

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

HUMANE SOCIETY INTERNATIONAL, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite

2100 L STREET, NW

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20037

D Employer identification number

52-1769464

E Telephone number

(202) 452-1100

F Accounting method

☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ WWW.HUMANESOCIETYINTERNATIONAL.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,049,538.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1	Contributions, gifts, grants, and similar amounts received		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	3,033,035.
c	Indirect public support (not included on line 1a)	1c	74.
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 3,033,109. noncash \$)	1e	3,033,109.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	31.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	5,134.
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
7	Other investment income (describe STMT 5)	7	-2,849.
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	
8d		8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	14,113.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,049,538.
13	Program services (from line 44, column (B))	13	3,859,817.
14	Management and general (from line 44, column (C))	14	193,021.
15	Fundraising (from line 44, column (D))	15	669,829.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	4,722,667.
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	-1,673,129.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-9,717,925.
20	Changes in net assets or fund balances (attach explanation) STMT 6	20	123,512.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	-11,267,542.

Revenue

Expenses

Net Assets

SCANNED AUG 20 2007

Revenue

91

JSA
06-1010-2-000

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

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VIENNA - 52-1769464

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>64,206.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 64,206.	64,206.	STMT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 152,623.	124,739.	6,238.	21,646.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 416,928.	339,704.	17,275.	59,949.
27 Pension plan contributions not included on lines 25a, b, and c	27 41,693.	33,970.	1,728.	5,995.
28 Employee benefits not included on lines 25a - 27	28 73,918.	59,841.	3,149.	10,928.
29 Payroll taxes	29 18,550.	15,114.	769.	2,667.
30 Professional fundraising fees	30 29,573.			29,573.
31 Accounting fees	31 11,956.	9,742.	495.	1,719.
32 Legal fees	32 193,745.	157,859.	8,028.	27,858.
33 Supplies	33 20,519.	16,719.	850.	2,950.
34 Telephone	34 43,050.	35,076.	1,784.	6,190.
35 Postage and shipping	35 9,535.	7,769.	395.	1,371.
36 Occupancy	36 63,886.	52,053.	2,647.	9,186.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 208,656.	170,008.	8,646.	30,002.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a STMT 9	43a 3,373,829.	2,773,017.	141,017.	459,795.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 4,722,667.	3,859,817.	193,021.	669,829.

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 2,338,115.; (ii) the amount allocated to Program services \$ 1,598,055.; (iii) the amount allocated to Management and general \$ 70,143.; and (iv) the amount allocated to Fundraising \$ 669,917.

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? **SEE STATEMENT 10**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **SEE STATEMENT 1**

(Grants and allocations \$ 64,206.) If this amount includes foreign grants, check here ☒

3,859,817.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

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

3,859,817.

Form 990 (2006)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	844,306.	45	2,478,564.
46	Savings and temporary cash investments		46	
47a	Accounts receivable	15,220.		
b	Less allowance for doubtful accounts		47c	15,220.
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	10,842.	53	150.
54a	Investments - publicly-traded securities		54a	
b	Investments - other securities (attach schedule)		54b	
55a	Investments - land, buildings, and equipment: basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
b	Less accumulated depreciation (attach schedule)		57c	
58	Other assets, including program-related investments (describe ► STMT 11)	78,180.	58	61,505.
59	Total assets (must equal line 74). Add lines 45 through 58	934,049.	59	2,555,439.
60	Accounts payable and accrued expenses	40,363.	60	50,911.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ► STMT 12)	10,611,611.	65	13,772,070.
66	Total liabilities. Add lines 60 through 65	10,651,974.	66	13,822,981.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	-9,812,671.	67	-11,397,980.
68	Temporarily restricted	94,746.	68	130,438.
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21))	-9,717,925.	73	-11,267,542.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	934,049.	74	2,555,439.

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85b	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 tax owed for the prior year		
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>See statement 20</u>		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		NONE
91a	The books are in care of <u>CONTROLLER</u> Telephone no <u>202-452-1100</u>		
	Located at <u>2100 L STREET, NW WASHINGTON, DC</u> ZIP + 4 <u>20037</u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	If "Yes," enter the name of the foreign country <u>SEE STATEMENT 3</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☒ Yes ☐ No
- If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 4
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ ☐
- and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a WORKSHOPS					31.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,134.	
96 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			18	-2,849.	
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 ROYALTIES			15	471.	
c MISC. REVENUE			01	13,642.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				16,398.	31.
105 Total (add line 104, columns (B), (D), and (E))					16,429.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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)
93	WORKSHOPS CARRY ON THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		N	A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		N	A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
		N	A

Please Sign Here

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

Signature of officer: G. Thomas White, III Date: 7/3/07

Type or print name and title: Treasurer, CFO

Paid Preparer's Use Only

Preparer's signature: Margaret Allen Broadbent, CPA Date: 6/19/07 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP EIN: 703-847-7500

2010 CORPORATE RIDGE, SUITE 400 Phone no: 703-847-7500

MCLEAN, VA 22102

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC.

Employer identification number

52-1769464

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the 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 other allowances
SEE STATEMENT 17				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 18	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ►		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(iii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I☐ Type II☐ Type III - Functionally Integrated☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,309,199.	878,033.	2,315,901.	1,875,398.	7,378,531.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			65.		65.
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	4,507.	7,500.	3,145.		15,152.
19 Net income from unrelated business activities not included in line 18					
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	STMT 19			1,829.	1,829.
23 Total of lines 15 through 22	2,313,706.	885,533.	2,319,111.	1,877,227.	7,395,577.
24 Line 23 minus line 17.	2,313,706.	885,533.	2,319,046.	1,877,227.	7,395,512.
25 Enter 1% of line 23.	23,137.	8,855.	23,191.	18,772.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					147,910.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					7,395,512.
d Add: Amounts from column (e) for lines 18 15,152. 19					
22 1,829. 26b					16,981.
e Public support (line 26c minus line 26d total)					7,378,531.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.7704 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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 Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table - <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 </div> <div style="font-size: 3em; line-height: 1;">}</div> </div>	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
FORM 990, PAGE 3, PART III

PLEASE NOTE THAT THIS 990 COVERS THE ACTIVITIES OF THE ENTITY INCORPORATED AS HUMANE SOCIETY INTERNATIONAL. THE ORGANIZATION IS AN AFFILIATE OF THE HUMANE SOCIETY OF THE UNITED STATES (THE HSUS). OTHER AFFILIATES THAT HAVE AN INTERNATIONAL REACH INCLUDE THE CENTER FOR RESPECT FOR LIFE AND THE ENVIRONMENT (CRLE) AND EARTHVOICE INTERNATIONAL, INC. FOR A COMBINED REPORT OF THE FINANCIAL ACTIVITIES AND STATUS OF THE HSUS AND ITS AFFILIATES, INTERESTED PERSONS MAY LOOK AT THE ORGANIZATION'S ANNUAL REPORT ON WWW.HSUS.ORG.

HSI COORDINATES THE WORK OF THE HSUS AROUND THE GLOBE AND ADDRESS ISSUES SUCH AS INHUMANE TREATMENT OF COMPANION AND FARM ANIMALS, ILLEGAL TRADE IN WILDLIFE, THREATS TO ENDANGERED SPECIES, SLAUGHTER OF MARINE MAMMALS, AND THE USE OF ANIMALS IN RESEARCH AND TESTING. HSI HAS RELATIONSHIPS WITH INTERNATIONAL AGENCIES AND WORKS ACTIVELY ON VARIOUS TREATY AND INTERNATIONAL AGREEMENTS AFFECTING ANIMALS AND THEIR HABITATS. THE HSUS HAS CATEGORY I A GENERAL CONSULTATIVE STATUS WITH THE UNITED NATIONS. HUMANE SOCIETY INTERNATIONAL'S EXTERNAL AFFAIRS DIVISION WORKS AT THE HIGHEST LEVELS OF INTERNATIONAL ORGANIZATIONS AND NATIONAL GOVERNMENTS, INCLUDING THE UNITED NATIONS, EUROPEAN UNION, WORLD TRADE ORGANIZATION AND EARTH CHARTER.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

RELATED ORGANIZATIONS

FORM 990, PAGE 6, PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE HUMANE SOCIETY OF THE UNITED STATES	X	
THE HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
THE HUMANE SOCIETY LEGISLATIVE FUND	X	
EARTHVOICE INTERNATIONAL	X	
THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIRONMENTAL EDUCATION	X	
EARTHKIND USA	X	
THE FUND FOR ANIMALS	X	
THE CENTER FOR THE RESPECT OF LIFE AND ENVIRONMENT	X	
DORIS DAY ANIMAL LEAGUE	X	
HUMANE SOCIETY OF HONG KONG LIMITED	(INT'L NFP CORP)	
THE HUMANE SOCIETY INTERNATIONAL UK	(INT'L NFP CORP)	
THE HUMANE SOCIETY INTERNATIONAL GERMANY	(INT'L NFP CORP)	
THE HUMANE SOCIETY INTERNATIONAL FRANCE	(INT'L NFP CORP)	
HUMANE SOCIETY INTERNATIONAL, INC. (AUSTRALIA)	(INT'L NFP CORP)	
GLOBAL ALLIANCE FOR HUMANE SUSTAINABLE DEVELOPMENT	(INT'L NFP CORP)	

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FOREIGN FINANCIAL ACCOUNTS
FORM 990, PAGE 7, PART VI, LINE 91B

AUSTRALIA
CANADA
FRANCE
GERMANY
HONG KONG
UNITED KINGDOM

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORIEGN OFFICES OUTSIDE THE UNITED STATES
FORM 990, PAGE 8, PART VI, LINE 91C

AUSTRALIA
CANADA
HONG KONG
UNITED KINGDOM

FORM 990, PART I - OTHER INVESTMENT INCOME
=====DESCRIPTION
-----AMOUNT

CURRENCY CONVERSION LOSS

-2,849.

TOTAL

-2,849.
=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

UNREALIZED GAIN ON INVESTMENTS

123,512.

TOTAL

123,512.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
ANIMAL HELP FOUNDATION	NONE	GIFT	2,500.
5, RETREAT, OPPOSITE UNDERBRIDGE 38004	FOREIGN ANIMAL WELFARE		
AHMEDABAD GUJARAT, SHAHIBAUG			
INDIA			
JANE GOODALL INSTITUTE	NONE	GIFT	5,466.
8700 GEORGIA AVENUE, SUITE 500	501(C) (3)		
SILVER SPRING, MD 20910			
RSPCA INTERNATIONAL	NONE	GIFT	1,654.
WILBERFORCE WAY, SOUTHWATER RH13 9RS	UK REGISTERED CHARITY		
HORSHAM			
WEST SUSSEX			
UNITED KINGDOM			
KENYA SOCIETY FOR PROTECTION AND CARE OF ANIMALS	NONE	GIFT	5,200.
PO BOX 24203 00502	KENYA CHARITABLE ORG.		
NAIROBI			
EAST AFRICA			
KENYA			
ASOCIACION HUMANA. LA PROTEC. ANIMAL DE COSTA RICA	NONE	GIFT	1,000.
APARTADO 73-3000	FOREIGN ANIMAL WELFARE		
HEREDIA			
COSTA RICA			
HUMANE SOCIETY INTERNATIONAL, AUSTRALIA	AFFILIATED ORGANIZATION	GIFT	16,686.
PO BOX 439, AVALON NSW 2107	FOREIGN CHARITY		
MELBOURNE			
AUSTRALIA			

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
SWARGA-YAYASAN YUDISTHIRA JI TUKAD BAUAN #170 RENON 80226 DENPASAR, BALI INDONESIA	NONE FOREIGN ANIMAL WELFARE		GIFT	30,000.
ASOC HUMANITARIA SAN FRANCISCO DE ASISI PIURA PERU	NONE FOREIGN ANIMAL WELFARE		GIFT	1,700.
TOTAL CONTRIBUTIONS PAID				64,206.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSUL. AND CONT. SERVICES	870,376.	709,163.	36,064.	125,149.
INVESTMENT EXP. & TRUSTEES FEES	28,779.	23,449.	1,192.	4,138.
INSURANCE AND BONDS	7,986.	6,507.	331.	1,148.
REAL ESTATE AND PERSONAL PROPERTY TAXES	3,498.	2,850.	145.	503.
EDUCATION MATERIAL, PUBLICATIONS, AND CAMPAIGNS	257,815.	210,062.	10,682.	37,071.
MAILING COSTS	2,205,375.	1,820,986.	92,603.	291,786.
TOTALS	3,373,829.	2,773,017.	141,017.	459,795.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

HUMANE SOCIETY INTERNATIONAL CONDUCTS A RANGE OF PROGRAMS OVERSEAS INCLUDING PROMOTING HUMANE SLAUGHTER IN LATIN AMERICA AND ASIA, SUPPORTING HUMANE DOG CONTROL PROGRAMS IN INDIA AND NEPAL, FIGHTING FOR WILDLIFE PROTECTION AT THE INTERNATIONAL WHALING COMMISSION AND CITES, FIGHTING FOR ANIMAL PROTECTION IN INTERNATIONAL TRADE NEGOTIATIONS, DEALING WITH THE CHALLENGE OF ELEPHANT MANAGEMENT IN AFRICA, AND SUPPORTING THE DEVELOPMENT OF ANIMAL PROTECTION INFRASTRUCTURE IN THE DEVELOPING WORLD.

FORM 990, PART IV - OTHER ASSETS
=====DESCRIPTION
-----ENDING
BOOK VALUE

CAPITAL ASSETS - HSI AUSTRALIA

61,505.

TOTALS

61,505.
=====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO/FROM GENERAL FUND	13,772,070. -----
TOTALS	13,772,070. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANDREW N. ROWAN, PH.D 2100 L STREET, NW WASHINGTON, DC 20037	CHAIR/DIRECTOR 10.00	NONE	NONE	NONE
G. THOMAS WAITE, III 2100 L STREET, NW WASHINGTON, DC 20037	TREASURER/DIRECTOR 10.00	NONE	NONE	NONE
PATRICIA FORKAN 2100 L STREET, NW WASHINGTON, DC 20037	PRESIDENT 10.00	NONE	NONE	NONE
MURDAUGH S. MADDEN 2100 L STREET, NW WASHINGTON, DC 20037	SECRETARY/GEN COUNSEL/DIRECTOR 10.00	NONE	NONE	NONE
JANET D. FRAKE 2100 L STREET, NW WASHINGTON, DC 20037	ASSISTANT SECRETARY/TREASURER 10.00	NONE	NONE	NONE
NEIL W. TRENT 2100 L STREET, NW WASHINGTON, DC 20037	EXECUTIVE DIRECTOR 40.00	123,160.	29,463.	NONE
WAYNE PACELLE	DIRECTOR 10.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2100 L STREET, NW WASHINGTON, DC 20037				
		123,160.	29,463.	NONE
	GRAND TOTALS			

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANDREW N. ROWAN, PH.D HUMANE SOCIETY OF THE UNITED STATES CONTROLLED BY HSUS	53-0225390	191,850.	34,866.	NONE
G. THOMAS WAITE, III HUMANE SOCIETY OF THE UNITED STATES CONTROLLED BY HSUS	53-0225390	172,231.	35,048.	NONE
PATRICIA FORKAN HUMANE SOCIETY OF THE UNITED STATES CONTROLLED BY HSUS	53-0225390	190,901.	35,454.	NONE
MURDAUGH S. MADDEN HUMANE SOCIETY OF THE UNITED STATES CONTROLLED BY HSUS	53-0225390	54,000.	5,901.	NONE
JANET D. FRAKE HUMANE SOCIETY OF THE UNITED STATES CONTROLLED BY HSUS	53-0225390	84,976.	14,606.	NONE
WAYNE PACELE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	207,000.	26,966.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
---------------------------------------	---------------	--------------	---	---

CONTROLLED BY HSUS

GRAND TOTALS		900,958.	152,841.	NONE
--------------	--	----------	----------	------

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
SHERRILL LEE GRANT 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR, HSI ASIA 40.00	67,458.	13,251.	NONE
	TOTAL COMPENSATION	67,458.	13,251.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

CERTAIN OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES RECEIVE
COMPENSATION AND BENEFITS. SEE FORM 990, PART V. UNDER THE ACCOUNTABLE
PLAN RULES, THE ORGANIZATION ALSO PROVIDES REIMBURSEMENTS FOR REASONABLE
AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS OFFICERS, DIRECTORS,
TRUSTEES, AND KEY EMPLOYEES.

SCHEDULE A, PART IV-A - OTHER INCOME
=====

DESCRIPTION -----	2005 ----	2004 ----	2003 ----	2002 ----	TOTAL -----
MISCELLANEOUS INCOME				1,829.	1,829.
TOTALS				1,829.	1,829.

FORM 990, PART VI, LINE 90A - STATES

=====

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

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	HUMANE SOCIETY INTERNATIONAL, INC.	52-1769464
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2100 L STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20037	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► CONTROLLER

Telephone No. ► 202 452-1100

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2006 or
 ► ☐ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	N/A
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)