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** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2012 calendar year, or tax year beginning	and	l ending						
	Check if applicable	C Name of organization			D Employer identif	ication number				
Г	Addres	THE HUMANE SOCIETY OF THE UNITED	CMP WEC							
늗	Name	D. L. D. J. L. A.	SIRIES		53-022	25390				
<u> </u>	lchang lnitial lreturn	Number and street (or P.0, box if mail is not de	livered to street address)	Room/suite	1					
<u></u>	ireturn Termin	_ '	silvered to street address)	าบบหมงอบมง	1 '					
누	ated Amend	2100 L STREET, NW		<u>. </u>	202-452-1100					
늗	retum Applic	City, town, or post office, state, and ZiP coc	G Gross receipts \$	232,139,166,						
l_	tion pendir	WASHINGTON DC 20037			H(a) Is this a group r	L				
	·	F Name and address of principal officer:ways	E PACELLE		for affiliates?	Yes X No				
		SAME AS C ABOVE			H(b) Are all affiliates in					
1	Tax-exe	mpt status: x 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	7)	a list. (see instructions)				
		e: www.humanesociety.org			H(c) Group exemption					
		digametricin.	ssociation Other >	L Year	of formation: 1954	M State of legal domicile: DE				
P	art I	Summary								
ø	1	Briefly describe the organization's mission or mos	t significant activities: THE HU	MANE SOCI	ETY OF THE UNITE	D				
Governance	i .	STATES SEEKS TO PREVENT AND BRING AN	END TO CRUELTY TO ANIMA	LS IN						
เม	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net a	ssets.				
Š	3	Number of voting members of the governing body			3	26				
	4	Number of independent voting members of the go			1 ***	26				
ശ		Total number of individuals employed in calendar	- - ·		i i	684				
ě	ı	Total number of volunteers (estimate if necessary)				616				
Activities &		Total unrelated business revenue from Part VIII, o								
Ą	ı	Net unrelated business taxable income from Form								
_	- 0	Net unrelated business taxable income none Form	1950-1, 1118-04	·····	Prior Year	Current Year				
		m ()		-						
e	1				105,049,788	112,833,027,				
ē	9	Program service revenue (Part VIII, line 2g)		······· 	2,735,672,	2,943,819,				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4		3,268,918,	7,281,232,					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		4,829,690	2 705 414.				
	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		115,884,068,	125,763,492.				
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		6,749,139,	10,143,196,				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0,	0,				
ý	15	Salaries, other compensation, employee benefits		39,334,449,	44,537,868,					
Expenses	16a	Professional fundraising fees (Part IX, column (A),		L	4,343,746,	4,190,813,				
ĕ	b	Total fundraising expenses (Part IX, column (D), lin		1967 7						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11c			59,651,283,	61,445,023.				
	ı	Total expenses. Add lines 13-17 (must equal Part		f	110 078 617	120 316 900				
	ı	Revenue less expenses. Subtract line 18 from line		1	5,805,451,	5,446,592,				
- S		TOYOTIGG TOO STANDON OF THE TOTAL TO THE STANDON	100		ginning of Current Year	End of Year				
Assets or	20	Total assets (Part X, line 16)			217,017,288,					
SSS	20	Total liabilities (Part X, line 26)	••••••		33 801 458	34.551.774.				
Net.			tion 20		183 215 830	195,410,586				
		Net assets or fund balances. Subtract line 21 from Signature Block	Time 20		103,213,030,	193,410,300.				
		ties of perjury, I declare that I have examined this return	including accompanying schools	oo and alatam	enter and to the best of a	ny knowladne and halief it is				
						ny knowieuge and beken, k is				
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	men preparer	ilas ariy kilowicuge.					
		Signature of officer			Date	15/11				
Sig	n	Signature of officer			Duit					
He	re	G. THOMAS WAITE III. TREASURER AN Type or print name and title	ID CFO							
	- "	Print/Type preparer's name	Preparer's, signature	_ [Date Check (PTIN				
Pai	d	YONG ZHANG CPA	1 market	1	1/15/13 reff-emplo	yed P01249785				
	parer	Firm's name MCGLADREY LLP	7"0		Firm's EIN	42-0714325				
	Only	Firm's address 8000 TOWERS CRESCENT DR.	STE 500							
796			, was 200		Phone no. 7	03-336-6400				
	u tha IE	VIENNA, VA 22182-6205	ove? (see instructions)	···	1, 110110 1	X Yes No				

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	THE HUMANE SOCIETY OF THE UNITED STATES' MISSION IS TO CELEBRATE	
	ANIMALS AND CONFRONT CRUELTY, MORE INFORMATION ON THE HSUS'S PROGRAM	
	SERVICE ACCOMPLISHMENTS IS AVAILABLE AT HUMANESOCIETY.ORG.	
	AND SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	YesNo
	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	162 FF 140
	If "Yes," describe these changes on Schedule O.	, evnences
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	expenses and
		sperioes, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 51,136,285. including grants of \$ 324,590.) (Revenue \$	11,436.)
4a	ADVOCACY AND PUBLIC POLICY	
	ADVOCACT IND TODALCT	
	ADVOCACY AND PUBLIC POLICY, ENCOMPASSING SUCH ACTIVITIES AS EXPANDING	-
	THE SCOPE OF CORPORATE POLICIES CONCERNING THE TREATMENT OF ANIMALS,	
	URGING CONSUMERS TO MODIFY THEIR SPENDING AND LIFESTYLE HABITS TO FAVOR	
	HUMANE PRODUCTS, INCREASING THE SCOPE AND STRENGTH OF ANIMAL PROTECTION	
	STATUTES AND REGULATIONS, AND PERSUADING THOUGHT LEADERS TO ALLY	
	THEMSELVES WITH HUMANE VALUES, ARE IMPORTANT ELEMENTS OF THE HSUS'S	
	WORK.	
	STATE AFFAIRS	
4b	(Code:) (Expenses \$22,808,238. Including grants of \$8,012,905.) (Revenue \$	1,492,780.
	CRUELTY PREVENTION PROGRAM, AND DIRECT CARE AND SERVICE	
	OP CLASS OF	· · · · · · · · · · · · · · · · · · ·
	CRUELTY PREVENTION PROGRAMS SERVE THE FUNDAMENTAL ORGANIZATIONAL	
	MISSION OF CARRYING OUT THE HSUS'S LARGE-SCALE, LONG-TERM INITIATIVES	
	TO ENSURE THE WELL-BEING OF ANIMALS IN A VARIETY OF CONTEXTS AND SETTINGS. THE HSUS'S DIRECT CARE AND SERVICE INITIATIVES ARE DESIGNED	
	SETTINGS. THE HSUS'S DIRECT CARE AND SERVICE INITIATIVES ARE DESIGNED TO MEET ITS ORGANIZATIONAL COMMITMENT TO ANIMALS AND THEIR BASIC CARE	
	NEEDS ACROSS A WIDE RANGE OF ISSUE AND PROGRAM AREAS. THESE	
	INITIATIVES INVOLVE DIRECT GRANTS TO EXTERNAL ORGANIZATIONS, AND THE	
	DIRECT CARE WORK THAT IS CARRIED OUT BY THE HSUS AND ITS AFFILIATED	
	ORGANIZATIONS. (FOR FURTHER DETAILS, SEE ENTRIES CONCERNING THE FUND	
	FOR ANIMALS AND THE HSUS SOUTH FLORIDA WILDLIFE CENTER ON SCHEDULE O,	
4c	(Code:) (Expenses \$ 16,390,912. including grants of \$ 1,805,701.) (Revenue \$	1,439,603.)
	RESEARCH AND EDUCATION	
	THE WORK OF RESEARCH AND EDUCATION, WITH THE RELATED ACTIVITIES OF	
	PUBLIC EDUCATION AND OUTREACH, IS A CORE ELEMENT OF THE HSUS'S	
	ACTIVITIES. THIS WORK IS CONDUCTED THROUGH MANY CHANNELS, INCLUDING	
	VIA SECTIONS SUCH AS COMMUNICATIONS, MEDIA AND PUBLIC RELATIONS,	
	SPECIAL EVENTS, PUBLICATIONS, THE HUMANE SOCIETY INSTITUTE FOR SCIENCE	
	AND POLICY, FAITH OUTREACH, STUDENT OUTREACH, AND THE HSUS LOS ANGELES	
	OFFICE.	
	COMMINICATION WITH THE CENEDAL PURITY AND OTHER AUDITMORE TO A HIGH	
	COMMUNICATION WITH THE GENERAL PUBLIC AND OTHER AUDIENCES IS A HIGH PRIORITY. THE PUBLICATIONS DEPARTMENT CREATES PRINT AND ELECTRONIC	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
· 4c	(Expenses \$ including grants of \$) (Hevenue \$ Total program service expenses ▶ 90,335,435.	
40	Total program service expenses	Form 990 (2012)

Form 990 (2012) THE HUMANE SOCIETY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		***	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
9	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	· · · · · · · · · · · · · · · · · · ·	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		-
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.46	х	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization réport more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0010)

THE HUMANE SOCIETY OF THE UNITED STATES Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disgualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

37

х

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O.

Part V	Statements	Regarding	Other IRS	Filings	and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V	<u>.</u>			<u> </u>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 560			l
b	· · · · · · · · · · · · · · · · · · ·	ib 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			ĺ
	(gambling) winnings to prize winners?		1c	Х	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				l
		2a 684			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	37	2 b	Х	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
			3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	•			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac	counts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b_		
7	Organizations that may receive deductible contributions under section 170(c).			77	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serving	ces provided to the payor?	7a	X	
	ii 100, did tito digameatori nemi tito delle el ale el ale generale el ale		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			x
	to file Form 8282?		7c		<u> </u>
	Tes, indicate the number of forms of the dealing the year	7d	- -		x
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e 7f		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7h	х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		711		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did		8		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at an	y time during the year:	-		 -
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a		
a	Did the organization make any taxable distributions under section 4900? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	-				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Third do not be been a second of the second	10b			
11	Section 501(c)(12) organizations. Enter:				
''a		11a			1
	Gross income from other sources (Do not net amounts due or paid to other sources against				
~		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,			
		13b			
С	Little tile amount of reserves of mand	13c		<u> </u>	-
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O	14b	000	(0040)
			Form	リッタリ	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI			х									
Sec	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year												
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?	2		Х									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision												
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х									
6	man 1												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
74	more members of the governing body?	7a	х										
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
~	persons other than the governing body?	7b	х										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
	The governing body?	8a	х										
b	Each committee with authority to act on behalf of the governing body?	8b	х										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the												
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x									
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
000	tion B. I Olicies (Mis decitor is requests information about policies for the transfer of the information about		Yes	No									
102	Did the organization have local chapters, branches, or affiliates?	10a	Х										
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х										
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х										
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
·	in Schedule O how this was done	12c	х										
13	Did the organization have a written whistleblower policy?	13	х										
14	Did the organization have a written document retention and destruction policy?	14	х	-									
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
_	The organization's CEO, Executive Director, or top management official	15a	x										
	Other officers or key employees of the organization	15b	х										
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
u	taxable entity during the year?	16a		х									
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le										
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial										
-	statements available to the public during the tax year.												
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨											
-	G. THOMAS WAITE III - (202) 452-1100												
	700 PROFESSIONAL DR. GAITHERSBURG, MD 20879												

Form 990 (2012)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	aniza	ation	COI	mpe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week		ceran	la a a	a director/trustee)			from	from related	other
	(list any	ndividual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	p.o.	ee			sated		organization (W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	Itrus		9	mpen		(11 2) 1000 111100)		and related
	below	dual	Institutional trustee	_	9g m	sst co oyee	a 5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) ANITA W. COUPE, ESQ.	3.00									
BOARD CHAIRMAN (UNTIL APRIL 20)	5.00	х		х				0.	0.	0.
(2) ERIC L. BERNTHAL, ESQ.	3.00				l			ļ		
BOARD CHAIRMAN (AFTER APRIL 20)		х		Х	L			0.	0.	0.
(3) JENNIFER LEANING, M.D, S.M.H.	2.00			-	ĺ			1		
VICE CHAIR		х		Х	L	<u> </u>		0.	0,	0.
(4) KATHLEEN M. LINEHAN, ESQ.	2.00									· !
BOARD TREASURER		Х		Х				0.	0.	0.
(5) JEFFREY J. ARCINIACO	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(6) MICHAEL J. BLACKWELL, DVM, MPH	1.00									
DIRECTOR		х				L		0.	0.	0.
(7) BARBARA S. BRACK	1.00									
DIRECTOR		х						0.	0.	0.
(8) JERRY CESAK	1.00									
DIRECTOR		Х						0.	0,	0.
(9) JAMES COSTOS	1.00									
DIRECTOR		Х		<u> </u>	_			0.	0.	0.
(10) NEIL B. FANG, ESQ., CPA	1.00		1		1				_	
DIRECTOR	1.00	Х	L		L			0.	0.	0.
(11) JANE GREENSPUN GALE	1.00									
DIRECTOR		Х	ļ			<u> </u>	_	0.	0.	0.
(12) CATHY KANGAS	1.00									0
DIRECTOR		х			<u> </u>	L		0.	0.	0.
(13) JONATHAN KAUFELT	1.00									0
DIRECTOR		х	_		_	_	L-	0.	0.	0.
(14) PAULA A. KISLAK, D.V.M.	1.00									0.
DIRECTOR		x	<u> </u>	_		<u> </u>	<u> </u>	0.	0.	<u> </u>
(15) JOHN MACKEY	1.00							_	0.	0.
DIRECTOR		х		<u> </u>	<u> </u>	<u> </u>		0.	υ,	<u></u>
(16) MARY I. MAX	1.00					1		_	0.	0.
DIRECTOR	1 00	х	<u> </u>	<u> </u>	<u> </u>	├—	\vdash	0.		
(17) PATRICK L. MCDONNELL	1.00							0.	0.	0.
DIRECTOR	1.00	Х	<u> </u>	<u>L</u> .	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Form 990 (2012)

Part VII Section A. Officers, Directors, 7	(B)			(((D)	(E)	(F)
(A) Name and title	Average hours per week	ю́ох	not c	Pos heck ss pe	ition more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JUDY NEY	1.00				l					
DIRECTOR	1.00	х	<u> </u>					0.	0.	0
(19) SHARON LEE PATRICK	1.00							_	_	•
DIRECTOR		Х	_		_			0.	0.	0
(20) JUDY J. PEIL	1.00				l					•
DIRECTOR		Х			<u> </u>		L.	0.	0.	0
(21) MARIAN G. PROBST	1.00						Ì		_	_
DIRECTOR	3,00	Х		_				0.	0.	0
(22) JONATHAN M. RATNER	1.00	1						_		
DIRECTOR		Х			$ldsymbol{ld}}}}}}$			0.	0.	0
(23) JOSHUA S. REICHERT, PH.D.	1.00							_	,	•
DIRECTOR		х	<u> </u>	_		<u> </u>		0.	0.	0
(24) WALTER J. STEWART, ESQ.	1.00		Ì							•
DIRECTOR		Х					_	0.	0.	0
(25) ANDREW WEINSTEIN	1.00	1								^
DIRECTOR		Х	<u> </u>					0.	0.	0
(26) JASON WEISS	1.00							_		•
DIRECTOR		Х		L				0.	0.	0
1b Sub-total								0.	0.	0
c Total from continuation sheets to Pa								2,739,266.	174,042.	748,191
d Total (add lines 1b and 1c)						>		2,739,266.	174,042.	748,191
2 Total number of individuals (including b	out not limited to th	nose	liste	ed a	bove	e) wl	no re	eceived more than \$100	,000 of reportable	•
compensation from the organization	>									3

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	. (C) Compensation
EURO RSCG EDGE, 2173 SALK AVENUE, SUITE		
300, CARLSBAD, CA 92008	MARKETING	10,286,110.
QUADRIGA ART		
825 HYLTON ROAD, PENNSAUKEN, NJ 08110	DIRECT RESPONSE	7,404,990.
NATIONAL OUTDOOR SPORTS AD, 5151 WISCONSIN		
AVE, NW, 4TH FL, WASHINGTON, DC 20001	FUNDRAISING CONSULTANTS	2,084,384.
IMLAY INTERNATIONAL, LLC., 5101 BACKLICK		
RD. SUITE I #303, ANNANDALE, VA 22003	PRINT MANAGEMENT	1,880,058.
DONOR SERVICES GROUP LLC		
6715 SUNSET BLVD, LOS ANGELES, CA 90028	FUNDRAISING CONSULTANTS	1,506,191.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	43	- 000 (00.10)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

Form 990 THE HUMANE S			-						53-022539	
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					оуве		the	organizations	compensation
•	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	83		ĺ	ated		(W-2/1099-MISC)		organization and related
	related	nstee	trust		 e	nedu				organizations
	organizations below	lual tr	tional		n ploy	st con	L			o, gai neation o
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID O. WIEBERS, M.D.	1.00	一	一	_	-					
DIRECTOR	2.00	х						0.	0.	0.
(28) LONA WILLIAMS	1.00		Г							
DIRECTOR		х	1					0.	0.	0.
(29) WAYNE PACELLE	32.00									
PRESIDENT & CEO	8.00	1		x			<u> </u>	347,675.	0.	47,794.
(30) G. THOMAS WAITE III	31.00									
TREASURER & CFO	9.00]		х				203,839.	0.	80,049.
(31) ANDREW ROWAN	14.00									
CIO & CHIEF SCIENTIFIC OFFICER	26.00			х		<u> </u>	_	77,973.	116,959.	91,931.
(32) ROGER KINDLER	39.00							405 540	,	E0 206
GENERAL COUNSEL, VP & CLO	1.00		_	х	_	<u> </u>	<u> </u>	197,542.	0.	50,286.
(33) LAURA MALONEY	39.00	ļ	ļ		ļ			107.000		17 440
CHIEF OPERATING OFFICER	1.00	<u> </u>	<u> </u>	х	<u> </u>	<u> </u>	┞	197,269.	0.	17,442.
(34) MICHAEL MARKARIAN	36,00							104 745	01 205	21 005
CHIEF PROGRAM & POLICY OFFICER	4.00	<u> </u>	<u> </u>	Х	<u> </u>	<u> </u>	_	191,745.	21,305.	21,905.
(35) GWEN CRANE	30.00	1		l				126 500	0.	4,888.
CONTROLLER & DEPUTY TREASURER	10.00			Х	┢	 	⊢	136,500.	0.	4,000.
(36) THERESA CANNON REESE	40.00	-		x				106,333.	0.	29,866.
SECOND DEPUTY TREASURER (37) BERNARD UNTI	40.00	┢╌	-	<u> </u>	-	╁	\vdash	100,555;		
	40.00	1		x	1		l	100,593.	٥.	23,697.
ASSISTANT TREASURER	36.00	┝	-	L^	\vdash	├	╁	200,555.		
(38) JANET D FRAKE	4.00	┨		x				89,082.	· 0.	50,181.
SECRETARY	40.00	\vdash	-	<u> </u>	┢╌	┢	┢			, , , , , , , , , , , , , , , , , , , ,
(39) ARNOLD BAER	40.00	1		x				82,815.	0.	43,700.
ASSISTANT TREASURER (40) DONNA MOCHI	40.00	╁	┼┈	<u> </u>	┢	┢┈	-	02,030.		,
	40.00	1		x				76,643.	·o.	17,703.
ASSISTANT SECRETARY (41) PATRICIA A GATONS	20.00	\vdash		+			\vdash	,		,
ASSISTANT SECRETARY		1		x				28,245.	0.	5,921.
(42) JOHN BALZAR	40.00	-	\vdash	一	1		†			
SVP. COMMUNICATIONS		1			x			168,956.	0.	42,462
(43) JOHN W GRANDY	30.00	T	Т	t	T					
SVP, WILDLIFE PROGRAMS	10.00	1				x	1	159,528.	0.	99,582
(44) HOLLY HAZARD	35.00	T	1		1	i				
SVP, PROGRAMS AND INNOVATION	5.00	1	\perp		L	x		143,113.	35,778.	38,568
(45) JONATHAN LOVVORN	40.00									
SVP, ANIMAL PROTECTION LITIGATION		L				х	L	138,832.	0,	23,893
(46) DEBORAH PEEPLES	40.00									
VP, PHILANTHROPY		<u></u>	上	<u>L_</u>	乚	х		147,036.	0.	25,629
]	
Total to Part VII, Section A, line 1c		<u></u>	<u>,</u>					<u> </u>	<u></u>	<u> </u>

Part VII Section A. Officers, Directors, To		nplo	yee			ligh	est	Compensated Employ	ees (continued)	483
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl	heck	Pos all f			ly)	Reportable compensation	Reportable compensation	Estimated amount of other
	per week					8		from the	from related organizations	compensation
	week (list any hours for related organizations below line)	ctor			ŀ	Highest compensated employee		organization	(W-2/1099-MISC)	from the
•	hours for	or dire	e			ated e		(W-2/1099-MISC)	+	organization and related
	related	rustee	trust		99/	mpens				organizations
	below	idual t	Institutional trustee	<u></u>	Key employee	est cor	er			0.94
·	line)	Indiv	Instit	Officer	Key e	ള	Former			
47) HEIDI PRESCOTT	40.00									
VP, CAMPAIGNS & OUTREACH					_	х		145,547.	0.	32,69
		1		i	ŀ					
,								<u> </u>	- 107	
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Part VIII Statement of Revenue

			Check if Schedule O conta	ins a respo	onse to any c	question ir		/b\ T	/ <u>^</u> \	<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
တတ		_		La				,000		0.10, 0.10.
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns	4.					·	
اع ق	b		Membership dues			70 062	•	,		
ĬŽ,Ţ	С		Fundraising events			79,962.				
<u> </u>	d		Related organizations							
Si.E.	е		Government grants (contribution		e		!			
불制	f		All other contributions, gifts, grants		_ 111 3	53 065				
들			similar amounts not included abov		<u>:</u>	53,065.				÷
199	-	,	Noncash contributions included in lines			17,889.	112,833,027.			
<u>0</u> 8	h	1_	Total. Add lines 1a-1f		1		112,633,027.			
1						ss Code	1,691,245.	1,691,245.		
<u>s</u>	2 a	•	FUNDRAISING EVENTS	-	5614		724,320.	1,002,000	533,277.	191,043.
E e	b	•	ADVERTISING	 	5418			110,082.		
n S	C	•	CONSULTATION & SERVICE		5419		110,082.	109,409.		
e a	c	•	SUBSCRIPTIONS		5111		109,409.	44,784.		
Program Service Revenue	е	9	OTHER INCOME		9000		44,784.	263,979.		
۱ ۵	f		All other program service reve				263,979.	203,319.		
			Total. Add lines 2a-2f				2,943,819.			
	3		Investment income (including	dividends,	, interest, and	¹ .	2 421 727		-61,507.	2,493,244.
			other similar amounts)				2,431,737.			
l	4		Income from investment of tax	exempt b	ond proceed	ls 🕨	2 402 724			2,483,724.
	5		Royalties				2,483,724.			
				(i) Rea		ersonal				
İ	-		Gross rents	2,	,520.					<u>.</u>
	ŀ	b	Less: rental expenses		0.		•			
	•	С	Rental income or (loss)	2	,520.		0 500			2,520.
	•	d	Net rental income or (loss)				2,520.			
	7 8	а	Gross amount from sales of	(i) Secur		Other				
- 1			assets other than inventory	109,471	,572.		-			
	ŀ	b	Less: cost or other basis					İ		
			and sales expenses	104,622	,077.					
	•	С	Gain or (loss)	4,849	,495.		4 040 405			4,849,495.
	(d	Net gain or (loss)			🕨	4,849,495			
<u>o</u>	8 8	а	Gross income from fundraising		not					
enne			including \$ 1,479		i					
Je.			contributions reported on line	1c). See		01 045				
Other Rev			Part IV, line 18		··· -	91,245.				
存			Less: direct expenses		····· - <u>L</u>	753,597.	-62,352			-62,352.
-			Net income or (loss) from fund			೬	-02,332	<u>'</u>		<u> </u>
	9 :	а	Gross income from gaming ac							
			Part IV, line 19		1		1			
			Less: direct expenses							
			Net income or (loss) from gam		iles					
	10	а	Gross sales of inventory, less		_					
			and allowances							
			Less: cost of goods sold				1			
	<u> </u>	С	Net income or (loss) from sale			ess Code	 			
	<u> </u>	_	Miscellaneous Revenu	ie	900 900		155,631			155,631.
	11					990	100,000			100,000.
		b	OTHER FEES OTHER INCOME			099	25,891			25,891.
		C					<u> </u>			
			All other revenue			>	281,522			
		е	Total Add lines 11a-11d				125,763,492		471,770	
****	12		Total revenue. See instructions.				<u> </u>			Form 990 (2012)

Form 990 (2012) THE HUMANE SOCIETY OF Part IX Statement of Functional Expenses

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

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
7 <i>D</i> ,	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	охроносс
	organizations in the United States. See Part IV, line 21	9,948,084.	9,948,084.		
2	Grants and other assistance to individuals in	, , ,			
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
·	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	195,112.	195,112.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	2,475,689.	1,980,551.	74,271.	420,867.
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	32,499,673.	25,332,286.	877,237.	6,290,150.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,978,586.	2,318,713.	79,962.	579,911.
9	Other employee benefits	3,906,907.	3,047,907.	105,839.	753,161.
10	Payroll taxes	2,677,013.	2,089,860.	72,731.	514,422.
11	Fees for services (non-employees):			•	
	Management				
	Legal	1,235,499.	1,033,593.	31,568.	170,338.
	Accounting	216,326.	176,940.	6,158.	33,228.
	Lobbying	2,438,529.	1,993,525.	69,379.	375,625.
e	Professional fundraising services. See Part IV, line 17	4,190,813.			4,190,813.
f	Investment management fees	1,113,143.	910,478.	31,686.	170,979.
q	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	10,724,766.	8,767,618.	305,130.	1,652,018.
12	Advertising and promotion	15,009,718.	12,253,708.	430,897.	2,325,113.
13	Office expenses	5,764,037.	4,714,602.	164,077.	885,358.
14	Information technology	2,321,353.	1,897,732.	. 66,045.	357,576.
15	Royalties				
16	Occupancy	1,577,258.	1,290,093.	44,898.	242,267.
17	Travel	4,333,577.	3,543,039.	123,599.	666,939.
18	Payments of travel or entertainment expenses			i	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	347,338.	284,100.	9,887.	53,351,
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,235,207.	1,010,318.	35,161.	189,728.
23	Insurance	972,477.	795,422.	27,682.	149,373.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0 023 220	3,208,002.	1,034,297.	5,580,930,
a	DIRECT RESPONSE COSTS	9,823,229.	2,829,002.	98,455.	531,260.
þ		3,458,717.	429,321.	14,941.	80,622.
C		524,884. 348,965.	285,429.	9,935.	53,601.
d		340,905.	200, 420,	2,233	,
е		120,316,900.	90,335,435.	3,713,835.	26,267,630
25	Total functional expenses. Add lines 1 through 24e	120,310,300.	20,000,000	-,:,	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		•		
	educational campaign and fundraising solicitation.	43,296,703.	22,326,474.	1,090,566.	19,879,663.
	Check here X if following SOP 98-2 (ASC 958-720)	25,250,105,	,		Form 990 (2012)

Form 990 (2012)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	/ question	in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,600.	1	6,600.
	2	Savings and temporary cash investments	23,403,868.	2	26,749,208.		
	3	Pledges and grants receivable, net			9,929,680.	3	4,799,460.
	4	Accounts receivable, net			4,955,450.	4	6,256,444.
	5	Loans and other receivables from current and for	ormer office	ers, directors,			
		trustees, key employees, and highest compensations	ated emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)	(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			718,800.	9	1,669,261.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,419,879.			
	b	Less: accumulated depreciation	10b	10,663,557.	12,403,808.	10c	11,756,322.
	11	Investments - publicly traded securities	158,175,691.	11	177,745,842.		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,423,391.	15	979,223.	
	16	Total assets. Add lines 1 through 15 (must equ			217,017,288.	16	229,962,360.
	17	Accounts payable and accrued expenses			9,359,666.	17	12,703,143.
	18	Grants payable				18	****
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ç	21	Escrow or custodial account liability. Complete		L.		21	
Liabilities	22	Loans and other payables to current and former	r officers, c	directors, trustees,			
abil		key employees, highest compensated employee					
Ξ		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables to r	related third			
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of			
		Schedule D			24,441,792.	25	21,848,631.
	26	Total liabilities. Add lines 17 through 25			33,801,458.	26	34,551,774.
	ŀ	Organizations that follow SFAS 117 (ASC 958	i), check h	nere ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 ar	id 34.				
n N	27	Unrestricted net assets			134,776,460.	27	144,760,817.
3ak	28	Temporarily restricted net assets			16,336,810.	28	17,687,228.
ğ	29				32,102,560.	29	32,962,541.
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), c	check here 🕨 📖 📗		}	
ģ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fo	und		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			183,215,830.	33	195,410,586.
	34	Total liabilities and net assets/fund balances			217,017,288.	34	229 , 962 , 360 . Form 990 (2012)

Form	1990 (2012) THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>x</u>
				-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,763	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,316	
3	Revenue less expenses. Subtract line 2 from line 1	3			,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,830.
5	Net unrealized gains (losses) on investments	5	5	,821	732.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		926	432.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	195	,410	,586.
Pa	rt XII Financial Statements and Reporting				Г Т
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		1.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				·
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	ļ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Α	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	ا ہ ا		v
	Act and OMB Circular A-133?		3a		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ا يم ا		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	(0045)
			-orm	990 ((2012)

232012 12-10-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). x An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Non-functionally integrated b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of monetary (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (déscribed on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support		<u></u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				,		
	membership fees received. (Do not						
	include any "unusual grants.")	84,588,129.	92,517,620.	115,481,949.	105,049,788.	112,833,027.	510,470,513.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	84,588,129.	92,517,620.	115,481,949.	105,049,788.	112,833,027.	510,470,513.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		:			:	
	amount shown on line 11,						
	column (f)						750,360.
6	Public support. Subtract line 5 from line 4.						509,720,153.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	84,588,129.	92,517,620.	115,481,949.	105,049,788.	112,833,027.	510,470,513.
	Gross income from interest,						
	dividends, payments received on			•			
	securities loans, rents, royalties						
	and income from similar sources	8,478,978.	7,333,227.	8,317,712.	9,408,585.	4,979,488.	38,517,990.
9	Net income from unrelated business						
	activities, whether or not the	٠.					:
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	150,410.	798,415.	672,872.	227,756.	281,522.	2,130,975.
11	Total support. Add lines 7 through 10						551,119,478.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	13,081,673.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				>
	ction C. Computation of Publ						
14	Public support percentage for 2012 (line 6, column (f) di	ivided by line 11, o	column (f))		14	92.49 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	92.18 %
16a	33 1/3% support test - 2012. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶ X
b	33 1/3% support test - 2011. If the	organization did no	t check a box on i	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	his box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				1		
	are not an unrelated trade or bus-						
	iness under section 513					<u> </u>	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ı					
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	1				1	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
c	Add lines 7a and 7b					<u> </u>	
	Public support (Subtract line 7c from line 6.)					<u> </u>	
	ction B. Total Support					<u>,</u>	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6					<u> </u>	<u> </u>
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				ļ		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		ļ			-	
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here		·····			<u></u>	P
	ction C. Computation of Publ					T I	
	Public support percentage for 2012 (I					15	<u>%</u>
	Public support percentage from 2011					16	%
	ction D. Computation of Inves					17	
	Investment income percentage for 20						<u>%</u> %
18	Investment income percentage from	2011 Schedule A,	Part III, line 1/		o 15 io mara than	18	
19a	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	oo 170%, and IINE ' zation	17 13 1101
_	more than 33 1/3%, check this box a	na stop nere. The	e organization qua	ines as a publicly	aupported organia	ore than 22 1/20/	and
Ł	33 1/3% support tests - 2011. If the	organization did r	TIOL CHECK & DOX OF	nine 14 Of life 19	a, and mie 10 is m	norted organization	L
	line 18 is not more than 33 1/3%, che Private foundation. If the organization	CK this box and s	top nere. The org	anization qualifies	as a publicly supp	oorieu organization setructions	······································
20	Private foundation, if the organization	n ala not check a	DOX ON LINE 14, 15	a, or 190, check t	THE DOX WILL SEE IT	<u> </u>	·····

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

53-0225390 THE HUMANE SOCIETY OF THE UNITED STATES Organization type (check one): Filers of: Section: ∑ 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990. 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990. Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization

Employer identification number

53-0225390

THE HUMA	NE SOCIETY OF THE UNITED STATES	53	-0225390
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,770,967.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Sahadula B /Farm	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization

Employer identification number

THE HUMANE SOCIETY OF THE UNITED STATES

53-0225390

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization 53-0225390 THE HUMANE SOCIETY OF THE UNITED STATES Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Quento Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Order Section 50 I(c) and Section 527

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

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

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

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

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

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

Name of organization	ions. Complete Fart III.		Empl	oyer identification number
THE HIMANE	SOCIETY OF THE UNITED ST	TATES		53-0225390
Part I-A Complete if the org	anization is exempt und	er section 501(c) or is a section 527 o	rganization.
Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities	s in Part IV.	
Part I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. 	incurred by organization managen 4955 tax, did it file Form 4720	ers under section 495 for this year?	▶ \$	Yes No
Part I-C Complete if the org				
 Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were presented 	ization's funds contributed to ot	her organizations for such that the section of all section 527 pd from the filing organa separate political or	section 527 L, Solitical organizations to which ization's funds. Also enter the ganization, such as a separa	Yes No th the filing organization a amount of political
political action committee (PAC). If a (a) Name	additional space is needed, prov	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	<u>.</u>			

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

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				·····
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	x			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?				241,558.
d Mailings to members, legislators, or the public?				680,909.
e Publications, or published or broadcast statements?				302,170.
f Grants to other organizations for lobbying purposes?				108,070.
g Direct contact with legislators, their staffs, government officials, or a legislative body?				605,737.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			223,440.
i Other activities?	X			384,716.
j Total. Add lines 1c through 1i			2,	546,600.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FO1/a)	(E)	otion	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	cuon	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	<u>.</u>		t III-A, lir 	ne 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 		·····		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	iioui			
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II-A (affili	ated group	list); Part II	A, line 2;
and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINES 1(A)- 1(I):				
1) NOT INTERES.				
1A. VOLUNTEERS:	- - 1/2	***		
THE HSUS UTILIZES UNPAID VOLUNTEERS TO COLLECT SIGNATURES FOR REFERENDA,				
CONTACT LEGISLATORS AND THEIR STAFFS, AND PARTICIPATE IN RALLIES,				
DEMONSTRATIONS, SEMINARS, AND CONVENTIONS.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number 53-0225390

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	* I I I
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historica	illy important land area
	Protection of natural habitat Preservation of a certified h	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
	conservation easements.	Similar Assets
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Paπ XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and it	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	• •
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	• •
a	Revenues included in Form 990, Part VIII, line 1	. .
b	Assets included in Form 990, Part X	P 4

Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	ne following tha	it are a s	ignific	ant use of its	collectio	n item	าร
	(check all that apply):									
a Public exhibition d Loan or exchange programs										
b	Scholarly research	е	Other							
С	Preservation for future generations				•					
4	Provide a description of the organization's co	lections and explain	how they furthe	r the organizati	on's exe	empt p	ourpose in Pa	rt XIII.		
5	During the year, did the organization solicit o									_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran							line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribut	ons or other as	sets no	t inclu	ded	_	_	_
	on Form 990, Part X?							Yes	L	J No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	·						Amount	<u> </u>	
С	Beginning balance					[1c			
	Additions during the year					- 1	1d			
e	Distributions during the year					1	1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par										
		(a) Current year	(b) Prior year	(c) Two yea			ree years back	(e) Four	years	back
19	Beginning of year balance	26,126,376.	27,569,93	8. 26,49	1,737.	:	21,999,540	. 20	303	,141.
b	Contributions	292,488.	15,71		6,342.		2,553,351		879	,100.
	Net investment earnings, gains, and losses	1,930,749.	-429.28		6,328.		2,498,299		817	,299.
۲ C	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·							
d	Other expenditures for facilities	1								
е		1,159,621.	1,029,98	6. 89	4,469.		559,453			
	and programs	_,,		1						
f	Administrative expenses	27,189,992.	26,126,37	6. 27 56	9,938.		26,491,737	21	999	,540.
g	End of year balance									
2		1.00	%	(a)) Held as.						
a	Board designated or quasi-endowment Permanent endowment 99.00		_70							
b		% .00 %								
С	Temporarily restricted endowment									
•	The percentages in lines 2a, 2b, and 2c should be the manufacture of t		tion that are held	l and administs	ared for t	the or	ganization			
3a	Are there endowment funds not in the posse	ssion of the organiza	mon that are new	and administ	neu ioi i	LITE OF	garnzation	ſ	Yes	No
	by:							. 3a(i)		x
	(i) unrelated organizations							3a(ii)		х
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations							·· — — —		_
	Describe in Part XIII the intended uses of the							[55]		L
4 Pai										
ı aı	·	(a) Cost or ot		st or other	(c) A	ccum	ulated	(d) Bool	k valu	ie.
	Description of property	basis (investm	1 7 7	is (other)		precia		(0, 500		
	Lead to the second seco		10/11/	6,189,010.				6	189	,010.
	Land			12,429,309.		7	393,516.			,793.
b	Buildings		 	,,	_	.,	-,			
	Leasehold improvements			2,287,248.		2	046,782.		240	,466.
	Equipment	i '		1,514,312.			223,259.			,053.
	Other		Y column (R) lin				,	11	_	,322.
rota	i. Add lines Ta through Te. (Column (d) must e	quai roini 990, rait.	A, COIGITHT (D), IIII				Schedul			

(1) Federal income taxes ACCRUED SEVERANCE OBLIGATION 1,631,741 476,294 DEFERRED COMPENSATION ANNUITY CONTRACTS SPLIT INTEREST ARRANGMENTS LIABILITY 8,364,693. ACCRUED POSTRETIREMENT BENEFIT OBLIGATION 10,111,358 (5) 1,264,545 DUE TO AFFILIATES (6) (7)(8)(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(10)(11)

21,848,631.

SECONDARY SCHOOL STUDENTS, AND SUPPORT FOR THE BEST INTERESTS OF THE

ORGANIZATION AND OTHER HUMANE ORGANIZATIONS, INCLUDING THE NORMA TERRIS

HUMANE EDUCATION AND NATURE CENTER. ADDITIONALLY, FUNDS SUPPORT THE STATE

OF NEW HAMPSHIRE WILDLIFE AND THE BETTERMENT OF SONG BIRDS.

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization		•			Employer ident	ification number
THE HUMANE SOCIETY OF T	THE UNITED ST	PATES			53-0225390	
			tside the United States. Comple	te if the organ	ization answered	"Yes"
to Form 990, Parl	t IV, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	-
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance?LX_	Yes No
			· · · · · · · · · · · · · · · · · · ·			1.11.45
	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
United States.		L.C. Obetele ex		andad)		
	(b) Number of		an be duplicated if additional space is r		vity listed in (d)	(f) Total
(a) Region	offices	employees,	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	employees, agents, and independent contractors	services, investments, grants to		specific type	for and investments
		contractors in region	recipients located in the region)	of servi	ce(s) in region	in region
,						
CENTRAL AMERICA AND						40.000
THE CARIBBEAN	0	0	GRANTMAKING		<u> </u>	49,980.
CENTRAL AMERICA AND						
THE CARIBBEAN			INVESTMENT			25,678,184.
THE CARIBBEAN						
				•		
EAST ASIA AND THE		-				
PACIFIC	0	0	GRANTMAKING			76,000.
EUROPE (INCLUDING		_				F 000
ICELAND & GREENLAND)	0	0	GRANTMAKING			5,000.
MIDDLE EAST AND			`			
NORTH AFRICA			GRANTMAKING			2,800.
******					***************************************	
				•		
SOUTH AMERICA	0	0	GRANTMAKING		=	15,000.
SOUTH ASIA	0	0	GRANTMAKING			6,000.
SOUTH ASIA						
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			40,332.
3 a Sub-total	0	0				25,873,296.
b Total from continuation			,			
sheets to Part I	0	0				0.
c Totals (add lines 3a						1

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

Schedule F (Form 990) 2012

25,873,296.

and 3b)

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

53-0225390

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

tion (i) Method of sh valuation (book, FMV, appraisal, other)									24	0
(h) Description of non-cash assistance										
(g) Amount of non-cash assistance	0.	.0	0	0	•0	•0	0	o	exempt by	A
(f) Manner of cash disbursement	СНЕСК	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	, recognized as tax-	
(e) Amount of cash grant	44,000.	*000'z	. 086	3,000.	41,000.WIRE	35,000	3,000	2,000.WIRE	foreign country	
(d) Purpose of grant	SUPPORT - SPAY/NEUTER CLINIC OUTREACH	SUPPORT AWARENESS PROGRAM	SUPPORT; TRAVEL EXPENSES	SUPPORT - SPAY/NEUTER	CHINA ANTI-SEAL TRADE CAMP	BAN MARINE MAMMAL PRODUCTS	SUPPORT: ANIMAL EMOTIONS SYMPOSIUM	SUPPORT EDUCATION PROGRAM & CALENDAR	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EUROPE (INCLUDING ICELAND & GREENLAND)	EUROPE (INCLUDING ICELAND & GREENLAND)	ons listed above that are	or entities
(b) IRS code section and EIN (if applicable)		,							recipient organizations the grantee or couns	other organizations
1 (a) Name of organization									2 Enter total number of the IRS, or for which t	3 Enter total number of other organizations or entities

232072 12-10-12

Schedule F (Form 990)	THE HUMA	THE HUMANE SOCIETY OF THE UNITED STATES	UNITED STATES		53-0225390	061		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT: STRAY ANIMALS PROJECT DEVELOPMENT	2,800.	WIRE	•0		,
		SOUTH AMERICA	ANIMAL EDUCATION, RESEARCH & INDUSTRY	15,000.WIRE	VIRE	0		
		SOUTH ASIA	SUPPORT - SPAY/NEUTER	3,000.WIRE	WIRE	0		
		SOUTH ASIA	SUPPORT VACCINATION AND STERILIZATION CAMP	3,000.	WIRE	0.		·
		SUB-SAHARAN AFRICA	SUPPORT VACCINATION PROGRAM	3,000.WIRE	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT EFFORTS TO STOP CRUELTY AGAINST ANIMALS	4,000.	WIRE	.0		
		SUB-SAHARAN AFRICA	SUPPORT NEW ORGANIZATION IN CAMEROON	4,712.WIRE	Wire	0.		

•

4,000.WIRE

HUMANE EDUCATION PROGRAM SUPPORT

SUB-SAHARAN AFRICA 4,000,WIRE

SUPPORT OPERATION CAT CITY IN KENYA-TRAP/NEUTER/REL

> SUB-SAHARAN AFRICA

Schedule	F (Form 990)	THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 2
Part II Cor	Continuation of Gran	its and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, lir	tates. (Schedule F (Form 990), Part II, line 1)	

Page 3

53-0225390

THE HUMANE SOCIETY OF THE UNITED STATES

Schedule F (Form 990) 2012 THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	1	1		 	i			I	ı	2
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2012
(g) Description of non-cash assistance										Sched
(f) Amount of non-cash assistance						,				
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of (d) Amount of recipients cash grant									_	
(b) Region								<i>.</i>		
(a) Type of grant or assistance										

36

rant	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	x Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: THE HUMANE SOCIETY OF THE UNITED STATES
ISSUES GRANTS TO ORGANIZATIONS THAT MEET OUR MISSION CRITERIA.
GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT EITHER WE HAVE (1)
THOROUGHLY RESEARCHED; (2) HAVE AN EXISTING RELATIONSHIP WITH; (3)
INTERACTED WITH IN CONJUNCTION WITH AN HSUS-SPONSORED EVENT. GRANT
OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT
REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS.
SCHEDULE F, PART II:
THE INSTRUCTIONS FOR SCHEDULE F REQUIRE GRANTS AND OTHER ASSISTANCE
GIVEN TO RECIPIENTS OVER \$5,000 BE REPORTED IN DETAIL. HOWEVER, IN
ORDER TO INCREASE TRANSPARENCY AND PROVIDE THE USERS OF THE FORM WITH
COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVILES, MANAGEMENT HAS
CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL ON SCHEDULE F OF
THE HSUS'S FORM 990.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Name of the organization

THE HIMANE SOCIETY OF THE UNITED STATES

Employer identification number

53-0225390

IIII IIOIDMA	DOCTOR OF THE CHILD BILL					
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c X Phone solicitations 	e X Solicitat	ion of ion of	non-g gover	overnment grants nment grants		
d X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees or	
key employees listed in Form 990, F b If "Yes," list the ten highest paid inc compensated at least \$5,000 by the						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NATIONAL OUTDOOR SPORTS -	-	Yes	No			
5151 WISCONSIN AVE, NW, 4TH	FUNDRAISING CONSULTANTS		Х	35,801,399.	1,890,820.	33,910,579.
M&R STRATEGIC SERVICES, INC -						
1901 L ST. NW SUITE 800,	WEBSITE MARKETING		х	1,967,317.	222,695.	1,744,622.
OONOR SERVICES GROUP LLC -	TELE FR TO OBTAIN MULTI YR					
6715 SUNSET DRIVE BLVD, LOS	REVENUE		х	1,577,500.	1,506,191.	71,309.
ADESA IMPACT - 13085 HAMILTON						
CROSSING, STE 500, CARMEL, IN	AUTO RECOVERY SERVICES	x		485,509.	86,011.	399,498.
OONOR CARE CENTER, INC - 480						
W. TUSCARAWAS AVE.,	FUNDRAISING CONSULTANTS		х	222,327.	141,428.	80,899.
PDR II/SHARE GROUP, INC 73	TELE FR TO OBTAIN MULTI YR			, , , , , , , , , , , , , , , , , , , ,		
CHAPEL ST, NEWTON, MA 02458	REVENUE		x	177,609.	234,054.	-56,445.
INFOCISION MANAGEMENT	TELE FR TO OBTAIN MULTI YR	— —				•
CORPORATION - 325 SPRINGSIDE	REVENUE		x	96,728.	109,614.	-12,886.
				40 229 299	4,190,813.	36,137,576.
Total		· · · · · · · · · · · · · · · · · · ·	. <u> </u>	40,328,389.	<u> </u>	
3 List all states in which the organization or licensing.				, <u>.</u>	d it is exempt from re	egistration
AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,I	L, KS, KY, LA, ME, MD, MA, MI, MN, M	S,MO,	NH,N	J,NM,NY		
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, V	'A,WA,WV,WI					
				· · · · · · · · · · · · · · · · · · ·		
					··-	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through GENESIS AWARDS NY GALA col. (c)) (total number) (event type) (event type) Revenue 3,171,207. 1,319,401 1,220,493 631,313 1 Gross receipts 322,170 1,479,962. 234,824 922,968 2 Less: Contributions 997,231 1,691,245. 297,525 396.489. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 223,760. 127,956 5,844 89,960 6 Rent/facility costs 103,595 190,983. 31,696 55,692. 7 Food and beverages 8 Entertainment 254 458. 606,049. 478,347 1,338,854. 9 Other direct expenses 1,753,597) 10 Direct expense summary. Add lines 4 through 9 in column (d) -62,352 11 Net income summary. Combine line 3, column (d), and line 10... Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes No No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: No a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2012 THE HUMANE SOCIETY OF THE UNITED STATES 53-022	5390	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	∟ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
_	to administer charitable gaming?	Yes Yes	L No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
-	Name		
	Address >		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
		•	
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
C	s If "Yes," enter name and address of the third party:		
	Name		
	Address >	 -	
16	Gaming manager information:		
	Name		·
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
é	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	NO
ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		10-411
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	a Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instru	ctions).
SCF	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: NATIONAL OUTDOOR SPORTS		
(I)	ADDRESS OF FUNDRAISER:		
515	51 WISCONSIN AVE, NW, 4TH FL, WASHINGTON, DC 20016		
	NAME OF FUNDRAISER: M&R STRATEGIC SERVICES, INC		
(I)	ADDRESS OF FUNDRAISER: 1901 L ST. NW SUITE 800, WASHINGTON, DC 20036	····	

Schedule G (Form 990 or 990-EZ) 2012 THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 4
Part IV Supplemental Information (continued)		
•		
TO COMPLEMENT DIRECT MAIL, THE HSUS RELIES ON LARGER INDIVIDUAL GIFTS		
SOLICITED BY REGIONAL FUNDRAISERS, PLANNED GIVING, FOUNDATION GRANTS,		
TELEPHONE SOLICITATION, WORKPLACE GIVING, BEQUESTS, AND, MOST RECENTLY		
DIRECT RESPONSE TELEVISION ADVERTISEMENTS. TOGETHER, THESE METHODS		
DIRECT RESPONSE TELEVISION ADVERTISEMENTS. TOGETHER, THESE METHODS		
FORM THE BASIS OF A COMPREHENSIVE APPROACH TO SECURING THE FUNDS AND		
THE CONSTITUENCY NECESSARY TO MEET OUR URGENT AND LONG TERM ANIMAL		
WELFARE GOALS.		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

290. Schedule I (Form 990) (2012) SSISTANCE WITH SHELTER & Employer identification number 2 IICRO-CHIP REGISTRATION SUPPORT: SPAY/NEUTER; (h) Purpose of grant or assistance UPPORT/IMPROVEMENTS JUPPORT: SPAY/NEUTER VENT/TRANSFER CATS HOARDING CASE IN FL UPPLIES ASSISTANCE 53-0225390 ß - TRAVEL X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OR ADOPTION SUPPORT HELTER ODGING ENERAL N-SITE Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 . 0 Ö o. ं (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 500 500. 900 3,500. 3,500, 500 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable THE HUMANE SOCIETY OF THE UNITED STATES ო ന 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 501 (C) Enter total number of other organizations listed in the line 1 table 26-1296492 02-0806313 99-0347808 76-0447130 59-1908492 20-2119782 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ABANDONED AND FERAL CAT FRIENDS 211924 - ROYAL PALM BEACH, FL ALACHUA COUNTY ANIMAL SHELTER KITTENS RESCUE, INC - PO BOX A SECOND CHANCE PUPPIES AND AFGHAN STRAY ANIMAL LEAGUE ALAQUA ANIMAL REFUGE, INC or government 412F N SAM HOUSTON PKWY 3823 SOUTH 14TH STREET GAINESVILLE, FL 32609 ARLINGTON, VA 22204 Name of the organization FREEPORT, FL 32439 HONOLULU, HI 96824 4205 NW 6TH STREET HOUSTON, TX 77060 959 WHITFIELD RD ADOPT A CAT, INC PO BOX 240052 33421-1924 Part Part II

232101 12-18-12

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and	TETY OF THE CASSISTANCE TO GO	INITED STATES	izations in the U	nited States (Sche	NTES and Organizations in the United States (Schedule I (Form 990), Part II.)		53-0225390 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SATOS RESCUE, INC 212 EMMANUELLI NORTE SAN JUAN, PR 00917	66-0702910	501 (C) 3	794.	0			SUPPORT: SPAY/NEUTER
ALLEN COUNTY ANIMAL RESCUE FOUNDATION - 305 EAST HWY 54 - LAHARDE, KS 66751	48-1248443	501 (C) 3	500.	.0			ANIMAL SHELTER SUPPORT
ALLIANCE FOR CONTRACEPTION IN CATS & DOGS - 11145 NW OLD CORNELIUS PASS RD - PORTLAND, OR 97231	41-2185841	501 (C) 3	40,000.	.0			SUPPORT FOR HUMANE CONTROL OF CATS & DOGS THROUGH CONTRACEPTION
ALMOST HOME FOUNDATION PO BOX 308 ELK GROVE VILLAGE, IL 60009	04-3805366	501 (C) 3	1,505.	0.			SUPPORT: SPAY/NEUTER
ANDERSON COUNTY HUMANE SOCIETY, INC - PO BOX 2262 - ANDERSON, KY 29622	57-0618581	501 (C) 3	2,500.	0			REDUCE PET HOMELESSNESS AND SAVE LIVES
ANGELCAT HAVEN, INC. 36 BACON SQUARE PLAINVILLE, MA 02762	30-0391767	501 (C) 3	684.	0			SUPPORT: SPAY/NEUTER
ANIMAL ALLIANCE OF BELLE MEAD INC 22 HARBOURTON MT AIRY RD BELLE MEAD, NJ 08502	77-0632827	501 (C) 3	500.	0			SUPPORT: TRAVEL & LODGING EXPENSES
ANIMAL ALLIANCE OF GREATER SYRACUSE - 306 SECOND STREET - LIVERPOOL, NY 13088	30-0698105	501 (C) 3	500.	.0			ANIMAL SHELTER SUPPORT
ANIMAL ALLIES HUMANE SOCIETY, INC 4006 AIRPORT ROAD DULUTH, MN 55811	41-0917362	501 (C) 3	1,894.	0			SUPPORT: SPAY/NEUTER
							Schedule I (Form 990)

53-0225390 Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to GC	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t III.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CARE & CONTROL OF NEW YORK CITY - 11 PARK PLACE, SUITE 805 - NEW YORK, NY 10007	13-3788986	501 (C) 3	4,010.	0			GENERAL SHELTER SUPPORT
ANIMAL CARE AND CONTROL TEAM - PA 111 W HUNTING PARK AVE PHILADELPHIA, PA 19140	45-3985637	501 (C) 3	4,830.	0.			VETERINARY SERVICES & CARE OF DOGS RECLAIMED
ANIMAL CARE TRUST 4500 N ACCESS RD CHATTANOOGA, TN 37415	01-0824858	501 (C) 3	1,000,	0			RESCUED ANIMALS BOARDING, MEDICAL CARE, AND PLACEMENT
ANIMAL CONTROL AND WELFARE PROJ, INC - PO BOX 236 - HINTON, WV 25951	55-0774753	501 (C) 3	604.	.0			SUPPORT: SPAY/NEUTER
ANIMAL CONTROL ASSOCIATION OF TENNESSEE - P.O BOX 20124 - KNOXVILLE, TN 37940	33-1195443	PENDING 501(C) 3	1,330.	0			CONFERENCE SUPPORT
ANIMAL DEFENSE LEAGUE OF ARIZONA P O BOX 3393 PHOENIX, AR 85067	74-2493030	501 (C) 3	3,222.	0.			SUPPORT: SPAY/NEUTER
ANIMAL FRIENDS RESCUE PROJECT PO BOX 51083 PACIFIC GROVE, CA 93950	77-0491141	501 (C) 3	1,750.	0.			SUPPORT: SPAY/NEUTER
ANIWAL FRIENDS, INC. 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501 (c) 3	1,123.	0.			SUPPORT: SPAY/NEUTER
ANIMAL LOVERS LEAGUE 40 SHORE ROAD GLEN COVE, NY 11542	11-3259425	501 (C) 3	860.	0.			SUPPORT: SPAY/NEUTER
							Cohodin Christian

Schedule I (Form 990)

Page 1

FTERINARY CARE FOR DOGS, ANIMAL SHELTER SUPPORT EMERGENCY BOARDING AND (h) Purpose of grant or assistance SUPPORT: SPAY/NEUTER SUPPORT: SPAY/NEUTER SUPPORT: SPAY/NEUTER SUPPORT: SPAY/NEUTER SUPPORT: SPAY/NEUTER SUPPORT: SPAY/NEUTER SUPPORT: FELLOWSHIP CONFERENCE SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0. 。 ö ö 。 ö Ö °. Ö (e) Amount of non-cash assistance 500. 820. 599. 1,870. 1,200. (d) Amount of cash grant 3,525. 7,219, 3,500 1,301 (c) IRC section if applicable 501 (C) 3 501 (C) 3 (C) 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 501 26-1903122 26-3117485 22-2849700 20-3382175 36-3683984 42-0680427 25-0325750 23-7018176 22-2527462 (p) EIN ATTORNEYS, INC - 1615 L STREET, NW TREATMENT - 42 INDUSTRIAL DRIVE -MONTGOMERY COUNTY - PO. BOX. 7040 SUITE 201 ANIMAL RESCUE LEAGUE OF WESTERN GOLDSTEIN, 662 HAMILTON AVENUE ANIMAL PROTECTION LEAGUE OF NJ - GAITHERSBURG, MD 20898-7041 WEST KENNEBUNK, ME 04094-0043 ANIMALS AND SOCIETY INSTITUTE #1100 - WASHINGTON, DC 20036 ANIMAL RESCUE LEAGUE OF IOWA OLD HOLLAND ROAD- P O BOX 43 ANIMAL WELFARE SOCIETY, INC. (a) Name and address of organization or government PENNSYLVANIA - ATTN: SHARON ANIMALS DESERVING OF PROPER ASSOCIATION OF PROSECUTING DES MOINES, IA 50313-2528 ANN ARBOR, MI 48108-1188 ANIMAL WELFARE LEAGUE OF ENGLISHTOWN, NJ 07726 2512 CARPENTER ROAD, PITTSBURGH, PA 15206 IL 60563 BALTIMORE, DE 21224 5452 NE 22ND STREET B-MORE DOG, INC P.O. BOX 174 NAPERVILLE, PO BOX 8858

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

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

(a) Name and address of (b) EIN (c) IRC organization or government if appli	(b) EIN		section (d) Amount of cable cash grant assistance (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE MOUNTAIN HUMANE SOCIETY 27254 WIND CAVE ROAD HOT SPRINGS, SD 57747	20-5814735	501 (C) 3	2,000.	.0			RELIEF - ASSIST ANIMALS RELOCATED BY FIRE
BEARTOOTH HUMANE ALLIANCE 178 MEETEETSE MEADOWS RD RED LODGE, MT 59068	20-4513120	501 (C) 3	9,634.	0.			SUPPORT - RESCUED HORSE TRIM, TRANSPORTATION AND MEDICAL ASSESSMENT
BLAZE'STRIBUTE EQUINE, INC. 17667 MARKITA DRIVE JONES, OK 73049	43-2024364	501 (C) 3	500.	.0			SUPPORT HUMANE CARE OF HORSES
BLISS ANIMAL HAVEN 5235 WHEELER DRIVE LOGANVILLE, GA 30052	20-5117018	501 (C) 3	.005	0			SUPPORT: TRAVEL & LODGING EXPENSES
BOARDERS WITHOUT BOUNDARIES RESCUE 239 NORTH VALENTINE STREET VALENTINE, NE 69201	20-8671625	501 (C) 3	1,000.	0			ANIMAL SHELTER SUPPORT
BORN FREE USA UNITED WITH ANIMAL PROTECTION INSTITUTE - 1122 S ST - SACRAMENTO, CA 95811-6525	94-6187633	501 (C) 3	3,500.	0.			CARE FOR RESCUED ANIMAL
BOULDER COUNTY GOVERNMENT PO BOX 471 BOULDER, CO 80306	84-6000748	BOULDER COUNTY	2,812.	.0			BARRIER FENCING IMPROVEMENT/NON-LETHAL PRAIRIE DOG MANAGEMENT
BOWLING GREEN-WARREN COUNTY H S PO BOX 1456 BOWLING GREEN, KY 42102-1456	61-0653278	501 (C) 3	2,500.	0.			REDUCE PET HOMELESSNESS AND SAVE LIVES
BRAZOS FEREL CAT ALLIES PO BOX 10738 COLLEGE STATION, TX 77842	74-2971863	501 (c) 3	2,399.	0.			SUPPORT: SPAY/NEUTER

Schedule I (Form 990)

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES	TETY OF THE I	UNITED STATES			- - - - - - -		53-0225390 Page 1
(a) Name and address of (b) EIN (c) IRC section organization or government (a) Part III) (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (f) Me	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN COUNTY HUMANE SOCIETY INC. PO BOX 746 NASHVILLE, IN 47448	23-7276105	501 (C) 3	1,519.	0			SUPPORT: SPAY/NEUTER; INDIANA DOGS TRANSPORTATION
CALTIP INC. 27111 E EL MACERO DRIVE EL MACERO, CA 95618-1006	68-0280726	501 (C) 3	6,000.	0			SUPPORT FOR FOOD & VET CARE
CARING ABOUT THE STRAYS (CATS) 8 KINDERKAMACK ROAD WESTWOOD, NJ 07675	22-3392588	501 (c) 3	630.	0			SUPPORT: SPAY/NEUTER
CARNIVORE PRESERVATION, INC 1940 HANKS CHAPEL RD PITTSBORO, NC 27312	56-1522499	501 (C) 3	5,000.	. 0			TRANSPORTATION & RESCUE OF ONE COUGAR & ONE LEOPARD
CARPATHIA PAWS, INC 149 BURNT PINES RD NE LUDOWICI, GA 31316	94-3465120	501 (C) 3	2,500.	0			TO CARE FOR DOGS
CARSON SPRINGS WILDLIFE FOUNDATION 8528 E COUNTY ROAD 225 GAINESVILLE, FL 32609	56-2318963	501 (C) 3	6,200.	0			SUPPORT: VETERINARY BILLS AND PLAY YARD FOR CATS
CASA DEL TORO BULLY BREED EDUCATION & RESCUE - 4765 N. COUNTY ROAD 500 E - PITTSBORO, IN 46167	42-1708651	501 (C) 3	50,000.	0.			TO IMPLEMENT PETS FOR LIPE
CASTAWAY CRITTERS HC 1, BOX 38 D WHITE HAVEN, PA 18661	25-1894514	501 (c) 3	620.	0.		·	SUPPORT: SPAY/NEUTER
CENTRAL NEBRASKA HUMANE SOCIETY 1312 SKY PARK RD GRAND ISLAND, NE 68801	47-0493705	501 (C) 3	2,500.	0		·	REDUCE PET HOMELESSNESS AND SAVE LIVES
							Schedule I (Form 990)

53-0225390

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL NEW YORK CAT COALITION PO BOX 6182 SYRACUSE, NY 13217	06-1688749	501 (C) 3	610.	0.0			SUPPORT: SPAY/NEUTER
CENTRAL PENNSYLVANIA ANIMAL ALLIANCE - 182 SILVER PINE CIRCLE - MECHANICSBURG, PA 17050	20-0459806	501 (C) 3	758.	.0			SUPPORT: SPAY/NEUTER
CHAMPAIGN COUNTY HUMANE SOCIETY 1911 E MAIN STREET URBANA, IL 61802	37-0714217	501 (C) 3	. 500.	.0			SUPPORT - GENERAL OPERATIONS
CHANCES ANGEL RESCUE & EDUCATION 1793 STONEY MOUNTAIN RD ROUGEMOUNT, NC 27572	27-3674328	501 (C) 3	600	o		-	RESCUED DOGS CARE
CHICAGO ANIMAL CARE & CONTROL BOARD OF ETHICS, '740 N. SEDGWICK ST., SUITE 500 - CHICAGO, IL 60654-8488	36-6005820	CITY OF CHICAGO	1,500.	0			PURCHASE A SECURITY CAMERA FOR SAFETY
CHICAGOLAND BULLY BREED RESCUE 124 FLORA AVE GLENVIEW, IL 60025	91-2169949	501 (C) 3	500.	,0			SUPPORT: TRAVEL & LODGING EXPENSES
CHIMP HAVEN, INC 13600 CHIMPANZEE PLACE KEITHVILLE, LA 71047	74-2766663	501 (C) 3	13,600.	.0			ASSIST RETIRED BIOMEDICAL CHIMP CARE
CHIMPANZEE SANCTUARY NORTHWEST PO BOX 952 CLE ELUM, WA 98922	68-0552915	501 (C) 3	5,000.	0		į	RELIEF: FIRE DISASTER ON PROPERTY
CITIZENS FOR ANIMAL PROTECTION OF WARREN CTY - PO BOX 334 - MACON, NC 27551	56-2048523	501 (C) 3	695.	0			SUPPORT: SPAY/NEUTER
							Schedule I (Form 990)

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

(a) Name and address of (b) EIN (c) IRC organization or government if app	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of (e) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BOULDER PO BOX 791 BOULDER, CO 80306-0791	84-6000566	CITY OF BOULDER	2,150,	0			BARRIER FENCING IMPROVEMENT FOR PASSIVE RELOCATION/NON-LETHAL PRAIRIE DOG MANAGEMENT
COALITION TO UNCHAIN DOGS, INC PO BOX 3259 DURHAM, NC 27715	26-2584285	501 (C) 3	2,692.	0.			SUPPORT: SPAY/NEUTER
COALITION: HUMANE 2106 TACOMA AVE., S. TACOMA, WA 98402	91-2133291	501 (C) 3	6,044.	0			SPAY AND NEUTER CLINIC AND SHELTER ASSISTANCE
COCONINO COUNTY HUMANE ASSOCIATION PO BOX 66 FLAGSTAFF, AZ 86002	86-0176883	501 (C) 3	500.	.0			ANIMAL SHELTER SUPPORT
COLONIAL CAPITAL HUMANE SOCIETY PO BOX 326 NEW BERN, NC 28563	58-1314712	501 (C) 3	.005	.0			FUND FOR ADOPTION EVENT FOR PLACEMENT OF CATS
COLORADO ASSOC OF ANIMAL CONTROL OFFICERS - P O BOX 1921 - LONGMONT, CO 80502-1921	84-1000611	501 (C) 3	500.	0.			ANIMAL SHELTER SUPPORT
COLORADO FEDERATION OF ANIMAL WELFARE AGENCIES - PO BOX 22603 - DENVER, MO 80222	03-0385844	501 (C) 3	1,000.	0.			CONFERENCE AND ANIMAL SHELTER SUPPORT
COMMUNITY ANIMAL RESCUE EFFORT OF SOUTH BEND INC PO BOX 1481 - SOUTH BEND, IN 46624	26-2636028	501 (C) 3	1,229.	0			SUPPORT: SPAY/NEUTER
CONCERNED CITIZENS FOR ANIMAL WELFARE OF VOLUSIA CO., INC 216 YORK TOWN DR - DAYTONA BEACH, FL 32119	06-1650925	501 (C) 3	569.	0			SUPPORT: SPAY/NEUTER
							Schedule I (Form 990)

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

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

(a) Name and address of (b) EIN (c) IRC organization or government if appl	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of cable cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CAT CONNECTION, INC PO BOX 954 WINDSOR, CT 06095	26-0971015	501 (C) 3	.005	0			SHELTER ASSISTANCE
CONNECTICUT HUMANE SOCIETY 701B RUSSELL RD NEWINGTON, CT 06111	06-0667605	501 (C) 3	3,046.	°			SUPPORT: SPAY/NEUTER
COUNTY OF BRUNSWICK PO BOX 9 BOLIVIA, NC 28422	58-5000278	COUNTY OF BRUNSW	3,000.	0			TO HELP WITH PACILITY IMPROVEMENTS
COUNTY OF CAPE MAY 4 MOORE ROAD CAPE MAX COURT HOUSE, NJ 08210	21-6000106	COUNTY OF CAPE M	500.	.0			DOG BOARDING CRUELTY CASE
COUNTY OF YADKIN PO BOX 220 YADKINVILLE, NC 27055	56-6000352	501 (C) 3	3,000.	0			SHELTER RENOVATION AND REPAIRS
CROOK COUNTY SHERIFF'S OFFICE 200 NE 2ND STREET, SUITE 100 PRINEVILLE, OR 97754	93-6002290	GOVERNMENT	1,000.	0.			ASSIST IN THE CARE OF RESCUED HORSES
DAKIN PIONEER VALLEY SOCIETY, INC 171 UNION STREET SPRINGFIELD, MA 01101	20-5318898	501 (C) 3	1,000.	.0			CARE OF CATS - HURRICANE SANDY
DANE COUNTY FRIENDS OF FERALS 627 POST ROAD MADISON, WI 52713	51-0534813	501 (C) 3	2,170.	0			SUPPORT: SPAY/NEUTER
DANE COUNTY HUMANE SOCIETY 5132 VOGES ROAD MADISON, WI 53718	39-0806335	501 (C) 3	.009	.0			ANIMAL SHELTER SUPPORT
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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Consuments and Organizations in the United States (School of Income 500) Each 11	SIETY OF THE U	UNITED STATES	II ott ni sucitoria	Odo) sototo	000 mod/Lolubo		53-0225390 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYS END FARM HORSE RESCUE INC P.O.BOX 309 LISBON, MD 21765	52-1759077	501 (C) 3	40,507.	0.			DISASTER SERVICES: TO RESCUE ANIMALS, STAFFING COST AND VETERINARY CARE
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501 (C) 3	500.	0.			SUPPORT - LOW COST SPAY/NEUTER PROGRAMS
DETROIT DOG RESCUE PO BOX 806119 ST CLAIR SHORES, MI 48080	27-5299891	501 (C) 3	.005	0			SUPPORT: TRAVEL & LODGING EXPENSES
DOLLY'S FOUNDATION INC-R.E.A. INC 383 OLD GENEVA RD GENEVA, FL 32732	27-4411340	501 (c) 3	4,701.	0.			ASSIST IN GENERAL EXPENSES
DUSTY TRAILS HORSE RESCUE, INC PO BOX 250191 MONTGOMERY, AL 36125-0191	35-2261851	501 (C) 3	7,084.	0			BOARDING AND FEED FOR HORSES
DUTCHESS COUNTY SPCA 636 VIOLET AVENUE HYDE PARK, NY 12538	14-1340058	501 (C) 3	700.	0			SUPPORT: SPAY/NEUTER
ENCORE PETS INC. 3513 MEADOW DRIVE MOREHEAD CITY, NC 28557	26-1577374	501 (C) 3	2,457.	0			SUPPORT: SPAY/NEUTER
EQUINE 808 HORSE RESCUE 91-209 HULIHANA PLACE EWA BEACH, HI 96706	27-1985130	501 (C) 3	2,500.	0.			CARE OF RESCUED HORSES
EQUINE RESCUE OF ALKEN 532 GLENWOOD DRIVE AIKEN, SC 29803	20-5162723	501 (C) 3	5,000.	0.			CARE OF RESCUED HORSES
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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

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

(a) Name and address of (b) EIN (c) IRC organization or government if application or government (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of cash grant non-cash (book, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESPANOLA VALLEY HUMANE SOCIETY ATTN: GRETCHEN YOST, P O BOX 29 SANTA CRUZ, NM 87567	85-0406234	501 (C) 3	1,211.	0.			SUPPORT: SPAY/NEUTER
FALTHFUL FRIENDS ANIMAL SANCTUARY, INC P.O. BOX 3097 - SALISBURY, NC 28145	64-0957943	501 (C) 3	1,000,	0.			CARE OF DOGS AND BIRDS
FELINE RESCUE INC. 593 FAIRVIEW AVE., NORTH ST. PAUL, MN 55104	41-1876072	501 (C) 3	\$000	0			ANIMAL SHELTER ASSISTANCE
FERAL CAT COALITION OF OREGON P O BOX 82734 PORTLAND, OR 97282	93-1168181	501 (C) 3	2,686.	0.			SUPPORT: SPAY/NEUTER
FERAL CAT COALITION- SAN DIEGO 9528 MIRAMAR RD PMB 160 SAN DIEGO, CA 92126	33-0590141	501 (C) 3	635.	0.			SUPPORT: SPAY/NEUTER
FOND DU LAC HUMANE SOCIETY 652 TRIANGLE ROAD FOND DU LAC, WI 54935	39-1138151	501 (C) 3	.000	0.			ANIMAL SHELTER SUPPORT
FOOTHILLS ANIMAL SHELTER 580 MCINTYRE ST GOLDEN, CO 80401	84-1287053	501 (C) 3	511.				SUPPORT: SPAY/NEUTER
FORD COUNTY HUMANE SOCIETY, INC. 800 AVE. P DODGE CITY, KS 67801	48-1131814	501 (C) 3	500.	0.			ANIMAL SHELTER SUPPORT
FOX VALLEY ANIMAL WELFARE LEAGUE 11 JOHN STREET, SUITE B NORTH AURORA, IL 60542	23-7235674	501 (C) 3	929.	0			SUPPORT: SPAY/NEUTER

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	JNITED STATES	nizations in the U	nited States (Sche	dule I (Form 990), Par		53-0225390 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY HUMANE SOCIETY 30 SUNSET MDWS SAINT ALBANS, VT 05478	03-0275269	501 (C) 3	2,056.	0			SHELTER VETERINARY EXPENSES
FRANKLIN COUNTY HUMANE SOCIETY OF MISSOURI - PO BOX 400 - UNION, MO 63084	43-1244655	501 (C) 3	689.	0			SUPPORT: SPAY/NEUTER
PRIENDS OF ANIMAL CARE & CONTROL P.O. BOX 80739 PHOENIX, AZ 85060	86-1008549	501 (C) 3	.500.	0,			ANIMAL SHELTER ASSISTANCE
FRIENDS OF CULLMAN ANIMAL SHELTER PO BOX 463 CULLMAN, AL 35056	37-1551779	501 (C) 3	975.	0.			SUPPORT: SPAY/NEUTER
FRIENDS OF THE ANIMAL VILLAGE, INC 2914 MILLBROOK RD LITTLE ROCK, AR 72227	30-0648659	501 (C) 3	5,000.	0.	·		ANIMAL SHELTER AIDE
FRONT RANGE EQUINE RESCUE 2200 TWYLBY RD LARKSPUR, CO 80118	84-1418525	501 (c) 3	10,000.		·		WORK AGAINST HORSE SLAUGHTER
FURKIDS, INC 2650 PLEASANTDALE RD, SUITE 8 ATLANTA, GA 30340	01-0766844	501 (C) 3	4,870.	0.			ANIMAL BOARDING
GALVESTON ISLAND HUMANE 6814 BROADWAY GALVESTON, TX 77554	74-2159658	501 (C) 3	.005	. 0			GENERAL SUPPORT
GLOBAL FEDERATION OF ANIMAL SANCTUARIES - PO BOX 32294 - WASHINGTON, DC 59719-0248	26-1676217	501 (C) 3	6,000.	0			PROVIDE EMERGENCY SERVICES: TREATMENT, SPAY/NEUTER, VACCINATION
							Schedule I (Form 990)

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ule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT DANE RESCUE ALLIANCE, INC 123 FOGGY RIVER WAY JACKSONVILLE, NC 28540	45-5412180	501 (C) 3	3,600.	0			MEDICAL CARE ASSISTANCE
GREAT DANE RESCUE MIDWEST PO BOX 625 WOODSTOCK, IL 60098	20-8436859	501 (C) 3	500.	0.		·	SHELTER ASSISTANCE
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DRIVE BIRMINGHAM, AL 35209	63-0288010	501 (C) 3	1,960.	0.			SPAY/NEUTER, HEARTWORM TREATMENT/VACCINES OF 3 CANINES
GREEN MOUNTAIN ANIMAL DEFENDERS PO BOX 4577 BURLINGTON, VT 05406	03-0283740	501 (C) 3	777.	0.			SUPPORT: SPAY/NEUTER
HAVEN HUMANE SOCIETY, INC 7449 EASTSIDE RD ANDERSON, CA 96007	94-1634752	501 (C) 3	1,200.	0.			TO FEED RESCUED HORSES
HEARTLAND SMALL ANIMAL RESCUE, INC PO BOX 6033 SOUTH BEND, IN 46660	20-5670962	501 (C) 3	500.	0			SUPPORT: TRAVEL & LODGING EXPENSES
HELP SPAY NEUTER CLINIC 300 N OSAGE STREET INDEPENDENCE, MO 64050	27-1864552	501 (C) 3	679.	0,			SUPPORT: SPAY/NEUTER
HELPING HANDS PET RESCUE, INC 16703 HWY 441 S MICANOPY, FL 32667	20-0530879	501 (C) 3	.005	,			SUPPORT: TRAVEL & LODGING EXPENSES
HINSDALE HUMANE SOCIETY 22 N ELM ST HINSDALE, IL 60521	36-2441177	501 (C) 3	1,065.	0.			SUPPORT: SPAY/NEUTER

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES	тету ог тне с	NITED STATES				53	53-0225390 Page 1
Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		izations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLY HELP SPAY-NEUTER FUND P O BOX 1264 -ATN:SUE WILLIAMS BRISTOL, VA 24203	86-0264917	501 (C) 3	4,708.	.0			SUPPORT: SPAY/NEUTER
HOMECOMING FARM, INC 21 AUGUSTA AVE BROCKTON, MA 02301	02-0460697	501 (C) 3	5,096.	0			SUPPORT - TRAVEL EXPENSES
HORSE HELP PROVIDERS, INC. 25337 470 AVENUE CROOKS, SD 57020	80-0031520	501 (C) 3	1,170.	0.			SUPPORT: SPAY/NEUTER
HOUSTON HUMANE SOCIETY 14700 ALMEDA ROAD HOUSTON, TX 77053	74-1340341	501 (C) 3	4,330.	.0			VETERINARIAN FEES TO EXAMINE AND EVALUATE RESCUED ANIMALS
HUI PONO HOLOHOLONA PO BOX 943 MT VIEW, HI 96771	20-8567302	501 (C) 3	3,732.	0			SUPPORT: SPAY/NEUTER; ANIMAL SHELTER SUPPORT
HUMANCE SOCIETY OF REDMOND 1355 NE HEMLOCK AVE REDMOND, OR 97756	93-0976110	501 (C) 3	2,136.	0			MEDICAL TREATMENT FOR 17 DOGS; SPAY/NEUTER; & ADOPTION
HUMANE ANIMAL TREATMENT SOCIETY HATS, PO BOX 1485 MOUNT PLEASANT, MI 48804	38-3485419	501 (C) 3	681.	0			SUPPORT: SPAY/NEUTER
HUMANE EDUCATION ADVOCATES REACHING TEACHERS (HEART) - PO BOX 738 - MAMARONECK, NY 10543	41-2055310	501 (C) 3	7,500.	0.			SUPPORT - GENERAL OPERATIONS
HUMANE SOCIETY ANIMAL LEAGUE FOR							

Schedule I (Form 990)

SUPPORT: TRAVEL & LODGING EXPENSES

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LIFE, INC - PO BOX 2094 --RICHMOND, KY 40476

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

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

HUMANE SOCIETY INTERNATIONAL, INC 1100 L ST. NW WASHINGTON, DC 20037 HUMANE SOCIETY OF ATLANTIC COUNTY ATLANTIC CITY, NJ 08401 122-6085995 501 (C) 3 10,500. HUMANE SOCIETY OF BOULDER COUNTY ATLANTIC CITY, NJ 08401 123-1384936 501 (C) 3 1,513. HUMANE SOCIETY OF BOULDER COUNTY 232-1384936 501 (C) 3 1,513. HUMANE SOCIETY OF BOULDER VALLEY 2323 55TH STREET BOULDER, CO 80301 HUMANE SOCIETY OF CHARLOTTE, INC. 2100 TOOMEY AVE COUNTY - 142 KINDNESS COUNT - 5 BUBLINGTON, SC 05403 HUMANE SOCIETY OF HARLINGEN 1106 MARKONSKY HUMANE SOCIETY OF HARLINGEN 11106 MARKONSKY HARLINGEN TY 78550 14-738,492. 15-500.	(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCIETY OF ATLANTIC COUNTY CCITY, NJ 08401 CLITY, NJ 08401 CLITY, NJ 08401 CLITY, NJ 08401 COLIETY OF BERKS COUNTY, 13.1384936 COLIETY OF BOULDER COUNTY 14.278850 CLIETY OF BOULDER VALLEY 15.1384936 16.1 (C) 3 17.1142812479 18.4-0152768 18.1052768 18.4-0152768 18.4-0152768 18.4-0152768 18.4-0152768 19.1 (C) 3 10.1 (C) 3 10.1 (C) 3 11.1 (C) 3 12.2-6085995 13.1 (C) 3 14.2 KINDNESS COURT 14.2 KINDNESS COURT 14.2 KINDNESS COURT 14.2 KINDNESS COURT 15.1 (C) 3 16.1 (C) 3 17.2 (C) 3 18.4-0152768 19.1 (C) 3 10.2 (C) 3 10.3 (C) 3 10.3 (C) 3 10.3 (C) 3 10.3 (C) 3 10.4 (C)	INTERNATIONAL, INC 20037	52-1769464	1		.0			SUPPORT RELATIONSHIPS WITH INTERNATIONAL AGENCIES
DCIETY OF BERKS COUNTY, PA 19604 DCIETY OF BOULDER COUNTY I STREET CO 80301 CO 80301 SOLIETY OF BOULDER VALLEY A STREET CO 80301 CO 80301 SOLIETY OF CHARLOTTE, INC. MEY AVE E, NC 28203 DCIETY OF CHITTENDEN 142 KINDNESS COURT - S DN, SC 05403 COLIETY OF HARLINGEN TA-2516749 501 (C) 3 TA-2516749 501 (C) 3 TA-2516749 501 (C) 3	OF ATLANTIC COUNTY LVD NJ 08401	22-6085995	<u> </u>	10,500.	.0		1	HURRICANE SANDY HELP AND BOARDING FOR DOGS
CO 80301 CO 803	OCIETY OF BERKS COUNTY,)1 N. 11TH STREET - PA 19604	23-1384936	ΰ	~ 1	.0			DOG TREATMENT AND TRANSPORTATION
. 58-1342479 501 (C) 3 15 03-0193150 501 (C) 3 74-2516749 501 (C) 3	OCIETY OF BOULDER COUNTY 1 STREET CO 80301	84-0152768	(0)	1,889.	0			SUPPORT: SPAY/NEUTER
INC. 58-1342479 501 (C) 3 15 - S 03-0193150 501 (C) 3 74-2516749 501 (C) 3		84-0152768	(2)		0			SUPPORT: SPAY/NEUTER
SOCIETY OF CHITTENDEN - 142 KINDNESS COURT - S STON, SC 05403 SOCIETY OF HARLINGEN RROWSKY RROWSKY 74-2516749 501 (C) 3	INC.	58-1342479	i	15,415.	. 0			SUPPORT - VETERINARY CARE; SURGERY; SPAY/NEUTER
OF HARLINGEN 74-2516749 501 (C) 3	SOCIETY OF CHITTENDEN - 142 KINDNESS COURT - S	03-0193150	(0)	500.	0			ANIMAL SHELTER SUPPORT
	OF HARLINGEN 78550	74-2516749	(2)	684.	• 0			SUPPORT: SPAY/NEUTER
HUMANE SOCIETY OF KNOX COUNTY P.O. BOX 1294 ROCKLAND, ME 04841-1294 01-0445336 501 (C) 3 594.	COUNTY	01-0445336		594.	0			SUPPORT: SPAY/NEUTER

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

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

Fartil Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to GC	vernments and Organ	lizations in the UI	nited States (Sche	dule I (Form 990), Par	E III.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF PUTNAM COUNTY, INC - PO BOX 995 - COOKEVILLE, TN 38503	58-1387894	501 (C) 3	1,662.	.0			SUPPORT: SPAY/NEUTER
HUMANE SOCIETY OF RICHARDSON COUNTY - PO BOX 365 - FALLS CITY, NE 68355	39-1903138	501 (C) 3	2,500.	0.			ANIMAL SHELTER SUPPORT
HUMANE SOCIETY OF RICHLAND COUNTY 3025 PARK AVENUE WEST MANSFIELD, OH 44906	34-6538966	501 (C) 3	.000	0			ANIMAL SHELTER SUPPORT
HUMANE SOCIETY OF SOUTH MISSISSIPPI - 2615 25TH AVE., SUITE B - GULFPORT, MS 39501	64-6034439	501 (C) 3	2,206.	0			MEDICAL ASSISTANCE FOR DOGS-VACCINATIONS/DIAGNOS TESTING/PARASITE CONTROL
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BLVD. TUCSON, AZ 85716	86-0112798	501 (C) 3	2,015.	0.		·	SUPPORT: SPAY/NEUTER; GENERAL OPERATIONS
HUMANE SOCIETY OF THE BLACK HILLS 1820 E. SAINT PATRICK ST. RAPID CITY, SD 57703	46-0396967	501 (C) 3	5,000.	.0			ANIMAL SHELTER SUPPORT
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR, NW GRAND RAPIDS, MI 49534	38-1360926	501 (C) 3	1,234.	0.			SUPPORT TO HELP INSTALL A NEW VENTILATION SYSTEM DUE TO BLACK MOLD
HUMANE SOCIETY UNIVERSITY 2100 L ST. NW WASHINGTON, DC 20037	27-0263498	501 (C) 3	1,629,189.	0			TO SUPPORT THE WORK AND DEVELOPMENT OF HSU AS AN INDEPENDENT ACADEMIC INSTITUTION
HUNTINGTON-CABELL-WAYNE ANIMAL CONTROL SHELTER - 1901 JAMES RIVER ROAD - HUNTINGTON, WV 25701	55-0658795	GOVERNMENT	1,500.	0.			TO ASSIST THE HEALTH AND WELFARE OF OUR SHELTER

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

Part III Continuation of Grants and Other Assistance to Governments and Ordaniza

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR IN VITRO SCIENCES, INC - 30 W WATKINS MILL RD, STE 100 - GALTHERSBURG, MD 20878	52-2029668	501 (C) 3	15,000.	0			IN VITRO METHOD TRAINING WORKSHOP FOR RUSSIAN AUTHORITIES
INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY - 38 COLLEGE PARK - DAVIS, OR 95616	30-0275851	501 (C) 3	12,500.	.0			GENERAL SUPPORT
INTERNATIONAL SPAY/NEUTER NETWORK 933 SW 16TH STREET FORT LAUDERDALE, FL 33315	20-2892114	501 (C) 3	3,000.	0			GENERAL SUPPORT
IOWA FEDERATION OF HUMANE SOCIETIES - 5452 NE 22ND STREET - DES MOINES, IA 50313	42-1178225	501 (C) 3	1,000.	0			ANIMAL SHELTER SUPPORT
JERSEY SHORE ANIMAL CENTER 185 BRICK BOULEVARD BRICKTOWN, NJ 08723	22-2399677	501 (C) 3	3,000.	0			HURRICANE SANDY SHELTER SUPPORT
JILLIAN HAVEN ANIMAL RESCUE, INC. 109 ALBATROSS DRIVE BISMARK, ND 58504	41-2207310	501 (C) 3	*005	•0			SHELTER RESCUE ASSISTANCE
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST. SUITE C200 BALTIMORE, MD 21218	52-0595110	501 (C) 3	10,000.	0.			SUPPORT - CAAT PROGRAM/CENTER FOR ALTERNATIVES TO ANIMALS TESTING
KAHEA: THE HAWAIIAN ENVIRONMENTAL ALLIANCE - PO BOX 37368 - HONOLULU, HI 96837	99-0348025	501 (C) 3	1,000.	0.			PROTECTION - MONK SEALS
KALAMAZOO COUNTY HUMANE SOCIETY 4239 S WESTNEDGE AVENUE KALAMAZOO, MI 49008	38-1474932	501 (C) 3	, 500.	0			SUPPORT: TRAVEL & LODGING EXPENSES

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	e) Amount of valuation non-cash (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KATHY'S KITTIES 308 N. GRAY ST. KILLEEN, TX 76541	20-5174680	501 (C) 3	1,284,	0.			SUPPORT - TRAP NEUTER AND RETURN
KAUAI HUMANE SOCIETY PO BOX 3330 LIHUE, HI 96766	99-0089250	501 (C) 3	5,000.	0.			DISASTER ASSISTANCE- KAUAI
KAUFMAN COUNTY ANIMAL AWARENESS PROJECT - PO BOX 515 - KAUFMAN, TX 75142	20-0276988	501 (C) 3	4,004.	•0			SUPPORT: SPAY/NEUTER; 70 FERAL CATS-SURGERY
KENTUCKY HUMANE SOCIETY-ANIMAL RESCUE LEAGUE, INC - 1000 LYNDON LANE SUITE B - LOUISVILLE, KY 40222	61-0463938	501 (C) 3	2,353.	0.			TRANSPORTATION & CARE OF ANMLS RESCUED FORM
LAKE TRAVERSE ANIMAL RESCUE 92 WILLARD LAFROMBOISE ST SISSETON, SD 57262	27-4582954	501 (C) 3	1,000.	0.			SHELTER OUTREACH - SPAY/NEUTER
LAST CHANCE RANCH 9 BECK ROAD QUAKERTOWN, PA 18951	23-3054817	501 (C) 3	2,190.	0			VETERINARY EXPENSES FOR
LEWIS & CLARK HUMANE SOCIETY 2112 E. CUSTER AVENUE HELENA, MT 59604-4455	81-6014910	501 (C) 3	400,853.	0.			SUPPORT THE MALAMUTE FUPPY MILL RESCUE CASE AND CARE OF RESCUED HORSES/SHELETR ASSISTANCE
LEWIS CLARK ANIMAL SHELTER INC. 6 SHELTER RD LEWINGSTON, ID 83501	82-0207503	501 (C) 3	2,348.	0.			SUPPORT: SPAY/NEUTER
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501 (C) 3	734.	.0			SUPPORT: SPAY/NEUTER; FRANSPORTATION & CARE OF ANIMALS RESCUED FORM FORNADO
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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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(a) Name and address of (b) EIN (c) IRC so organization or government if appli	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of cable cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELINE ANIMAL PROJECT INC LIFELINE SPAY AND NEUTER CLINIC- COLLEGE PARK, 129 LAKE STREET - AVONDALE ES	01-0599278	501 (C) 3	13,671.	0			SUPPORT: SPAY/NEUTER; RABIES VACCINATIONS & SYRINGES/SUPPLIES
LINCOLN COUNTY 210 SW 2ND STREET NEWPORT, OR 97365	93-6002304	GOVERNMENT	1,005.	0			ASSIST HORSE TRIM AND BOARDING COST
LINN COUNTY ANIMAL RESCUE 39389 PLAGMAN LEBANON, OR 97355	26-2147632	501 (C) 3	. 500.				CARE OF RESCUED HORSES
LOLLYPOP FARM 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501 (C) 3	1,233.	.0		į	SUPPORT: SPAY/NEUTER
LOST AND FOUND DOG RESCUE ADOPTION CENTER, INC - 70 IVY LANE - NEW CASTLE, DE 19720	55-0874385	501 (C) 3	15,525.	o .			SUPPORT: SPAY/NEUTER
LOST DOG & CAT RESCUE FOUNDATION PO BOX 50037 ARLINGTON, VA 22205	31-1789600	501 (C) 3	2,521.	0			VETERINARY SERVICES
LOUISIANA SPCA 1700 MARDI GRAS BLVD. NEW ORLEANS, LA 70114	72-0471368	501 (C) 3	1,839.	.0			WELLNESS & SPRAY/NEUTER CLINIC
LOUISIANA STATE UNIVERSITY SCHOOL OF VETERINARY MEDICINE - MED, C/O DEAN MICHAEL GROVES SKIP BERTMAN AT RIVER RD - BATON ROUGE, LA	72-6000848	501 (C) 3 .	200,000.	.0			SUPPORT SHELTER MEDICINE PROGRAM
LOWELL HUMANE SOCIETY 951 BROADWAY ST LOWELL, MA 01854	04-2104400	501 (C) 3	725.	*0			SUPPORT: SPAY/NEUTER
							Schedule I (Form 990)

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

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER BRULE WILDLIFE, FISH & RECREATION - 187 OYATE CIRCLE - LOWER BRULE, SD 57548	46-0222351	501 (C) 3	5,000.	.0			NON-LETHAL PRAIRIE DOG MANAGEMENT
MAINE FEDERATION OF HUMANE SOCIETIES, INC C/O AWS, P.O. BOX 43 - WEST KENNEBUNK, ME 04094	01-0368319	501 (C) 3	.003	.0			CONFERENCE AND TRAINING AID
MARC JOHNSON DBA FOSTER PARROTS, LTD - 35 VERNON STREET - ROCKLAND, MA 02370	04-3458267	501 (C) 3	2,000.	0			SHELTER ASSISTANCE
MARION GRANT COUNTY HUMANE SOCIETY 2768 WEST AVON AVENUE MARION, IN 46953	35-1069333	501 (C) 3	.000	0			SHELTER ASSISTANCE
MASSACHUSETTS SPCA 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	04-2103597	501 (C) 3	2,141.	.0			SUPPORT: SPAY/NEUTER
MCKAMEY ANIMAL CARE & ADOPTION CENTER - 4500 N ACCESS RD - CHATTANOOGA, TN 37415	01-0824858	501 (C) 3	969.	0			SUPPORT: SPAY/NEUTER
MERCER COUNTY REGIONAL COUNCIL OF GOVERNMENTS - 2495 HIGHLAND RD - HERMITAGE, PA 16148	25-1231743	GOVERNMENT	750.	0			ANIMAL SHELTER SUPPORT
METROPOLITAN GUINEA PIG RESCUE 6030 LITTLE BROOK CT CLIFTON, VA 20124	54-1982408	501 (C) 3	500.	0			SUPPORT: TRAVEL & LODGING EXPENSES
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD, SUITE 220 BINGHAM FARMS, MI 48025	38-1358206	501 (C) 3	2,500.	°	Š		SHELTER ASSISTANCE
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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	ection (d) Amount of able cash grant	(e) Amount of non-cash assistance	(e) Amount of non-cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI ANIMAL CONTROL AND PROTECTION ASSOC - P.O. BOX 2248 - BRANDON, MS 39043-2248	64-0900118	501 (C) 3	1,000.	0			SUPPORT: TRAINING OF ANMAL CONTROL OFFICERS AND SHELTER STAFF IN MISSISSIPPI
MISSOURI ANIMAL CONTROL ASSOCIATION - PO BOX 847 - ST. PETERS, MO 64701	06-1679269	501 (C) 3	1,800.	0			ANIMAL SHELTER SUPPORT
MISSOURIANS FOR THE PROTECTION OF DOGS - 28 PLANT AVE - ST LOUIS, MO 63119	27-1423987	501 (C) 4	8,070.	°			SUPPORT: EXPENSES RELATED TO PUPPY MILL ISSUES
MITCHELL ANIMAL RESCUE PO BOX 355 MITCHELL, SD 57301	30-0514200	501 (C) 3	. 500.	.0			SUPPORT: TRAVEL & LODGING EXPENSES
MONTCLAIR ANIMAL SHELTER 77 WILLOW STREET MONTCLAIR, NJ 07042	22-6002094	GOVERNMENT	1,075.				ASSIST SHELTER WITH THE COST OF AC UNIT
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DRIVE MONTGOMERY, AL 36110-3235	63-0351564	501 (C) 3	17,377.	0.			ANIMAL SHELTER SUPPORT/CRUELTY CASE/DOGFIGHING ASSIST AND VETERINARY CARE FOR
MT. PLEASANT ANIMAL SHELTER 194 RTE 10 WEST EAST HANOVER, NJ 07936	23-7189562	501 (C) 3	994.	0			SUPPORT: SPAY/NEUTER; HEARTWORM TREATMENT OF TWO DOGS TRANSPORTED IN NJ
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE, TN 37209	62-0672999	501 (C) 3	1,000.	°o			SUPPORT: DOG DAY FESTIVAL
NATIONAL CONSUMERS LEAGUE, INC 1701 K STREET NW, SUITE 1200 WASHINGTON, DC 20006	53-0242038	501 (C) 3	1,000.	0.			GENERAL SUPPORT
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	Izations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA FARMERS UNION 1305 PLUM STREET LINCOLN, NE 68502	47-0156065	501 (C) 5	1,700.	o			EVENT SUPPORT
NO MORE HOMELESS PETS, INC PO BOX 141023 GAINESVILLE, FL 32614-1023	02-0536968	501 (C) 3	1,032,	0			SUPPORT: SPAY/NEUTER
NO STRAY LEFT BEHIND 124 W PHILADELPHIA STREET ONTARIO, CA 91762	27-2433114	501 (C) 3	. 500.	0			SUPPORT: TRAVEL & LODGING EXPENSES
NORTH DAKOTANS TO STOP ANIMAL CRUELTY - 111 50TH STREET SW - MINOT, ND 58701-2801	45-4736777	501 (C) 4	100,000.	0			SUPPORT: BALLOT INITIATIVE AND PREVENTION OF ANIMAL CRUELTY
NORTHEAST ORGANIC FARMING ASSOCIATION/MASSACHUSETTS CHAPTER, INC - 411 SHELDON RD - BARRE, MA 01005	22-2987723	501 (C) 3	1,500.	0.			SUPPORT EDUCATION AND ADVOCACY PROGRAMS
NORTHWEST ORG, FOR ANIMAL HELP PO BOX 1603 STANWOOD, WA 98292	91-1362069	501 (C) 3	916.	0.			SUPPORT: SPAY/NEUTER
OGLALA PET PROJECT 19980 BIA 2 KYLE, SD 57752	47-3844277	501 (C) 3	600.	0			SHELTER ASSISTANCE
OKLAHOMA ALLIANCE FOR ANIMALS, INC 1822 E 15TH STREET, SUITE B - TULSA, OK 74104	84-1640954	501 (C) 3	5,893.	.0			SUPPORT - VETERINARY CARE AND FEED FOR RESCUED FARM ANIMALS

Schedule I (Form 990)

CONFERENCE SPONSORSHIP

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91-1904212 501 (C) 3

MARKETS - P.O. BOX 6486 - LINCOLN, ORGANIZATION FOR THE COMPETITIVE

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

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(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUT OF THE PITS, INC PO BOX 2311	,		Č	c			
ALIBANI, NI 12220	T7/09CT-9T	501 (C) 3	818.	0			SUPPORT: SPAY/NEUTER
OUTER BANKS SPCA PO BOX 2477 MANTEO, NC 27954	56-1590963	501 (C) 3	.5,246.	•			SUPPORT: SPAY/NEUTER
P.A.W.S. ANIMAL SHELTER 57 LEMONS BRANCH ROAD BRYSON CITY, NC 28713	56-1687336	501 (C) 3	1,500.	0			REPAIR OF DAMAGED KENNEL
P.E.T.S OF THE KINGDOM, INC							
BROWNINGTON, VT 05860	20-3433168	501 (C) 3	2,066.	0.			ASSISTANCE WITH EQUINE RESCUE AND HORSE CARE
PARTNERS AMONG CATS & CANINES P.O. BOX 1133 FRANKLIN, VA 23851	31-1746152	501 (C) 3	530.	0.			SUPPORT: SPAY/NEUTER
PAW-FECT MATCH RESCUE PO BOX 171 HOLLY SPRINGS, NC 27540	20-4342710	501 (C) 3	. 500	.0			SUPPORT: TRAVEL & LODGING EXPENSES
PAWS CHICAGO 1933 N MARCEY ST CHICAGO, IL 60614-8084	36-4219778	501 (C) 3	42,042.	.0			SUPPORT: SPAY/NEUTER; VETERINARY CARE; PIT BULL NEUTER DAY
PAWS OF NE LOUISIANA INC. 205 LAKESHORE DRIVE MONROE, LA 71203-4947	68-0557163	501 (C) 3	574.	. 0			SUPPORT: SPAY/NEUTER
PENNSYLVANIA SPCA 350 EAST ERIE AVENUE PHILADELPHIA, PA 19134	23-1352269	501 (C) 3	148,366.	0.			SUPPORT - VETERINARY SERVICES; SPAY/NEUTER
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Schedule (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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Take in Committee of Grants and Other Assistance to Governments and Organizations in the Onlied States (Schedule I (FORM 990), Part II.	Assistance to de	אפן ווווופוווים מווח כו אמי	וובמנוטווס ווו מווכ סו	Hed oldies (Jour	dure I (rollii 330), rai	r II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR ANIMALS INC. 401 HILLSIDE AVE HILLSIDE, NJ 07205	22-2331492	501 (C) 3	504.	0			SUPPORT: SPAY/NEUTER
PET ANGELS RESCUE INC P.O BOX 3752 EDMOND, OK 73083	20-8905732	501 (C) 3	500	0			
PET HELPERS, INC 726 E PARK AVE, PMB 311 FAIRMONT, WV 26554	26-3334650	501 (C) 3	.035	0			SUPPORT: SPAY/NEUTER
PET HELPERS, INC- CHARLESTON, SC 1447 FOLLY RD CHARLESTON, SC 29412	57-0802283	501 (C) 3	.010,1	.0			SUPPORT: SPAY/NEUTER
PET PREVENT A LITTER OF CENTRAL TEXAS - PO BOX 41 - SAN MARCO, TX 78667	74-2586062	501 (C) 3	.020	•0			SUPPORT: SPAY/NEUTER
PETSMART CHARITIES, INC 19601 NORTH 27TH AVENUE PHOENIX, AZ 85027	93-1140967	501 (C) 3	15,000.	0			SUPPORT CREATING NATIONAL ANIMAL SHELTERING DATABASE
PHILADEPHIA ANIMAL WELFARE SOCIETY 100 N 2ND ST PHILADELPHIA, PA 19106-1902	26-3862631	501 (C) 3	22,751.	0.			SUPPORT - VETERINARY SERVICES; SPAY/NEUTER
PIGS INC A SANCTUARY 1112 PERSIMMON LANE SHEPHERDSTOWN, WV 25443	55-0724626	501 (C) 3	500.	.0			SUPPORT: TRAVEL & LODGING EXPENSES
PRAIRIE WILDLIFE RESEARCH, INC PO BOX 308 WELLINGTON, CO 80549	46-0462687	501 (C) 3	1,000.	.0	·		VACCINE-ENDANGERED FERRETS
							Schedule I (Form 990)

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

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

Tartin Commission of Grant San Other Assistance to Governments and Organizations in the Onled States (Schedule 1 (Form 994), Part II.)	Assistance to do	verninents and Organ	nizations in the Or	lited States (Sche	dule I (Form 990), Par	(III.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRANCING PAWS ANIMAL RESCUE 11820 BASILE RD PHILADELPHIA, PA 19154	26-4258671	501 (C) 3	757.	.0			SUPPORT: SPAY/NEUTER
PRESTON COUNTY HUMANE SOCIETY PO BOX 395 KINGWOOD, WV 26537	52-2422279	501 (C) 3	1,000.	0			SHELTER ASSISTANCE
PREVENT A LITTER VETERINARY HOSPITAL - 3421 W CARY STREET - RICHMOND, VA 23221	54-1630847	501 (C) 3	1,190.				SUPPORT: SPAY/NEUTER
PRINCE WILLIAM SPCA PO BOX 6631 WOODBRIDGE, VA 22195	20-1399213	501 (C) 3	1,466.	0.			SUPPORT: SPAY/NEUTER
PROGRESSIVE ANIMAL WELFARE SOCIETY, INC 15305 44TH AVE. W - LYNNWOOD, WA 98087	91-6073154	501 (C) 3	814.	°			SUPPORT: SPAY/NEUTER
PROTECTION & EDUCATION RE: ANIMALS CULTURE & THE ENVIRONMENT INC - 505 N TOMAHAWK IS DR - PORTLAND, CO 97217	20-3726038	501 (C) 3	3,000.	0.			HELP CONTINUATION OF
RED LAKE ROSIE'S RESCUE, INC 23880 SOUTH GOOD ROAD TRAIL, MN 56684	20-3917194	501 (C) 3	.005	0.			ANIMAL SHELTER SUPPORT
RELIGION AND ANIMALS INSTITUTE 54 NORTH MAIN STREET SHERBORN, MA 01770	30-0219710	501 (C) 3	500.	0			CONFERENCE SPONSORSHIP
RESCUE ALLIANCE OF HAIRLESS & OTHER BREEDS, INC - 5425 JACK CREEK RD - TEMPLETON, CA 93465	20-3186495	501 (C) 3	2,319.	0.			SUPPORT: SPAY/NEUTER
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Schedule | (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES

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

(a) Name and address of (b) EIN (c) IRC organization or government if appl	(b) EIN		(d) Amount of cash grant	section (d) Amount of cable cash grant assistance appraisal, other		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHLAND ANIMAL RESCUE PO BOX 373 RICHLAND, MI 49083	27-0449601	501 (C) 3	742.	0			DONATE CAT HANDLING EQUIPMENT
RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 2519 HERMITAGE ROAD - RICHMOND, VA 23220	54-0506328	501 (C) 3	15,000.	0			SUPPORT: EVENT
ROCKY MOUNTAIN ALLEY CAT ALLIANCE 2600 W. 2ND AVE. #8 DENVER, CO 80219	84-1199569	501 (C) 3	785.	.0			SUPPORT: SPAY/NEUTER
RUDE RANCH ANIMAL RESCUE, INC 3200 IVY WAY HARWOOD, MD 20776	52-2312763	501 (C) 3	.006	.0			SUPPORT: TRAVEL & LODGING EXPENSES
SACRAMENTO AREA ANIMAL COALITION PO BOX 161043 SACRAMENTO, CA 95816	51-0461220	501 (C) 3	956,	0			SUPPORT: SPAY/NEUTER
SALEM FRIENDS OF FELINES 980 COMMERICAL STREET SE SALEM, OR 97302	68-0577560	501 (C) 3	1,248.	.0			SUPPORT: SPAY/NEUTER
SAUK COUNTY HUMANE SOCIETY, INC 618 HIGHWAY 136 BARABOO, WI 53965	39-1381967	501 (C) 3	1,800.	.0			ASSIST IN THE PURCHASE OF ANIMAL HANDLING EQUIPMENT
SAVE OUR CATS & KITTENS-SENSIBLY, INC - 2700 LA CHOVA CT - RANCHO CORDOVA, CA 95670	94-3474975	501 (C) 3	1,531.	.0	·		SUPPORT: SPAY/NEUTER; VETERINARY CARE FOR 16 RESCUED CATS
SAVE THE ANIMALS RESCUE TEAM (START) - PO BOX 1098 - LITTLE FALLS, NJ 07424	52-1765363	501 (C) 3	624.	0.			SUPPORT: SPAY/NEUTER
							Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVING GRACE ANIMALS FOR ADOPTION 13400 OLD CREEDMOOR ROAD WAKE FOREST, NC 27587	92-0186555	501 (C) 3	11,753.	.0			CARE & TREATMENT OF 50 PUPPY MILLS DOGS
SAVING GRACE, INC P.O. BOX 803 WINCHESTER, OR 97495	93-1318052	501 (C) 3	.000	.0			SUPPORT: SECURITY ASSISTANCE
SAWA-SOCIETY OF ANIMAL WELFARE ADMINISTRATORS - 15508 W. BELL RD STE 101-613 - SURPRISE, AZ 85374	41-1618666	501 (C) 6	15,000.	.0			CONFERENCE SPONSORSHIP
SCRAPS HOPE FOUNDATION 2521 N FLORA RD SPOKANE VALLEY, WA 99216	26-4118735	501 (C) 3	2,000.	.0			SUPPORT: HELP RESCUED ANIMALS
SEATTLE ANIMAL SHELTER 600 FOURTH AVENUE SEATTLE, WA 98104	91-6001275	501 (C) 3	1,700.	0			SUPPORT: SPAY/NEUTER; ANIMAL SHELTER SUPPORT
SEER FARMS, INC 472 WEST VETERANS HIGHWAY JACKSON, NJ 08527	80-0253767	501 (C) 3	5,000	0		·	DISASTER RELIEF: HURRICANE SANDY
SHAMROCK FOUNDATION, INC PO BOX 24033 LOUISVILLE, KY 40224	61-1244026	501 (C) 3	1,000.	0.			SUPPORT: TRAVEL & LODGING EXPENSES
SNAP OF NORTHEAST IOWA 527 3RD AVE W CRESCO, IA 52136	26-4028548	501 (C) 3	.005	0			SUPPORT: SPAY/NEUTER
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STRAY ANIMALS - 2600 WILMINGTON PIKE - KETTERING, OH 45419	23-7367199	501 (C) 3	539.	0			SUPPORT: SPAY/NEUTER

Schedule I (Form 990)

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)	Assistance to Go	NITED STATES	izations in the H	oited States (Sche	dula I (Form 990), Pa		53-0225390 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF TOXICOLOGY 1821 MICHAEL FARADAY DRIVE, SUITE RESTON, VA 20190	52-6057050	501 (C) 3	5,000.	0.			SUPPORT: CURRENT CONCEPTS OF TOXICOLOGY
SOUL DOG RESCUE 4844 KALAMATH STREET ENGLEWOOD, CO 80110	45-4137227	501 (C) 3	3,000.	0			SUPPORT DOG POPULATION SURVEY
SOURIS VALLEY ANIMAL SHELTER 1935 20TH AVE SE MINOT, ND 58701	45-0345317	501 (C) 3	500.	0.	-		ANIMAL SHELTER SUPPORT
SOUTH CAROLINA ANIMAL CARE & CONTROL ASSOCIATION (SCACCA) - 127 HUMANE LANE - COLUMBIA, SC 29209	57-0913881	501 (C) 3	1,915.	0.			CONFERENCE SPONSORSHIP
SOUTH FLORIDA WILDLIFE CENTER, INC 3200 S.W. 4TH AVE., - FT. LAUDERDALE, FL 33315	23-7086391	501 (C) 3	1,752,614.	0.			TO SUPPORT THE ORGANIZATION'S MISSION OF PROTECTING WILDLIFE THROUGH RESCUE,
SOUTHAMPTON ANIMAL SHELTER FOUNDATION, INC - PO BOX 821 - SOUTHAMPTON, NY 11969	27-1019073	501 (C) 3	854,	0.			SUPPORT: SPAY/NEUTER
SOUTHERN ALLIANCE FOR ANIMAL WELFARE - 13 ELIZABETH CIRCLE, PO BOX 906 - FAYETTEVILLE, TN 37334	80-0614513	501 (C) 3	1,621.	0.			SUPPORT: SPAY/NEUTER
SOUTHERN PINES ANIMAL SHELTER P.O. BOX 2021 HATTIESBURG, MS 39403-2021	64-0514796	501 (C) 3	4,310.	0.			SUPPORT: SURGERIES & VETERINARIAN CARE FOR DOGS, PET SUPPLIES AND SHELTER ASSISTANCE FROM
SPAY ASAP, INC 163 CLAY HILL RD HARTLAND, VT 05048	54-2196266	501 (C) 3	1,000.	°			STERILIZE LOCAL ANIMALS
						•	ochedule i (Form 990)

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Page 1	
53-0225390	
Schedule (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)

(a) Name and address of (b) EIN (c) IRC: organization or government if appli	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of cable cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY NEUTER PROJECT OF LA 957 N GAFFEY STREET SAN PEDRO, CA 90731	20-8542566	501 (C) 3	10,000.	0.			SUPPORT - 100 SPAY/NEUTER SURGERIES TO BE PERFORMED
SPAY TODAY 1864 S WADSWORTH BLVD LAKEWOOD, CO 80232	80-0303411	501 (C) 3	661.	0.			SUPPORT: SPAY/NEUTER
SPAY-NEUTER ASSISTANCE PROGRAM PO BOX 70286 HOUSTON, TX 77270	76-0608925	501 (C) 3	9,481.	.0			SUPPORT: SPAY/NEUTER
SPAY-NEUTER SERVICES OF INDIANA, INC - PO BOX 55917 - INDIANAPOLIS, IN 46205-0917	31-0922223	501 (C) 3	2,000.	0.			GENERAL, SUPPORT
SPCA ALBRECHT CENTER 199 WILLOW RUN ROAD AIKEN, SC 29081	57-0329782	501 (C) 3	1,395.	0.			BOARDING AND CARE- 3DOGS AND A BIRD
SPCA LA 5026 W JEFFERSON BLVD LOS ANGELES, CA 90016	95-1738153	501 (C) 3	3,222.	.0			SUPPORT: SPAY/NEUTER
SPCA OF TEXAS 2400 LONE STAR DRIVE DALLAS, TX 75212	75-1216660	501 (C) 3	2,500.	0.			SHELTER - HURRICANE ISAAC
SPEAK UP FOR HORSES, INC. 2867 CONCORD CADDO ROAD FALMOUTH, KY 41040	22-3934818	501 (C) 3	1,500.	.0			SHELTER ASSISTANCE AND CARE OF RESCUED HORSES
ST. CHARLES HUMANE SOCIETY 1099 PRALLE LANE ST. CHARLES, MO 63303	01-0756138	501 (C) 3	.659	0			SUPPORT: SPAY/NEUTER
							Schedule I (Form 990)

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n 990) The humane society of the united states	nuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
le I (Form 990)	Continuation
Schedul	Part II

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST, HUBERT'S ANIMAL WELFARE CTR 575 WOODLAND AVENUE MADISON, NJ 07940-0159	22-1627726	501 (C) 3	20,500.	.0			DISASTER RELIEF; HURRICANE SANDY
TALL TAILS RESCUE PO BOX 24435 FT WORTH, TX 76124	45-0995021	501 (C) 3	925.	0			SUPPORT: SPAY/NEUTER
TASC (TEXAS ANIMAL SHELTER COALITION) - 632 TUMBLEWEED DR - HURST, TX 76054	31-1717528	501 (C) 3	1,000.	0.			CONFERENCE SPONSORSHIP
TEACHING EVERYONE ANIMALS MATTER 4290 A BRADSHAW ROAD SACRAMENTO, CA 95827-3806	91-1825374	501 (C) 3	.000	0			SUPPORT - GENERAL OPERATIONS
TEXAS ANIMAL SHELTER COALITION PO BOX 150637 LUFKIN, TX 75915-0637	75-1535593	501 (C) 3	500.	0.			CONFERENCE SPONGORSHIP
THE AMANDA FOUNDATION 351 NORTH FOOTHILL ROAD BEVERLY HILLS, CA 90210	51-0183667	501 (C) 3	19,335.	0			SUPPORT: SPAY/NEUTER
THE ANIMAL'S CRUSADERS, INC 432 KLICKITAT DRIVE LA CONNER, WA 98257	91-6036707	501 (C) 3	1,500.	. 0	:		SUPPORT: SPAY/NEUTER
THE ANIPLANT PROJECT, INC PO BOX 451 OSPREY, FL 34229	27-2345012	501 (c) 3	4,000.	0			MEDICINE FOR STERILIZATION
THE ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	36-2179814	501 (C) 3	3,875.	0			SUPPORT - SPAY/NEUTER, HEARTWORM TREATMENT OF TWO DOGS & BOARDING FEES
							Schedule I (Form 990)

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Schedule I (Form 990)	THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 1
Part II Continuation o	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BALTIMORE ANIMAL RESCUE & CARE SHELTER, INC - 301 STOCKHOLM STREET - BALTIMORE, MT 21230	86-1130456	501 (C) 3	500.	0			SUPPORT: SPAY/NEUTER
THE CAT HOUSE PO BOX 23145 LINCOLN, NE 68542	47-0823296	501 (C) 3	2,500.	0.			ANIMAL SHELTER SUPPORT
THE HOUSE RABBIT CONNECTION, INC PO BOX 83 SPRINGFIELD, MA 01101-0083	04-3370233	501 (C) 3	912.	0.			SUPPORT: SPAY/NEUTER; TRAVEL & LODGING EXPENSES
THE HUMANE SOCIETY OF UTAH 4242 SOUTH 300 WEST MURRAY, UT 84157-3659	87-0256350	501 (C) 3	1,000.	0			ANIMAL SHELTER SUPPORT
THE MARSHALL LEGACY INSTITUTE 2425 WILSON BOULEVARD, SUITE 240 ARLINGTON, VA 22201	54-1853093	501 (C) 3	5,000.	.0			SUPPORT: ANNUAL EVENT- PROVIDING LIFE-SAVING ANIMALS WHERE NEEDED
THE MONTANA AWARENESS EDUCATION AND REHAB ASSOC, INC - 150 OVERO TRAIL - BELGRADE, MT 59714	27-4949909	501 (C) 3	4,000.	•0			HELPING HORȘES IN NEED
THE WASHINGTON ANIMAL RESCUE LEAGUE - 71 OGLETHORPE ST. NW - WASHINGTON, DC 20011	53-0162440	501 (C) 3	1,000.	0.			SECOND ANNUAL ADOPT-A-THON/SUPPORT ANIMAL ADOPTION IN SHELTER
TOWN OF WHITINGHAM PO BOX 529 JACKSONVILLE, VT 05342	03-6000765	MUNICIPALITY	1,894,	0			IO SUPPORT THE ANIMAL CONTROL PROGRAM
TRIMBLE COUNTY FISCAL COURT 123 CHURCH STREET BEDFORD, KY 40006	61-6109379	GOVERNMENT	1,000.	0.			SUPPORT FOR VETERINARY SUPPLIES AND EQUIPMENT
							Schedule I (Form 990)

Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule)	HETY OF THE U	NITED STATES	nizations in the Ur	i ited States (Sche	dule I (Form 990), Part II.)		53-0225390 Page 1
\	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUPELO LEE HUMANE SOCIETY P O BOX 1185				•	·		
UC DAVIS SCAVSAB ONE SHIELDS AVE DAVIS, CA 95616	52-1034758	501 (c) 3	4,000.	٥.			TO FUND TRAINING IN
UNITED IN LIGHT, INC 101 BILLMAN LANE LIVINGSTON, MT 59047	20-0469874	501 (C) 3	3,000.	0.			EMERGENCY RELIEF-PINE CREEK WILDFIRE
VERMONT COMPANION ANIMAL NEUTERING INC - 19A BAILEY MEADOWS ROAD - MIDDLESEX, MA 05602	26-1415269	501 (C) 3	3,397.	٥.			SUPPORT: SPAY/NEUTER; NEUTERING CLINIC FUNDS ASSISTANCE
VERMONT HUMANE FEDERATION P.O. BOX 311 WATERBURY, VT 05676	03-6006500	501 (C) 3	6,063.	0.			HORSE ASSISTANCE, FIGHT
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23453	54-6061532	501 (C) 3	1,400.	0.			SHELTER ASSISTANCE
VIRGINIA FEDERATION OF HUMANE SOCIETIES - RT. 1 BOX 782 - ROSELAND, VA 22967	51-0208873	501 (C) 3	500.	0.			CONFERENCE SPONSORSHIP
VOICELESS-MI PO BOX 730 CHARLOTTE, MI 48823	27-0725920	501 (c) 3	500.	0.		,	SUPPORT: TRAVEL & LODGING
VOICES FOR ANIMALS PO BOX 4466 CHARLOTTESVILLE, VA 22905	54-1418303	501 (C) 3	564.	0.			SUPPORT: SPAY/NEUTER

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Schedule I (Form 990) THE HUMANE SOCIETY OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule)	ETTY OF THE U	NITED STATES	nizations in the Ur	nited States (Sche	edule I (Form 990), Part II.)		53-0225390 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAGS AND WHISKERS PET RESCUE, INC			:				
CROSSVILLE, TN 38555	75-3149358	501 (C) 3	615.	0.			SUPPORT: SPAY/NEUTER
WASHINGTON ANIMAL RESCUE LEAGUE 71 OGLETHORPE STREET, NW WASHINGTON DC 20011	63-0162440	501 (C) 3	3 094				SHELTER STORM DAMAGES ASSISTANCE
WASHINGTON HUMANE SOCIETY . 7319 GEORGIA AVE., NW							SUPPORT: 25TH ANNUAL BARK BALL, VETERINARY CARE FOR
WEBARK ESTATES, INC. RT. 1 BOX 431A CAMPBELL HILL ROAD MOUNDSVILLE, WV 26041	02-0644795	501 (C) 3	1,529.	٥.			SUPPORT: SPAY/NEUTER
WHATCOM HUMANE SOCIETY 3710 WILLIAMSON WAY BELLINGHAM, WA 98226	91-0677564	501 (C) 3	551.	0.			SUPPORT: SPAY/NEUTER
WILD LOVE PRESERVE 12239 10TH AVE SOUTH BURIEN, WA 98168	27-3729450	501 (C) 3	2,000.	0.			EQUINE RESCUE AND
WILDLIFE IN CRISIS, INC. P.O. BOX 1246 WESTON, CT 06883	22-3020015	501 (C) 3	3,000.	0.			DISASTER RELIEF
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WY 53208-3156	39-0810533	501 (C) 3	733.	0.			SUPPORT: SPAY/NEUTER
ZUMAS RESCUE RANCH 7745 N. MOORE ROAD LITTLETON, CO 80125	80-0236203	501 (C) 3	1,400.	0.			TO SUPPORT HAY DRIVE

Schedule I (Form 990)

Schedule (Form 990) (2012) THE HUMANE SOCIETY OF THE UNITED STATES	HE UNITED ST	VIES.			53-0225390 Page 2
r Assist	ed States. Comp	blete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	1				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e the information	required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: THE HUMANE SOCIETY OF THE UNITED STATES ISSUES	E UNITED STA	TES ISSUES			
GRANTS TO ORGANIZATIONS THAT MEET OUR MISSION CRITERIA.	RIA.				
GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT EITHER WE	ER WE HAVE (1)				
THOROUGHLY RESEARCHED; (2) HAVE AN EXISTING RELATIONSHIP	WITH;	(3)			
INTERACTED WITH IN CONJUNCTION WITH AN HSUS SPONSOR	SPONSORED EVENT. GRANT	NT			
OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS GRANT	ODS SUCH AS O	RANT			
REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS.					
PART II, LINE 1, COLUMN (H):		111			
232102 12-18-12		77	:		Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

53-0225390

THE HUMANE SOCIETY OF THE UNITED STATES Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	x Independent compensation consultant x Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		x
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2) (2)	in prior Form 990
(1) WAYNE PACELLE	Ξ	301,285.	0	46,390.	31,553.	16,241.	395,469,	0.
PRESIDENT & CEO	€	0	0	0.	0	0	0	0
(2) G. THOMAS WAITE III	ε	203,839.	0	0	62,487.	17,562.	283,888.	0
TREASURER & CFO	Ξ	0	0	0.	0	0	0	0
(3) ANDREW ROWAN	ε	77,973,	0	0	27,641.	9,132.	114,746,	0
CIO & CHIEF SCIENTIFIC OFFICER	€	116,959.	0	0	41,461.	13,697.	172,117	0
(4) ROGER KINDLER	Ξ	197,542.	0	0.	29,748.	20,538	247,828.	0
GENERAL COUNSEL, VP & CLO	Ξ	0	0	0.	0	0	0	• 0
(5) LAURA MALONEY	ε	197,269.	0	0.	8,912.	8,530	214,711.	0
CHIEF OPERATING OFFICER	Ξ	0	0	0	•0	0	0	.0
(6) MICHAEL MARKARIAN	Ξ	191,745.	0	0	13,835.	5,880.	211,460.	0
CHIEF PROGRAM & POLICY OFFICER	€	21,305.	0	0	1,537.	653	23,495.	0.
(7) JOHN BALZAR	Ξ	168,956.	.0	0	41,850.	612	211,418.	0
SVP, COMMUNICATIONS	Ξ	.0	0	0	0	0	0	0
(8) JOHN W GRANDY	€	154,528.	0	5,000.	76,777.	22,805.	259,110.	0
SVP, WILDLIFE PROGRAMS	€	0	.0	0	0	0	0	0
(9) HOLLY HAZARD	Ξ	143,113.	.0	0	29,353.	1,502.	173,968.	0
SVP, PROGRAMS AND INNOVATION	€	35,778.	0 .	0	7,338.	375,	43,491,	0
(10) JONATHAN LOVVORN	Ξ	_	.0	0	15,874.	8,019,	162,725.	o
SVP, ANIMAL PROTECTION LITIGATION	Ξ	0	.0	0	0	0	0	0
(11) DEBORAH PEEPLES	Ξ	147,036.	0	0	7,700.	17,929,	172,665.	0.
VP, PHILANTHROPY	€	0	.0	0.	0	o	0	0
(12) HEIDI PRESCOTT	ε	145,547.	•0	0	24,654.	8,040,	178,241.	0
SVP, CAMPAIGNS & OUTREACH	(ii)	0.	0.	0	0.	0	0.	0.
	(i)							
	(ii)							
	(i)							
	(II)							
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232113 12-10-12

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number 53-0225390

Part I	Excess Bene											ina 40	1h			
1	Complete if the c			<u>rered "Yes" on I</u> elationship betv				ne 25a or 25b, or Form 990-EZ, Part V, line 40b.				(d)	(d) Corrected?			
(a) Name of disqualified person		erson	person and organization				(c) Description of tran			saction			Ye		No	
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section	ne amount of tax i 4958ne amount of tax,											▶ \$		<u> </u>		
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Part II	Loans to and															
	Complete if the o						, Part V	', line 38a or I	Form	n 990, Part IV, lin	e 26;	or if th	e orga	nizatio	on	
	reported an amo	unt on Form	1 990,		3, or 2	2.							Yh) Anr	roved	c:> 146	ritton
	Name of sted person	(b) Relation with	of loan from the		n the	(e) Original principal amount		(f) Balance due		(g) in default?		(h) Approved by board or committee?		(i) Written agreement?		
IIII.EIE.	sted person	organizat	ion	V. 1000		zation? From	,	•			Yes	No	Yes	_	Yes	No
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Total	Grants or As	oietanaa	Bor	efiting Inter	roete	d Pa	renne	<u></u> ▶ \$								
Part III																
(=) àlo	Complete if the c		-	 :				Amount of		(d) Type	of		(e	Purp	ose of	
(a) Na	Name of interested person		,	b) Relationship interested pers the organiza	on an			assistance		assistan	ce			assista	ance	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
RACE MARKARIAN	FAM MBR OF OFFICER	78,955	EMPLOYMENT		Х
				<u> </u>	├
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Part V Supplemental Information			<u> </u>	<u> </u>	
	itional information for responses to questions	s on Schedule L (see	instructions).		
CH L, PART IV, BUSINESS TRANSACTIO	NS INVOLVING INTERESTED PERSONS:			<u> </u>	
A) NAME OF PERSON: GRACE MARKARIAN					
B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
RACE MARKARIAN IS A FAMILY MEMBER	OF OFFICER.				
D) DESCRIPTION OF TRANSACTION: GRA	CE MARKARIAN, FAMILY MEMBER OF				
PFICER, WORKS AT THE HUMANE SOCIET	Y OF THE UNITED STATES.				
		• 0.			
			<u></u>		
	<u> </u>				
· · · · · · · · · · · · · · · · · · ·				-	
		<u> </u>			
					

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE HUMANE SOCIETY OF THE UNITED STATES

Employer identification number 53-0225390

Par	t Types of Property		·		1-11			
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	eterminir	_	į.
			items contributed	Form 990, Part VIII, line 1g		*		
1	Art - Works of art		ļ					
2	Art - Historical treasures							
3	Art - Fractional interests							
. 4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	646	467,200.	FMV			
7	Boats and planes					·		—
8	Intellectual property					 		
9	Securities · Publicly traded	X	69	650,689.	FMV			
10	Securities · Closely held stock							
11	Securities - Partnership, LLC, or	i						
	trust interests				<u> </u>			
12	Securities - Miscellaneous		 					
13	Qualified conservation contribution -							
44	Historic structures Qualified conservation contribution - Other							
14 15	Real estate - Residential							
16	Real estate · Commercial		-					
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				<u> </u>			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					•		
25	Other ()			,		_		
26	Other						_	
27	Other ()							
28	Other ())				<u> </u>			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			1/	
						-	Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28 t	nat it must hold for			ı
	at least three years from the date of the initial	contribution	n, and which is not	required to be used for exe	mpt purposes for	1		v
	the entire holding period?					30a		_ <u>x</u> _
b	h. If "Yes." describe the arrangement in Part II.						i	х
31	1 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?31							
32a	Does the organization hire or use third parties	or related o	organizations to so	licit, process, or sell noncas	n	200	х	ĺ
	contributions?							
ь	If "Yes," describe in Part II.			· 	shackad		1	
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is	mecked,			Í
	describe in Part II.							

chedule M (Form 990) (2012) THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 2
Part II Supplemental Information. Complete this part to provide the information required the organization is reporting in Part I, column (b), the number of contributions, the number Also complete this part for any additional information.	by Part I, lines 30b, 32b, and 33, and w of items received, or a combination of b	hether oth.
CHEDULE M, LINE 33: ADESA IMPACT ACTS AS HSUS'S AGENT FOR THE		
EHICLE DONATION PROGRAM FOR THE PROCESSING OF DONATED VEHICLES. ADESA		
MPACT MAKES PAYMENTS TO HSUS FOR UNITS SOLD UNDER THEIR AGREEMENT NET	•	
OF FEES AND EXPENSES.		
	<u></u>	
·		
,		
	Schedule M (Form 99	90) (20 ⁻
	— · · · · · · · · · · · · · · · · · · ·	

232142 12-20-12

SCHEDULE O

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Inspection

Form 990 or 990-EZ or to provide any additional information.

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

Employer identification number

THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ALL OF ITS FORMS, AND TO CELEBRATE AND STRENGTHEN THE HUMAN-ANIMAL	
BOND.	
	-
ITS PRIORITY PROGRAMS FOCUS ON COMPANION ANIMALS, WILD ANIMALS AND	
HABITAT, CAPTIVE ANIMAL ISSUES, HUMANE RESOLUTION OF HUMAN-WILDLIFE	
CONFLICT, FARM ANIMAL WELFARE, MARINE MAMMMALS, ANIMALS IN RESEARCH,	
EQUINE PROTECTION, EMERGENCY PREPAREDNESS AND RESPONSE, HUMANE	
EDUCATION, AND PUBLIC POLICY.	·
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE HSUS IS THE NATION'S LARGEST ANIMAL PROTECTION ORGANIZATION, WITH A	
DISTINCT MISSION, PROTECTING ANIMALS THROUGH DIRECT CARE, CORPORATE	
REFORM EDUCATION, EMERGENCY RESPONSE, FIELD WORK, INVESTIGATIONS,	
LITIGATION, RESEARCH, SCIENTIFIC AND TECHNICAL ANALYSIS, MEDIA	
OUTREACH, PUBLIC ADVOCACY, AND LEGISLATIVE AND POLICY INITIATIVES.	
FROM ITS FOUNDING, THE HSUS HAS SOUGHT TO COMPLEMENT AND ENHANCE THE	
WORK OF LOCAL AND REGIONAL HUMANE GROUPS, BY PROMOTING THE PROTECTION	
OF ANIMALS AT THE NATIONAL LEVEL, BY TACKLING ISSUES WHOSE SCOPE AND	
MAGNITUDE SURPASS WHAT LOCAL ORGANIZATIONS COULD ADDRESS, AND BY	
WORKING TO EXPAND HUMANE WORK THROUGHOUT THE UNITED STATES AND ABROAD.	
THE FOUNDERS OF THE HSUS DID NOT SEEK TO REPLICATE THE WORK OF LOCAL	
ORGANIZATIONS BUT INSTEAD TO PROVIDE A NATIONAL VOICE IN THE FIGHT	
AGAINST CRUELTY AND THE CELEBRATION OF THE HUMAN-ANIMAL BOND, AND TO	
LABOR, AS ONE EARLY MISSION STATEMENT SUGGESTED, IN "EVERY FIELD OF	
HUMANE WORK - EVERYWHERE."	

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
THE HSUS CONFRONTS LARGE-SCALE NATIONAL AND INTERNATIONAL PROBLEMS	
FACING ANIMALS, SUCH AS ANIMAL FIGHTING, PUPPY MILLS, COMPANION ANIMAL	
OVERPOPULATION, SEAL KILLING, THE WILDLIFE TRADE, COMMERCIAL TRAPPING	
AND THE RAISING OF ANIMALS FOR FUR, THE ABUSE OF HORSES IN VARIOUS	
SETTINGS, INHUMANE SLAUGHTER, FACTORY FARMING, AND THE USE OF HORSES	
FOR FOOD. THE HSUS HAS DIVISIONS FOCUSING ON COMPANION ANIMALS, WILD	
AND MARINE ANIMALS AND THEIR HABITAT, FARM ANIMAL WELFARE, ANIMALS IN	
RESEARCH, EQUINE PROTECTION, ANIMAL CRUELTY AND RESCUE, HUMANE	
EDUCATION, AND GLOBAL ANIMAL PROTECTION. THE HSUS STAFF INCLUDES	
SCIENTISTS, VETERINARIANS, AND OTHER EXPERTS IN ANIMAL WELFARE. THE	
HSUS IS A LEADING ADVOCATE FOR LOCAL ANIMAL SHELTERS AND PROVIDES	
SUBSTANTIAL DIRECT CARE FOR ANIMALS, ON ITS OWN AND VIA ITS AFFILIATES,	
LIKE THE FUND FOR ANIMALS, THE HUMANE SOCIETY VETERINARY MEDICAL	 -
ASSOCIATION, THE SOUTH FLORIDA WILDLIFE CENTER, THE HUMANE SOCIETY	
WILDLIFE LAND TRUST, AND HUMANE SOCIETY INTERNATIONAL, WHICH TOGETHER	
ASSIST, RESCUE, CARE FOR, OR PROTECT TENS OF THOUSANDS OF ANIMALS EVERY	
YEAR. THAT HSUS'S WORK INVOLVES RESCUING THOUSANDS EVERY YEAR FROM	
NATURAL AND HUMAN-CAUSED DISASTERS, SUPPORTING SANCTUARIES, WAGING A	· · · · · · · · · · · · · · · · · · ·
MAJOR ADVERTISING CAMPAIGN TO PROMOTE ADOPTION AND SPAYING AND	
NEUTERING, AND PROVIDING LOW-COST SPAY/NEUTER PROGRAMS AND PET WELLNESS	
CLINICS IN RURAL AREAS AND NEEDY COMMUNITIES, THE HSUS WORKS FOR THE	
PASSAGE OF LOCAL, STATE, AND FEDERAL LEGISLATION, MAKES SURE EXISTING	
LAWS ARE ENFORCED, AND CONDUCTS PUBLIC AWARENESS CAMPAIGNS AND	
UNDERCOVER INVESTIGATIONS TO HIGHLIGHT CRUELTY TO ANIMALS AND THE NEED	
FOR REFORM IN THEIR TREATMENT.	

SHELTERS AND HUMANE SOCIETY FEDERATIONS; HELPING TO PURSUE CORPORATE

AND INSTITUTIONAL POLICY CHANGES LIKE THE PURCHASING OF CAGE-FREE EGGS

COURTS AROUND THE COUNTRY, RESEARCHING, PREPARING, AND PROSECUTING

ANIMAL PROTECTION LAWSUITS, MAINLY IN THE AREAS COVERED BY ITS FIVE

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
CORE LITIGATION GROUPS: FARM ANIMALS, COMPANION ANIMALS AND ANIMAL	
CRUELTY, WILDLIFE, LEGISLATION, AND INTERNATIONAL LAW. THE	
ORGANIZATION FILED A NUMBER OF IMPORTANT LAWSUITS AND PETITIONS DURING	
2012. THE HSUS FILED PETITIONS WITH THE FOOD AND DRUG ADMINISTRATION	
AND THE USDA TO DECLARE HORSEMEAT AS ADULTERATED, AND UNFIT FOR HUMAN	
CONSUMPTION. THE HSUS FILED SUIT ASKING THE MISSOURI SUPREME COURT TO	
BLOCK A GOVERNMENT TAX ON NON-PROFIT ANIMAL SHELTERS AND RESCUE GROUPS	
IN MISSOURI, A PETITION BEFORE THE OREGON FISH AND WILDLIFE COMMISSION	
TO PROTECT NON-TARGET WILDLIFE SPECIES AND FAMILY PETS FROM CRUEL AND	
INDISCRIMINATE TRAPS AND SNARES, A SUIT CHALLENGING THE DECISION OF THE	
U.S. FISH AND WILDLIFE SERVICE TO REMOVE WOLVES IN WYOMING FROM THE	
FEDERAL LIST OF ENDANGERED SPECIES, AND AN AMICUS BRIEF WITH THE U.S.	
DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS ASKING THE COURT TO	<u> </u>
UPHOLD THE STATE'S NEW PUPPY AND KITTEN MILL LAW. THE HSUS FILED A	
COMPLAINT WITH THE UNITED STATES DEPARTMENT OF AGRICULTURE'S OFFICE OF	
THE INSPECTOR GENERAL SEEKING AN INVESTIGATION INTO THE NATIONAL PORK	
BOARD'S POTENTIAL USE OF THE FEDERAL CHECK-OFF, AND A LAWSUIT IN	
FEDERAL DISTRICT COURT, CHARGING THAT THE NATIONAL PORK BOARD STRUCK AN	
UNLAWFUL BACKROOM DEAL WITH A D.C. LOBBYING ORGANIZATION FOR THE	
PURCHASE OF THE ICONIC "PORK: THE OTHER WHITE MEAT" SLOGAN. THE HSUS	
ALSO FILED A LEGAL COMPLAINT WITH THE U.S. SECURITIES EXCHANGE	
COMMISSION ASSERTING THAT TYSON FOODS, INC., HAD MADE DECEPTIVE PUBLIC	
STATEMENTS RELATED TO ANIMAL WELL-BEING, AND A LEGAL COMPLAINT WITH THE	
U.S. SECURITIES AND EXCHANGE COMMISSION OVER VIOLATIONS OF FEDERAL	
SECURITIES LAW BY SEABOARD CORPORATION, THE PARENT COMPANY OF THE	
THIRD-LARGEST U.S. PORK PRODUCER.	

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Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
	•
PUPPY MILLS CAMPAIGN	
THE PUPPY MILLS CAMPAIGN EDUCATES THE PUBLIC ABOUT HOW TO OBTAIN DOGS	
AS PETS WITHOUT SUPPORTING THE PUPPY MILL INDUSTRY, WHILE SEEKING TO	
HIGHLIGHT THE PROBLEMS ASSOCIATED WITH HIGH-VOLUME, SUBSTANDARD	
COMMERCIAL DOG BREEDING OPERATIONS. THE SECTION SUPPORTS RESPONSIBLE	
DOG BREEDERS BY GIVING INFORMATION TO THE PUBLIC ON HOW TO SELECT A	
RESPONSIBLE BREEDER, AND BY WORKING WITH A BREEDERS' ADVISORY COUNCIL.	
THE CAMPAIGN CELEBRATED ITS 2012 PUPPY MILL ACTION WEEK NATIONWIDE	
DURING THE WEEK OF MOTHER'S DAY, LAUNCHING A NEW PUPPY MILL REWARD	
FUND, WHICH PAYS UP TO \$5,000 FOR TIPS THAT LEAD TO THE SUCCESSFUL	
PROSECUTION OF THE OPERATOR OF AN ILLEGAL PUPPY MILL. REGULAR	
INVESTIGATIONS HIGHLIGHT THE ONGOING PROBLEMS WITH PUPPY MILLS. FOR	
EXAMPLE, A JULY 2012 EXPOSED OF THE AMERICAN KENNEL CLUB'S LINKS TO	
PUPPY MILLS RECEIVED WIDESPREAD ATTENTION, AND A DECEMBER 2012 EXPOSED	
OF CHICAGO AREA PET STORES DEMONSTRATED ONCE AGAIN THAT NEARLY ALL PET	
STORES ARE SUPPLIED BY PUPPY MILLS. THE SECTION SUPPORTS THE PASSAGE	
OF STRONGER LAWS TO PROTECT DOGS IN PUPPY MILLS, AND IN 2012, SEVEN	
STATES ENACTED SUCH LAWS. UNDER THE PUPPY FRIENDLY PET STORES PROGRAM,	
MORE THAN 2,000 PET STORES HAD PLEDGED NOT TO SELL PUPPIES AS OF THE	
END OF 2012. THE SECTION ALSO HELPS TO RESEARCH AND INVESTIGATE	
PROBLEM PUPPY MILLS, OFTEN LEADING TO PUPPY MILL CLOSURES AND RESCUES;	· .
SINCE 2006, THE HSUS HAS HELPED AUTHORITIES TO RESCUE MORE THAN 10,000	
DOGS FROM LIVES OF MISERY IN PUPPY MILLS.	
FEDERAL AFFAIRS	

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
THE HSUS FEDERAL AFFAIRS SECTION FOCUSES ON SUPPORT AND PASSAGE OF	,
ANIMAL PROTECTION LEGISLATION AND REGULATORY MEASURES AT THE FEDERAL	
LEVEL. FEDERAL AFFAIRS WORKED IN SUPPORT OF SUCH BILLS AS THE ANIMAL	
FIGHTING SPECTATOR PROHIBITION ACT (H.R. 2492/S. 1947), THE EGG	
PRODUCTS INSPECTION ACT AMENDMENTS (H.R. 3798/S. 3239), THE BATTLEFIELD	
EXCELLENCE THROUGH SUPERIOR TRAINING PRACTICES ACT (H.R. 1417), THE	· · · · · · · · · · · · · · · · · · ·
CAPTIVE PRIMATE SAFETY ACT (S. 1324/H.R. 4306), THE GREAT APE	
PROTECTION AND COST SAVINGS ACT (H.R. 1513/S.810), THE INTERSTATE	· · · · · · · · · · · · · · · · · · ·
HORSERACING IMPROVEMENT ACT (H.R. 1733/S. 886), AND THE PUPPY UNIFORM	
PROTECTION AND SAFETY ACT (H.R. 835/S. 707).	
THE SECTION ALSO WORKED TO OPPOSE HARMFUL INITIATIVES CONCERNING	
WILDLIFE, INCLUDING THE "SPORTSMEN'S" ACTS (H.R. 4089/S. 3525), WHICH	
INCLUDED ADVERSE PROVISIONS CONCERNING EXPANDED HUNTING ON ALL FEDERAL	
PUBLIC LANDS, POLAR BEAR TROPHY EXPORTS, AND TOXIC LEAD AMMUNITION, AND	
THE KING AMENDMENT TO THE FARM BILL, WHICH POSED AN ENTERPRISE-LEVEL	
THREAT TO STATE AND LOCAL LAWS CONCERNED WITH THE PROTECTION OF	
ANIMALS, FOOD SAFETY, AND OTHER AGRICULTURAL ISSUES.	
FOR FISCAL YEAR 2012, THE U.S. CONGRESS AGREED TO RECORD-LEVEL BOOSTS	
IN FINANCIAL SUPPORT FOR KEY PROGRAMS INCLUDING A 20 PERCENT INCREASE	
IN THE USDA BUDGET FOR INSPECTION AND ENFORCEMENT OF THE ANIMAL WELFARE	
ACT, A NEARLY 40 PERCENT INCREASE IN THE USDA BUDGET FOR INSPECTION AND	
ENFORCEMENT OF THE HORSE PROTECTION ACT, A 17 PERCENT INCREASE IN THE	
USDA BUDGET FOR THE WORK OF THE INVESTIGATIVE AND ENFORCEMENT SERVICES	
DIVISION, WHICH CARRIES OUT SPECIFIC FOLLOW-UP WORK ON CASES UNDER THE	
JURISDICTION OF THE ANIMAL WELFARE ACT AND THE HORSE PROTECTION ACT.	
THE CONGRESS ALSO MAINTAINED ITS SUPPORT FOR THE VETERINARY STUDENT	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
LOAN PROGRAM DESIGNED TO EASE THE SHORTAGE OF VETERINARIANS PRACTICING	
IN RURAL COMMUNITIES AND IN GOVERNMENT POSITIONS, AND PROVIDED	
APPROXIMATELY \$20 MILLION TO ENSURE IMPLEMENTATION OF LABOR AND	
ENVIRONMENTAL POSITIONS (INCLUDING FOR WILDLIFE PROTECTION PROGRAMS)	
UNDER FREE TRADE AGREEMENTS. FINALLY, THE CONGRESS ALLOCATED \$4	
MILLION TO STUDY AND COMBAT WHITE-NOSE BAT SYNDROME.	
THE NATIONAL DEFENSE AUTHORIZATION ACT INCLUDED PROVISIONS TO HELP	
ANIMALS, REQUIRING A REPORT BY THE SECRETARY CONCERNING A STRATEGY AND	· · · · · · · · · · · · · · · · · · ·
TIMELINE FOR REFINING AND TRANSITIONING FROM THE USE OF LIVE ANIMALS IN	
MEDICAL TRAINING, AND A PROGRAM TO FACILITATE THE TRANSFER OF RETIRED	
MILITARY WORKING DOGS INTO CHANNELS FOR ADOPTION.	4.400.000-00
INVESTIGATIONS	
CONSISTENT WITH ITS FOUNDERS' VISION, THE HSUS CONDUCTS UNDERCOVER	
INVESTIGATIONS INTO ANIMAL CRUELTY. IN 2012, HSUS INVESTIGATORS	
EXPOSED ANIMAL SUFFERING AT FOUR FACTORY FARMS AS PART OF EFFORTS TO	
PROMOTE REFORM IN THE PIG AND EGG INDUSTRIES. TO SUPPORT EFFORTS TO	
DISCOURAGE THE PRIVATE OWNERSHIP OF DANGEROUS EXOTIC ANIMALS HSUS	
INVESTIGATORS ALSO EXPOSED MISTREATMENT AND OVERBREEDING OF TIGERS AS	
WELL AS DANGERS TO THE PUBLIC AT AN OKLAHOMA EXOTIC ANIMAL PARK THAT IS	
THE LARGEST IN THE UNITED STATES. IN A PRECEDENT SETTING 2012	
INVESTIGATION, THE HSUS CAPTURED THE HORRIFYING CRUELTY OF HORSE SORING	
IN A TENNESSEE WALKINGHORSE STABLE RESULTING IN 51 FEDERAL INDICTMENTS,	
STATE CHARGES AND CONFISCATION OF SORED HORSES.	

REDUCE THE EUTHANASIA OF HEALTHY ANIMALS. IN 2012, SHELTER PET PROJECT

PSA'S RAN MORE THAN 846,000 TIMES IN PRINT, RADIO, TELEVISION, AND OUT

HAWAII FALSE KILLER WHALES AS ENDANGERED UNDER THE ESA AND ADOPTED THE

HSUS'S TAKE REDUCTION PLAN TO REDUCE FISHERY-RELATED MORTALITY OF THIS

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
SPECIES.	
IN 2012, THE SECTION CONTINUED ITS INVESTMENTS IN HIGH PROFILE	
CAMPAIGNS, HIGH LEVEL AND GRASSROOTS ACTION IN CANADA, AND AN EXPANDING	
SEAFOOD BOYCOTT IN THE UNITED STATES AND WESTERN EUROPE TO END THE	
CANADIAN HARP SEAL SLAUGHTER. ITS SHARK-FREE MARINA INITIATIVE	
ENCOURAGED SPORT FISHING AND RESORT MARINAS AS "SHARK-FREE" I.E.,	
PROHIBITING ANY SHARK FROM BEING LANDED AT THEIR DOCKS.	,
THE SECTION FOCUSED ATTENTION AND RESOURCES ON THE BUREAU OF LAND	
MANAGEMENT'S WILD HORSE MANAGEMENT PROGRAM AND WORKED TO PROMOTE THE	
USE OF PORCINE ZONA PELLUCIDA (PZP) VACCINE AS A CONTRACEPTIVE AGENT IN	
HORSES. THE SECTION CAMPAIGNED AGAINST THE WORST PREDATOR CONTROL	
PRACTICES EMPLOYED OR SANCTIONED BY THE USDA'S WILDLIFE SERVICES	
DIVISION. IN A FEW LOCATIONS, THE SECTION ENGAGED THE NATIONAL PARK	
SERVICE ON EQUINE, UNGULATE, PREDATOR, AND EXOTIC SPECIES MANAGEMENT	
POLICIES AND PROCEDURES, AND IT CONTINUED ITS EFFORTS TO PROTECT	
HUNDREDS OF SEA LIONS AT BONNEVILLE DAM ON THE COLUMBIA RIVER ALONG THE	
BORDER OF OREGON AND WASHINGTON.	
THE HSUS'S FUR-FREE CAMPAIGN WORKS TO PREVENT THE SUFFERING AND DEATH	
OF ANIMALS FOR THE FUR TRADE, BY EDUCATING RETAILERS, DESIGNERS,	
FASHION STUDENTS, AND THE GENERAL PUBLIC, AND ENCOURAGING THEM TO AVOID	
ANIMAL FUR IN FAVOR OF ALTERNATIVES. THE CAMPAIGN ALSO SEEKS TO	
PROTECT THE PUBLIC FROM BEING DUPED INTO INADVERTENTLY SUPPORTING THE	
FUR TRADE, AND MONITORS THE MARKETPLACE FOR FALSELY LABELED ITEMS THAT	
MIGHT CONTAIN FUR. EFFECTIVELY SERVING AS A WATCHDOG CONCERNING THE FUR	

KENT STATE UNIVERSITY, AND LIM COLLEGE. MORE THAN 1,000 STUDENTS

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
SOCIETY VETERINARY MEDICAL ASSOCIATION 2012 FORM 990.	
HUMANE WILDLIFE SERVICES	
IN 2012, HUMANE WILDLIFE SERVICES, WHICH PROVIDES WILDLIFE-CONFLICT	
SOLUTION SERVICES TO HOMEOWNERS, BUSINESSES, AND INDUSTRY IN THE	
WASHINGTON AREA, RESCUED MORE THAN 1280 URBAN ANIMALS FROM HARM WHILE	
PROVIDING LONG-LASTING SOLUTIONS TO HUMANE WILDLIFE CONFLICTS. HWS	
ALSO DISPENSED FREE CONFLICT RESOLUTION RESOURCES AND ADVICE TO OVER	
1186 CALLERS RESULTING IN 1161 ANIMALS HELPED, AND PROVIDED	
WILDLIFE-CONFLICT TRAINING SERVICES TO OVER 25 MUNICIPALITIES AND	
COMMUNITIES.	
DIRECT CARE AND SERVICE ALSO INCLUDES THE HSUS'S DIRECT GRANTS TO OTHER	
ORGANIZATIONS ENGAGED IN PROMOTING ANIMAL WELFARE. THIS INCLUDES	
NUMEROUS LOCAL SOCIETIES WORKING FOR THE PREVENTION OF CRUELTY TO	
ANIMALS AND PROVIDING CARE TO ANIMALS. IN 2012, GRANTS TO SUCH	
ENTITIES AMOUNTED TO \$3.7 MILLION DOLLARS.	<u></u>
INTERNATIONAL	
PRIMARILY THROUGH ITS AFFILIATE HUMANE SOCIETY INTERNATIONAL (HSI), THE	
HSUS PROTECTS ANIMALS BEYOND THE BORDERS OF THE UNITED STATES, BECAUSE	
ANIMAL PROTECTION CONCERNS HAVE A STRONG INTERNATIONAL DIMENSION. FOR	
FURTHER DETAILS, SEE THE HUMANE SOCIETY INTERNATIONAL ENTRY ON SCHEDULE	
O, OR THE HUMANE SOCIETY INTERNATIONAL 2012 FORM 990.	

Schedule O (Form 990 or 990-EZ) (2012)

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FORM 990, PART VI, SECTION A, LINE 7A: INDIVIDUALS WHO CONTRIBUTE \$25 OR

Schedule O (Form 990 or 990 EZ) (2012) Name of the organization	Page 2 Employer identification number
THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390
NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19: THE HSUS MAKES COPIES OF ITS	
CERTIFICATE OF INCORPORATION AND BYLAWS AVAILABLE TO VOTING MEMBERS	<u>. </u>
FREE-OF-CHARGE, BY MAIL, UPON REQUEST. THE FORMAL AUDITED FINANCIAL	
STATEMENTS ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS, AND	
PROVIDED TO CALIFORNIA RESIDENTS, AND TO MAJOR DONORS AND THEIR	
REPRESENTATIVES, BY MAIL, UPON REQUEST. (FINANCIAL INFORMATION IN OTHER	
FORMATS - E.G., THE FORM 990 AND THE ANNUAL REPORT - IS AVAILABLE ON THE	
SOCIETY'S WEBSITE AND WILL ALSO BE MAILED, ON REQUEST.) THE CONFLICT OF	, , , , , , , , , , , , , , , , , , , ,
INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS FROM FUNDRAISING EVENTS 62,352.	
POSTRETIREMENT BENEFITS ADJUSTMENT 864,080.	
TOTAL TO FORM 990, PART XI, LINE 9 926,432.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
FORM 990, SCHEDULE O	
MISSION OF THE AFFILIATES	
THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATES ARE A FAMILY OF	
NOT-FOR PROFIT ORGANIZATIONS WHOSE PRIMARY PURPOSE IS THE WORLDWIDE	
ADVANCEMENT OF HUMANE TREATMENT OF ANIMALS THROUGH PUBLIC EDUCATION AND	
•	Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
THE FUND FOR ANIMALS EIN #13-6218740 (FFA), SINCE 2005, IS THE ENTITY	# - 1-
RESPONSIBLE FOR MOST HSUS ANIMAL CARE FACILITIES INCLUDING, FOR 2012,	<u>-</u>
THE CLEVELAND AMORY BLACK BEAUTY RANCH (TX), THE CAPE WILDLIFE CENTER	
(MA), THE DUCHESS SANCTUARY (OR), AND THE FUND FOR ANIMALS WILDLIFE	
CENTER (CA). THESE FACILITIES FOCUS ON REHABILITATION AND RELEASE, AND	
OTHER HANDS-ON CARE AND RESCUE OF INJURED, ORPHANED, AND ABANDONED	
ANIMALS, AS WELL AS PROMOTING THE HUMANE TREATMENT OF ALL ANIMALS AND	
THE PREVENTION OF CRUELTY THROUGH EDUCATION AND ADVOCACY. THE CLEVELAND	
AMORY BLACK BEAUTY RANCH IS A 1,250-ACRE SANCTUARY FOR APPROXIMATELY	
1,100 ANIMALS YEAR ROUND, REPRESENTING 42 SPECIES, RESCUED FROM ABUSE	
OR ABANDONMENT, RESCUED ANIMAL RESIDENTS INCLUDE EXOTIC SPECIES AS	
WELL AS DOMESTIC, INCLUDING HORSES AND BURROS, CATTLE AND BUFFALO,	
DEER, PIGS, TORTOISE, KANGAROO, TIGERS, CHIMPANZEES, AND OTHER PRIMATE	
SPECIES. IN 2011, THE DORIS DAY HORSE RESCUE AND ADOPTION CENTER	
OPENED AS PART OF BLACK BEAUTY RANCH, TO PROVIDE CARE AND	
REHABILITATION FOR RESCUED HORSES AND TRAIN THEM FOR PLACEMENT AND	
ADOPTION WITH NEW FAMILIES. THE CAPE WILDLIFE CENTER IS A FIVE ACRE	
FACILITY AND MODEL REHABILITATION PROGRAM THAT WORKS TO REHABILITATE	
NATIVE AND TRANSITORY WILDLIFE, PROVIDING MEDICAL AND REHABILITATIVE	
TREATMENT TO INJURED AND ORPHANED ANIMALS AND RELEASING THEM BACK INTO	
THE WILD. THE CAPE WILDLIFE CENTER IS AN INTEGRAL PART OF THE CAPE	<u>.</u>
COMMUNITY, ADVISING PEOPLE ON HUMANE SOLUTIONS TO HUMAN-WILDLIFE	
CONFLICTS, WHILE SUPPORTING PUBLIC POLICIES THAT BENEFIT WILD ANIMALS	
AND THEIR HABITATS. THE CENTER'S EXTERNSHIP PROGRAM DRAWS VETERINARY	
TECHNICIAN, PRE-VETERINARY UNDERGRADUATE MAJORS, AND VETERINARY	
STUDENTS AND GRADUATE VETERINARIANS FROM ACROSS THE U.S. AND ABROAD.	
IN 2012, MORE THAN 1,500 ANIMALS RECEIVED CARE AND MORE THAN 3 DOZEN	Only duty O (Ferry 200) - 200 ET (200)
01-04-13 119	Schedule O (Form 990 or 990-EZ) (2012)

501(C)(4) ENTITY, HAS BEEN ONE OF THE LEADING ANIMAL PROTECTION

ORGANIZATIONS WORKING ON LEGISLATION AND PUBLIC POLICY. DDAL HAS

232212 01-04-13

PROGRAMS.

EVERY YEAR, HSI ORGANIZES AN INTERNATIONAL TRACK AS PART OF

232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION EIN #22-2768664

(HSVMA) IS COMMITTED TO PROMOTING VETERINARY LEADERSHIP IN ANIMAL

FORM 990, PART VI, LINE 10B

ABROAD.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
ACTIVITIES ARE CONSISTENT WITH ITS OWN PRIMARILY THROUGH THE USE OF	
OVERLAPPING PERSONNEL ON BOARDS AND EXECUTIVE STAFF. (HSUS DOES NOT	
HAVE LOCAL CHAPTERS, BRANCHES, OR UNITS.) ACTIVE CONTROLLED AFFILIATES	
TYPICALLY HAVE A PROVISION IN THEIR BYLAWS REQUIRING THAT THEIR BOARD	
MEMBERS BE APPROVED BY HSUS'S BOARD OF DIRECTORS.	
FORM 990, PART VIII, LINE 1G	
FORM 990, PART VIII, LINE 1G AMOUNTS ARE AS PRESENTED ON SCHEDULE M,	
LINES 6 AND 9 ARE:	
CARS AND OTHER VEHICLES: \$467,200	
SECURITIES - PUBLIC TRADED: \$650,689	<u> </u>
LINE 1G TOTAL: \$1,117,889	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 53-0225390

THE HUMANE SOCIETY OF THE UNITED STATES Name of the organization

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

Part

	1-7	9	_		1	_	(=)			
1	əmpt	e related tax-ex	e it had one or mor	4 becaus	əart IV, line 3	o Form 990, F	"swered "Yes"	(Complete if the organization ar	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	Part
1										
ı										
I										
1							-			
	entity	9				foreign country)	foreign		of disregarded entity	
	Direct controlling		End-of-year assets	Total income	Totali	Legal domicile (state or	Legal domi	Primary activity	Name, address, and EIN (if applicable)	
	Ξ		(e)	(p)	3)	(0)		(q)	(a)	

(a)	(q)	(0)	9	(e)	(μ)	(a)	1 10
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 (4(0)(13)	(C) (12)
of related organization		foreign country)	section	status (if section	entity	entity?	_
				501(c)(3))		Yes	No
THE HUMANE SOCIETY WILDLIFE LAND TRUST -					THE HUMANE		
52-1808517, 2100 L ST. NW, WASHINGTON, DC					SOCIETY OF THE		
20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	7	UNITED STATES	×	
DORIS DAY ANIMAL LEAGUE ~ 95-4117651							
2100 L ST. NW							
WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(4)				×
THE FUND FOR ANIMALS - 13-6218740					THE HUMANE		
200 W. S7TH ST					SOCIETY OF THE		
NEW YORK, NY 10019	ANIMAL WELFARE	NEW YORK	501(C)(3)	7	UNITED STATES	×	
HUMANE SOCIETY INTERNATIONAL - 52-1769464					THE HUMANE		
2100 L ST. NW	٠				SOCIETY OF THE		
WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	7	UNITED STATES	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ins for Form 990.				Schedule R (Form 990) 2012	Form 990)	2012

SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(b)	(a)	(1)	(b)
Mame address and FIN	. vinitae vaemiad	I paral Apmipile (state or	Evernat Code	Dublic charity	Direct controlling	Section 512(b)(13)
of related organization	רוווומוץ מכווווני	foreign country)	section	status (if section	entity	controlled organization?
		_		501(c)(3))		Yes No
SOUTH FLORIDA WILDLIFE CENTER, INC					THE HUMANE	
23-7086391, 3200 S.W. 4TH AVE., FT.					SOCIETY OF THE	
LAUDERDALE, FL 33315	ANIMAL WELFARE	FLORIDA	501(C)(3)	đ	UNITED STATES	×
HUMANE SOCIETY UNIVERSITY - 27-0263498					THE HUMANE	
2100 L ST. NW					SOCIETY OF THE	
WASHINGTON, DC 20037	зсноог	DISTRICT OF COLUMBIA	501(C)(3)	LINE 2	UNITED STATES	×
HUMANE SOCIETY OF HONG KONG LIMITED					THE HUMANE	
3C WING YEE COMMERCIAL BLDG, 5 WING KUT ST					SOCIETY OF THE	
HONG KONG, CHINA	ANIMAL WELFARE	CHINA	NGO	7	UNITED STATES	×
THE HUMANE SOCIETY VETERINARY MEDICAL					THE HUMANE	
ASSOCIATION INC - 22-2768664, 2100 L ST. NW,					SOCIETY OF THE	
WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(3)	7	UNITED STATES	×
NATIONAL ASSOCIATION FOR HUMANE AND					тне номаме	
ENVIRONMENTAL EDUCATION - 23-7327537, 2100 L					SOCIETY OF THE	
ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	7	UNITED STATES	×
HUMANE SOCIETY INTERNATIONAL UK					THE HUMANE	
5 UNDERWOOD ST					SOCIETY OF THE	
LONDON, UNITED KINGDOM N1 7LY	ANIMAL WELFARE	UNITED KINGDOM	NGO	2	UNITED STATES	×
HUMANE SOCIETY INTERNATIONAL CANADA					THE HUMANE	
460 ST, CATHERINE WEST, SUITE 506					SOCIETY OF THE	
MONTREAL, QUEBEC, CANADA H3B 1A7	ANIMAL WELFARE	CANADA	NGO	7	UNITED STATES	×
FRIENDS OF HUMANE SOC, INT'L FOR THE					THE HUMANE	
PROTECTION & CONSERVATION OF ANIMALS, 1250					SOCIETY OF THE	
RENE-LEVESQUE BLVD, STE 2500, WEST MONTREAL,	ANIMAL WELFARE	CANADA	NGO	2	UNITED STATES	×
HUMANE SOCIETY INTERNATIONAL LATIN AMERICA					THE HUMANE	
250 MTS, OESTE DEL MALL SAN PEDRO OFICENTRO					SOCIETY OF THE	
SAN JOSE, COSTA RICA SEI INP	ANIMAL WELFARE	COSTA RICA	NGO	7	UNITED STATES	×
HUMANE SOCIETY INTERNATIONAL INDIA					THE HUMANE	
112, SAFAL PEGASUS NR. PRAHLADNAGAR AUDA GAR					SOCIETY OF THE	
100 FEET RD, AHMEDABAD, GOJARAT, INDIA	ANIMAL WELFARE	INDIA	NGO	7	UNITED STATES	×
Transport of the Control of the Cont						

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Schedule R (Form 990) 2012 THE HUMANE SOCIETY OF THE UNITED STATES

53-0225390

Page 2 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(i) (k) General or Percentage managing ownership partner?		4 410			related	Section 512(bX13) controlled entity?				990) 2012
General or P managing c partner?			-		one or more	(h) Percentage ownership				Schedule R (Form 990) 2012
(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)					because it had o	(g) Share of Peend-of-year or assets				Schedu
(h) Disproportionate allocations?					rt IV, line 34			-		
(g) Share of end-of-year assets					orm 990, Pa	(f) Share of total income				
					l "Yes" to Fc	(e) Type of entity (C corp., S corp., or trust)				
(f) Share of total income	<u>;</u>	; ;			n answered					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)					ne organizatio	(d) Direct controlling entity				
Predomina (related, excluded fro sections					omplete if the	(c) Legal domicite (state or foreign country)			,	129
(d) Direct controlling entity				i	oration or Trust (Co	(b) Primary activity				
Legal domicile (state or foreign					as a Corpo	Primi				
(b) Primary activity			:		ganizations Taxable poration or trust duri	<u>∠</u> c				
(a) Name, address, and EIN of related organization					Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				232162 12-10-12

53-0225390

Dart V Transactions With Related Organizations (Complete if the

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				٤	Yes No	اه
During the tax year, did the organization engage in any of the following transactions Receipt of (it interest (ii) annuities (iii) myalties or (iv) rent from a controlled entity	s with one or more re	transactions with one or more related organizations listed in Parts II-IV? Illed entity	in Parts II-IV?	<u>-</u>	×	1.
				¥	L	l
				+	\dagger	×
c cint, grant, or capital contribution from related organization(s)			***************************************	2	<u> </u>	
d Loans or loan guarantees to or for related organization(s)				무	<u> </u>	١
e Loans or loan guarantees by related organization(s)		***************************************		<u>a</u>	<u>*</u>	,
f Dividends from related organization(s)				11	×	_
~				10	×	
Purchase of assets from related organization(s)				÷	×	
Exchange of accosts with related organization(c)				;	×	
				÷	<u> ^</u>	×
					+	l
k Lease of facilities, equipment, or other assets from related organization(s)		***************************************		*	$\stackrel{\sim}{-}$	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	^	×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			111	~	×
	ion(s)			-t	×	
				9	×	
p Reimbursement paid to related organization(s) for expenses				4		×
 Reimbursement paid by related organization(s) for expenses 				10	×	١
r Other transfer of cash or property to related organization(s)				÷	_	×
				1s	_	×
	who must complete the	is line, including covered	relationships and transaction thresholds.		:	
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		I
(1) THE FUND FOR ANIMALS	ø	7,873,126.	INTERCOMPANY ACTIVITY ON GL			
(2) THE FUND FOR ANIMALS	0	163,729.	SALARIES			
(3) DORIS DAY ANIMAL LEAGUE	٥	2,592,412.	INTERCOMPANY ACTIVITY ON GL			i
(4) THE HUMANE SOCIETY WILDLIFE LAND TRUST	٥	1,365,428.	365,428.INTERCOMPANY ACTIVITY ON GL			
(5) THE HUMANE SOCIETY WILDLIFE LAND TRUST	0	46,932,	SALARIES			1
(6) SOUTH FLORIDA WILDLIFE CENTER, INC.	ρ	1,752,614.	GL ACTIVITY			
	130		Schedule R (Form 990) 2012	R (Form	990) 2	712

THE HUMANE SOCIETY OF THE UNITED STATES

Schedule R (Form 990)

53-0225390

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)SOUTH FLORIDA WILDLIFE CENTER, INC.	ð	1,788,260.	1,788,260, INTERCOMPANY ACTIVITY ON GL
(8)HUMANE SOCIETY INTERNATIONAL	В	4,738,492.	4,738,492,GL ACTIVITY
(9)HUMANE SOCIETY INTERNATIONAL	0	233,017.SALARIES	SALARIES
(10)HUMANE SOCIETY INTERNATIONAL	ō	1,604,401.	1,604,401, INTERCOMPANY ACTIVITY ON GL
(11)THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION INC	õ	1,647,596.	1,647,596.INTERCOMPANY ACTIVITY ON GL
(12)HUMANE SOCIETY UNIVERSITY	ø	1,792,327.	1,792,327, INTERCOMPANY ACTIVITY ON GL
(13)HUMANE SOCIETY UNIVERSITY	B	1,629,187.	1,629,187,GD ACTIVITY
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
(22)			
(23)			
(24)			

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Schedule R (Form 990) 2012 THE HUMANE SOCIETY OF THE UNITED STATES

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

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

(K)	Percentage ownership					
9	General or managing partner?			_		
8	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,			·
Ξ	Dispropor- tionate allocations?			 		
(6)	Share of end-of-year assets					
Œ	Share of total income	:				
(e)	Are all partners sec. 501(c)(3) 0195.7				<u> </u>	
(0)	Predominant income (related, unrelated, excluded from tax under section 512-514)					
(0)	Legal domicile (state or foreign country)					
(a)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					

Schedule R (Form 990) 2012 THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	Page 5
Part VII Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (s	see instructions).	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
<u> </u>	***	
NAME AND ADDRESS OF RELATED ORGANIZATION:		
WANTE AND ADDRESS OF REDAILED ONCANTRALION,	<u> </u>	
FRIENDS OF HUMANE SOC. INT'L FOR THE PROTECTION &	•	
		,
CONSERVATION OF ANIMALS	<u></u>	
1250 RENE-LEVESQUE BLVD, STE 2500		
LUDGE MANUDUM CHEDEG GANADA		
WEST MONTREAL, QUEBEC, CANADA		.
NAME AND ADDRESS OF RELATED ORGANIZATION:		
	,	
HUMANE SOCIETY INTERNATIONAL INDIA		
112, SAFAL PEGASUS NR. PRAHLADNAGAR AUDA GARDEN		
TIE, DAVID TECHNOL III, TIEMEDATON 1021 01221		
100 FEET RD, AHMEDABAD, GUJARAT, INDIA		
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