempt Purposes    C							
(1) Need and contracts from government agencies  34 Membership dues and assessments  35 Interest on savings and temporary cash investments  36 Dividends and interest from socurities  37 Net cental income or (loss) from real estate: (a) doub-financed property (b) not debt-financed property (b) not debt-financed property (d) not debt-financed (d) not debt-financed property (d) not debt-financed propert		i					
(g) Fees and contracts from government agencies  94 Membership dues and assessments  95 Interest on savings and temporary cash investments  97 Net rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property  99 Other investment income  90 Other investment income  100 Gain or (loss) from sales of assets other than inventory  113 Other revenue:  2 b  2 c  4 d  5 c  104 Subtotal (add columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  106 Total (add line 104, columns (B), (D), and (E))  107 Total (add line 104, columns (B), (D), and (E))  108 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (B) Interest (B)							
95 Interest on savings and temporary cash investments  80 Dividends and interest from securities  97 Not rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property  98 Not rental income or (loss) from personal property  100 Gain or (loss) from sales of assets other than inventory  110 Rot income or (loss) from special events  112 Gross profit or (loss) from sales of inventory  113 Other revenue:  2	(g) Fees and contracts from government	agencies					
cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from sales of inventory 102 Gross profit or (loss) from sales of inventory 103 Other revenue:  a b c d d e 104 Subtotat (add columns (8), (D), and (E)) 105 TOTAL (add line 104, columns (B), (D), and (E)) 106 TOTAL (add line 104, columns (B), (D), and (E)) 107 TOTAL (add line 105 plus line 10, Part, 1, should equal the amount on line 12, Part I.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes Line No.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes Line No.  Part VIII Relationship of Activities to the Accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part VIII Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" bux on 85 is checked.)  Name, address, and employer identification number of corporation or partnership number of corporation or partnership N/A  96 96 96 96 96 97 98 98 98 98 98 98 98 98 98 98 98 98 98	94 Membership dues and assessments						
98 Dividends and interest from securities 97 Net rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue:  a  b  c  d  e  104 Subtotat (add columns (B), (D), and (E)) 105 TOTAL (add dine 104, columns (B), (D), and (E)) 106 Subtotat (add columns (B), (D), and (E)) 107 Subtotat (add columns (B), (D), and (E)) 108 Subtotat (add columns (B), (D), and (E)) 109 Subtotat (add columns (B), (D), and (E) 1	95 Interest on savings and temporary						
98 Dividends and interest from securities 97 Net rental income or (loss) from real estate: (a) debt-financed property (b) not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue:  a  b  c  d  e  104 Subtotat (add columns (B), (D), and (E)) 105 TOTAL (add dine 104, columns (B), (D), and (E)) 106 Subtotat (add columns (B), (D), and (E)) 107 Subtotat (add columns (B), (D), and (E)) 108 Subtotat (add columns (B), (D), and (E)) 109 Subtotat (add columns (B), (D), and (E) 1	cash investments	*******					
(a) debt-financed property  98 Net retail income or (loss) from personal property  99 Other investment income  100 Gain or (loss) from sales of assets other than inventory  101 Nat income or (loss) from special events  102 Gross profit or (loss) from special events  103 Other revenue:  a b c d d e 104 Subtotal (add columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  105 TOTAL (add line 104, columns (B), (D), and (E))  106 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  105 TOTAL (add interest in the property of the incolumn (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  106 Total (add interest in the property of the interest in the property of the organization's exempt purposes (other than by providing funds for such purposes).  107 Percentage of ownership interest ownership interest interest in the property of th							
(b) not debt-financed property 98 Net rental income or (loss) from personal property 98 Net rental income or (loss) from personal property 100 Gain or (loss) from sales of assets other than inventory 110 Net income or (loss) from special events 1102 Gross profit or (loss) from sales of inventory 1103 Other revenue:  a b c d d s Substotal (add columns (8), (0), and (E)) 104 Subtotal (add columns (8), (0), and (E)) 105 TOTAL (add line 104, columns (8), (0), and (E)) 105 TOTAL (add line 104, columns (8), (0), and (E)) 106 TOTAL (add line 104 rt, should equal the amount on line 12, Part I.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Explain how each activity for which income is reported in column (6) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" hox on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest ownership interes	97 Net rental income or (loss) from real esta	ate:					
(b) not debt-financed property 98 Net rental income or (loss) from personal property 98 Net rental income or (loss) from personal property 100 Gain or (loss) from sales of assets other than inventory 110 Net income or (loss) from special events 1102 Gross profit or (loss) from sales of inventory 1103 Other revenue:  a b c d d s Substotal (add columns (8), (0), and (E)) 104 Subtotal (add columns (8), (0), and (E)) 105 TOTAL (add line 104, columns (8), (0), and (E)) 105 TOTAL (add line 104, columns (8), (0), and (E)) 106 TOTAL (add line 104 rt, should equal the amount on line 12, Part I.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Explain how each activity for which income is reported in column (6) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" hox on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest ownership interes	(a) debt-financed property				ļ		
99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue:  a b c d d e 104 Subtotal (add columns (B), (D), and (E)) 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	• •	L L					
99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue:  a b c d d e 104 Subtotal (add columns (B), (D), and (E)) 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •							
100 Gain or (loss) from sales of assets other than inventory 1101 Net income or (loss) from special events 1102 Gross profit or (loss) from sales of inventory 1103 Other revenue: 2							
other than inventory  101 Not incorne or (loss) from special events  102 Gross profit or (loss) from sales of inventory  103 Other revenue:  2							
102 Gross profit or (loss) from sales of inventory  103 Other revenue:  2	· · · · · · · · · · · · · · · · · · ·						
103 Other revenue:  a							
a b b c c d d d columns (8), (0), and (E))	102 Gross profit or (loss) from sales of inven	tory					
b c d d e	103 Other revenue:	i					
b c d d e	a				<u> </u>		
to de subtotal (add columns (B), (D), and (E))							
t e							
Buttotal (add columns (B), (D), and (E))  Note: (Line 105 plus line 1d, Part I, Should equal the amount on line 12, Part I.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part X Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest of such purposes.  N/A 96  96  96  98  98  98  98  98  98  98							
Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership  N/A  %  Nature of business activities  Total income  End-of-year assets  N/A  %  Recommenving schedules and statements, and to the best of my knowledge and belief, it is true,	۵				*		
Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership  N/A  %  Nature of business activities  Total income  End-of-year assets  N/A  %  Recommenving schedules and statements, and to the best of my knowledge and belief, it is true,	104 Subtotal (add columns (B), (D), and (E))						
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.	105 TOTAL (add line 104, columns (B), (D), a	nd (E))		***************************************			<u> </u>
Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part X Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest ownership interest number of corporation or partnership  N/A  %  Nature of business activities  Total income  End-of-year assets  N/A  %  96  96  96  96	Note: (Line 105 plus line 1d, Part I, should eq	ual the amount on li	ne 12, Part	1.)	-	···	•
exempt purposes (other than by providing funds for such purposes).    Part   X   Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)    Name, address, and employer identification number of corporation or partnership interest ownership interest   Nature of business activities   Total income   End-of-year assets	Part VIII Relationship of Activ	ities to the A	ccompli	shment of Exemp	t <u>Pur</u>	poses	
Part X Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest  N/A  %  %  %  %  geocompanying schedules and statements, and to the best of my knowledge and bellef, it is true,	Line No. Explain how each activity for which	ch income is reporte	d în column	(E) of Part VII contributed	import	antly to the accomplishment	of the organization's
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,	exempt purposes (other than by p	providing funds for s	such purpos	ses).			
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,				<del></del>			
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,							<del> </del>
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,				<del></del>			
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,							
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,							
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,							m.h
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,				·			
Name, address, and employer identification number of corporation or partnership  N/A  Nature of business activities  Total income  End-of-year assets  N/A  %  %  %  %  Agreempanying schedules and statements, and to the best of my knowledge and bellef, it is true,		Touchle Cu	.boidiovi	oo /Complete this Part if	the "V	e" hoy on 88 is checked \	
number of corporation or partnership  N/A  Nature of business activities  Nature of business	100000000000000000000000000000000000000		IDSIGIALI	es (vomplete ans i dit ii	1116	55 BBR dit 00 to till dilibera	Endunfayoor
N/A %  %  %  %  %  %  graceompanying schedules and statements, and to the best of my knowledge and belief, it is true,			Nat	ure of business activities		Total income	-
% % % % % % graccompanying schedules and statements, and to the best of my knowledge and belief, it is true,			<del> </del>				20000
% % % % % % % % % % % % % % % % % % %	N/A						
% geccompanying schedules and statements, and to the best of my knowledge and belief, it is true,							
g accompanying schedules and statements, and to the best of my knowledge and belief, it is true,							
all information of which preparer has any knowledge.		<b>%</b>		a accompanying schedules	and state	ements, and to the best of my know	vledge and belief, it is true,
				all information of which prep	arer has	any knowledge.	

Type or print name and title

### SCHEDULE A (Form 990)

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

1998

OMB No. 1545-0047

Department of the Treasury Must be completed by the above organizations and attached to their Form 990 or 990EZ. Internal Revenue Service Employer identification number

Name of the organization HUMANE SOCIETY INTERNATION	NAL, INC.		Employer identifi 52: 17694	
Part   Compensation of the Five Highest Paid Emplo	yees Other Than Off	icers, Directo	rs, and Trus	tees
(See instructions. List each one. If there are none, enter "None.")				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE				
	_			
			]	
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five Highest Paid Indepe (See instructions. List each one (whether individuals or firms). If there	are none, enter "None.")	or Protession	al Services	
(a) Name and address of each independent contractor paid more the	an \$50,000	(b) Type of s	ervice	c) Compensation
			Ì	
NONE				
			-	
		_ <del></del>		
	<b>\</b>		1	
			-	
Total number of others receiving over				

LHA 823101 12-07**-**98

HUMANE SOCIETY INTERNATIONAL,

70056\_\_1

Par	1 IV-A Support Schedule (C	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting	, 11, or 12 above.) Use from the accrual to the	e cash method of acco e cash method of acco	unting.
Calen Degin	dar year (or fiscal year ning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	482,381.	1,619,441.	1,282,614.	531,265.	3,915,701.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated busines activities not included in line 18	S				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				501.065	2 015 701
23	Total of lines 15 through 22	482,381.	1,619,441.	1,282,614.	531,265.	3,915,701. 3,915,701.
24	Line 23 minus line 17	482,381.	1,619,441.	1,282,614.	531,265. 5,313.	3,915,701.
25	Enter 1% of line 23	4,824.		12,826.		78,314.
26	Organizations described in lines 1	O or 11: a Enter 2% of	amount in column (e), lin	e 24		707511
b	Attach a list (which is not open to p	ublic inspection) showing	the name of and amount	contributed by each perso	n (other than a	
	governmental unit or publicly suppoin line 26a. Enter the sum of all thes	orted organization) whose e excess amounts	total gifts for 1994 throug	see Statemer	ount snown ot 6 ► 26b	156,656.
					<b>********</b>	3,915,701.
C	Total support for section 509(a)(1)	test: Enter line 24, column				
d	Add: Amounts from column (e) for	lines: 18	19	156,65	56. ► 28d	156,656.
	Public support (line 26c minus line	22			≥ 25e	3,759,045.
6	Public support (line 260 minus line 260 Public support percentage (line 26	zou war,	line 26c (denominator))	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	≥ 26f	95.9993%
<u> </u>	Organizations described on line 12	2: a For amounts includ	led in lines 15, 16, and 17	that were received from a	"disqualified person," atta	ach a list to show the name
Zi	of and total amounts received in as	ch year from leach "disqui	alified person." Enter the s	ium of such amounts for e	ach year. 1974	
	(1997)	(1996)		(1995)	(1994)	***************************************
b	For any amount included in line 17	that was received from a n	ondisqualified person, att	ach a list to show the nam	ie ot, and amount receive	a for each year,
	that was more than the larger of (1	) the amount on line 25 fo	r the year or (2) \$5,000. (	Include in the list organiza	tions described in lines 5	through 11, as well as
	individuals.) After computing the di	fference between the amo	unt received and the large	r amount decribed in (1) o	or <b>(2)</b> , enter the sum of the	ese differences (the
	excess amounts) for each year:	N/A			(4004)	
	(1997)	(1996)	***************************************	(1995)	(1994)	***************************************
C	Add: Amounts from column (e) for	lines: 15		16		,
•	17	20		21	<b>≥</b> 27c	N/A
d	Add: Amounts from column (e) for 17Add: Line 27a total	and	line 27b total		<b>2</b> 7d	N/A
e	Dublic cupport /line 27c, total minu	e line 27d total)				N/A
f	Total support for section 509(a)(2)	test: Enter amount on line	23, column (e)	<b>▶</b> 27f	N/A	N/A %
g	Public support percentage (li	ne 27e (numerator) di	vided by line 271, (den	ominator))		N/A % N/A %
<u>h</u>	Investment income percenta	ge (line 18 column (e)	(numerator) divided b	y line 27f (denominate	or)) 27h	
28 ! !	Unusual Grants: For an organization organization inspection) for each year show these grants in line 15. (See instruction)	on described in line 10, 11 ring the name of the contri one )	, or 12, that received any butor, the date and amou	unusual grants during 199 nt of the grant, and a brief	et inrough 1997, attach a description of the nature	of the grant. Do not includ

Page 4

Pai	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
	•		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
au	and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
J1	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	. 31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		-		
		- 🏻		
32	Does the organization maintain the following:			
a	and administrative etaff?	32a		
ь	and the state of t			
	nondiscriminatory basis?	. 32b	ļ	-
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	. <u>32c</u>	ļ <u> </u>	<u> </u>
d		. 32d	 	S 88888888
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
33	Does the organization discriminate by race in any way with respect to:			
a		33a		1
b	Admissions policies?		<del></del>	
C	Employment of faculty or administrative staff?	·	<del> </del>	<u> </u>
d	Scholarships or other financial assistance?		<u> </u>	<del> </del>
8	Educational policies?		<u> </u>	
f	Use of facilities?			
g	Athletic programs?			İ
þ	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 -	Does the organization receive any financial aid or assistance from a governmental agency?	34a	V	
34 a b	Has the organization's right to such aid ever been revoked or suspended?	34b		
้า	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Page 5

	art VI-A Lobbying I	Expenditures by Ele ed ONLY by an eligible organ				-			n/a
Che		janization belongs to an affil							
<u>Che</u>	eck here 🕨 b 🔃 If you ch	ecked "a" above and "limited	control" provisions apply.						
		mits on Lobbying	-		·	(a Affiliated g	a) roup to	als	(b) To be completed for ALL electing organizations
	( i ne ter	m "expenditures" means am	ounts paid of illcurred)		Ţ	N/2	Δ		
06	Total lobbying expenditures t	ro influence public eninian /	araceroote lobbying)		36	117 1	. *		
	Total lobbying expenditures t				37	,			
38					38				
39					39				
40					40				
41	Lobbying nontaxable amount								
	if the amount on line 40 is - The lobbying nontaxable amount is -								
		Not over \$500,000 20% of the amount on line 40							
	Over \$500,000 but not over \$1,000,000							******	
		Over \$1,000,000 but not over \$1,500,000							
	Over \$1,500,000 but not over \$17, Over \$17,000,000								
42	Grassroots nontaxable amou				42		*********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
43		•			43				
44	Subtract line 41 from line 38.	. Enter -0- if line 41 is more i	than line 38		44			**********	
	••								
	Caution: If there is an amo	ount on either line 43 or li	ine 44, you must file Fon	m 4720.					
		(Some organizations that m	low. See the instructions fo	n do not have to	compl gh 50.)		<del></del>	nns	
Cal	endar year (or	(a)	(b)	(c)		(d)			(e)
fisc	al year beginning in) 🕨	1998	1997	1996	·	1995			Total
45	Lobbying nontaxable	Ì							0.
	amount								
45	Lobbying ceiling amount (150% of line 45(e))								0.
47	Total lobbying							************	
7,	expenditures								0.
48	Grassroots nontaxable								
	amount								0.
49	Grassroots ceiling amount								0.
	(150% of line 48(e))				********			***********	**
bU	Grassroots lobbying expenditures								0.
	art VI-B Lobbying A	ctivity by Nonelec	ting Public Chariti	es		<del> '</del>			
	(For reporting o	nly by organizations that did	not complete Part VI-A)						N/A
Dur	ing the year, did the organizati	on attempt to influence natio	nal, state or local legislatio	n, including any	attemp	t to	Yes	No	Amount
	ience public opinion on a legis						<u> </u>		
a	Volunteers					*************			
	Paid staff or management (inc							-	
_	Media advertisements						-		<del></del>
d e	Publications or published or t								
	Grants to other organizations								
g	Direct contact with legislators								
	Rallies, demonstrations, semi								
i	Total lobbying expenditures (add lines c through h)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.								

### Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

i1	Did	the reporting organization di	rectly or indirectly engage in any of	the following with any other	organization described in section			
	501	(c) of the Code (other than s	ection 501(c)(3) organizations) or i	n section 527, relating to pol	itical organizations?	Γ	Yes	No
а	Tra	nsfers from the reporting org	anization to a noncharitable exemp	t organization of:		51a(i)	103	X
	(i)	Cash		****	***************************************			X
	(ii)	Other assets			***************************************	a(ii)		
b		er transactions:						Х
					***************************************	b(i)		X
	(ii)	Purchases of assets from a	noncharitable exempt organization	***************************************		b(ii)		
	(iii)	Rental of facilities or equipm	nent	********************************	***************************************	b(iii)		X
	(iv)	Reimbursement arrangeme	nts	****************		b(iv)		X
						(ע)מ		X
	(vi)	Performance of services or	membership or fundraising solicita	tions		b(vi)		X
C	Sha	ering of facilities, equipment.	mailing lists, other assets, or paid e	employees	***************************************	L C		X
ď	lf ti	ne answer to any of the above	e is "Yes." complete the following so	chedule. Column (b) should a	lways indicate the fair market value of the			
	an.	nds other assets or services	given by the reporting organization	n. If the organization received	less than fair market value in any			
	trai	nsaction or sharing arrangem	nent, show in column (d) the value (	of the goods, other assets, or	services received.		N/A	
1-		(b) -	(c)		(d)			
(a Line		Amount involved	Name of noncharitable ex	xempt organization	Description of transfers, transactions, and s	naring ar	rangen	nents
		<del> </del>						
						-		
	-			· · · · · · · · · · · · · · · · · · ·				
	_							
	$\dashv$							
	<u>-</u>							
					elections described in section 501(c) of the			
52 a	ls t	he organization directly or inc	directly affiliated with, or related to,	one or more tax-exempt orga	anizations described in section 501(c) of the	Yes	X	No
	Cod	le (other than section 501(c)	(3)) or in section 527?	************	<u> </u>	163		_ ,,,,
b	If "\		chedule. N/A	(6)	(0)			
		(a) Name of org	annization	(b) Type of organization	(c) Description of relationshi	p		
		ivaine or org	Janization	Type of organization				
			<u> </u>					-
					-	·		
					-			
								····· -
		<u></u>						
							<del></del> -	
							<u>.</u>	

Form 990 ·	Other	Expenses		Statement 2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
INDIRECT COSTS ALLOCATION CONSULTANTS EDUCATIONAL PROGRAMS TAXES MAILING COSTS	324,586. 15,716. 35,075. 25. 1,005.	15,716. 35,075. 25. 1,005.	93,190.	231,396.
Total to Fm 990, ln 43	376,407.	51,821.	93,190.	231,396.

Form 990.	Cash Grants and Allocation	ns Stat	tement 3
Classification	Donee's Name Donee's Address	Donee's Relationship	Amount
	AARK	None	2,500.
	AFRICAN WILDLIFE FOUNDATION	None	5,000
	ASS. HUMANI	None	
	PROTECIAON ANIMALES		26,336
	ASS. AMIGOS	None	200
	UNIV. OF CALIFORNIA	None	1,300
,	GERALDINE R. DODGE FOUNDATION	None	5,000
	LIFE CONSERVATIST SOCIETY	None	500
	MEXICO AN PROT	None	750.
,	MONITOR	None	4,000.
	WAKULUZU, TRUST	None	500.
	WORLD SOCIETY FOR THE PROTECTION	None	12,116.
	ASS. HUMANI	None	
	PROTECCION ANIMALES		20,000.
	GLOBAL COMMUNITY FOR CONSERVATION	None	30,000.
	ASS. HUMANI DE COSTA RICA	None	29,166.
	HAWAIIAN HUMANE SOCIETY	None	25,000
	ASS. HUMANI DE COSTA RICA	None	22,000
Total Included	on Form 990, Part II, line 22		184,368

Form 990 Pa	rt V - Officer Compensation Related Organizations	from	State	ment 4
Officer's Name	Name of Related Organization	Compen- sation	Employee Ben Plan Contrib	Expense Account
PAUL G. IRWIN	THE HUMANE SOCIETY OF THE UNITED STATES	237,540.	21,283* 311,502* (*See Note A)	0.
ANDREW N. ROWAN	THE HUMANE SOCIETY OF THE UNITED STATES	124,000.	7,944.	0.
G. THOMAS WAITE III	THE HUMANE SOCIETY OF THE UNITED STATES	124,000.	7,944.	0.

#### Note A:

Compensation of President/CEO --

In 1998, President/CEO of the Society received salary in the amount of \$237,540 plus benefits, including medical and life insurance valued at \$5,849. The President also accrued on going deferred compensation pursuant to Board approved deferred compensation agreements in the amount of \$15,434.

In addition to the above, the President received \$311,502 as part of a retirement benefit. This benefit was authorized through a Board approved separate retirement plan designed as a make-up benefit to restore certain benefits lost as a result of federal regulations imposed upon the Society's defined benefit plan.

Form 990 · Identification of Related Organizations Part VI, Line 80b		atement 5
Name of Organization	Exempt	NonExempt
THE HUMANE SOCIETY OF THE UNITED STATES THE NATL ASSOC. FOR HUMANE AND ENVIRONMENTAL EDUCATION CENTER FOR RESPECT OF LIFE AND THE ENVIRONMENT EARTHVOICE INTERNATIONAL EARTHKIND INTERNATIONAL THE HUMANE SOCIETY OF THE UNITED STATES WILDLIFE LAND TRUST MEADOWCREEK, INC.	X X X X X X	
WORLDWIDE NETWORK, INC. EARTHKIND USA	X X	