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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 private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

DLN: 93493181009496

Open to Public Inspection

A F	or the 20	)15 cale	endar year, or t	ax year begi	nning 01-01-2015	, and ending	12-31-2	015			
<b>B</b> Che	eck if applic	ıcable	C Name of organi The Humane So		ted States				D Empl	oyer ide	entification number
☐ Add	lress chang	ge	The Humane 30	clety of the offi	ted States				53-0	22539	0
┌ Nar	me change	9	Doing business a	as							
┌ Init	ial return		-								
Fina					ıf maıl ıs not delivere	d to street address	) Room/	suite	—— E Telepr	one nun	nber
retu	urn/termina	ated	2100 L STREET	NVV					(202	) 452-:	1100
☐ Am	ended retu	ım	City or town, sta WASHINGTON, I		country, and ZIP or f	oreign postal code			•		+ 404 056 222
☐ App	olication pe	ending	WASHINGTON, I	JC 20037					<b>G</b> Gross	receipts	\$ 194,856,232
					prıncıpal officer			H(a)	Is this a grou	p returr	n for
			WAYNE PAG 2100 L STR						subordinates		ΓYes <b>Γ</b> Νο
				ON,DC 200	37			H(b)	Are all subord	lınates	□Yes □No
									included?  If "No." attacl	h a list	(see instructions)
	x-exempt :				◀ (insert no )	947(a)(1) or 「	527	H(c)	Group exemp		
			V HUMANESO					<u> </u>			
				Trust Assoc	ciation Other 🕨			<b>L</b> Yea	ar of formation 1	954 <b>M</b>	State of legal domicile DE
Pa	rt I	Sumn	nary								
Activities & Governance	ALL FOC RES	OF ITS US ON OLUTI	S FORMS, AND COMPANION ON OF HUMA	O TO CELEBF N ANIMALS, N-WILDLIFE	RATE AND STREM WILD ANIMALS	IGTHEN THE H AND THEIR HA 1 ANIMAL WEL	IUMAN- BITAT FARE,	ANIMAL CAPTIV MARINE N	BOND ITS PE E ANIMAL ISS 1AMMMALS, A	RIORIT SUES, H ANIMA	HUMANE LS IN RESEARCH,
8											
છ ૐ	<b>2</b> Che	eck this	s box 🛏 If the	e organizatior	n discontinued its	operations or d	ısposed	of more t	han 25% of its	net as	ssets
$\widetilde{\mathscr{C}}$	l									1 _ 1	
Ě			_	_	erning body (Part					3	29
<u>ਤੂ</u>				_	ers of the governir In calendar year					5	29 553
~					if necessary) .	•				6	883
				•						$\vdash$	863
				: revenue fror	m Part VIII colur	nn (C.) line 12				7a	576 558
	I				m Part VIII, colur e from Form 990-					7a 7b	576,558
	I				m Part VIII, colur e from Form 990-					$\vdash$	
	<b>b</b> Netu	unrelat	ed business ta	xable income	e from Form 990-	Γ, line 34 .		· ·		7b	576,558  Current Year 126,104,650
	<b>b</b> Net (	unrelat Contrib	ed business ta utions and gra	xable income		Γ, line 34 .	 	· ·	 Prior Year	<b>7b</b>	Current Year
enue	<b>b</b> Net (	unrelat Contrib Progran	ed business ta utions and gra n service revei	nts (Part VII	e from Form 990-	Γ, line 34 .	· · ·		Prior Year	<b>7b</b> ,650	<b>Current Year</b> 126,104,650
Revenue	8 C 9 P 10 I	unrelat Contrib Progran	ed business ta utions and gra n service revei nent income (P	nts (Part VII nue (Part VII Part VIII, col	I, line 1h) II, line 2g)	Γ, line 34	  		Prior Year 124,487 1,086	,650 ,774 ,661	Current Year 126,104,650 1,089,199
Revenue	8 C 9 P 10 I 11 C	Contrib Program Investn Other re	utions and grains service reversement income (Pevenue (Part V	nts (Part VII nue (Part VII Part VIII, col	I, line 1h) II, line 2g) umn (A), lines 3,	T, line 34			Prior Year  124,487  1,086  8,584  1,339	,650 ,774 ,661 ,965	Current Year 126,104,650 1,089,199 4,730,305 1,398,775
Revenue	8 C 9 P 10 I 11 C 12 T 1	Contriborogram Investm Other re Total re	ed business ta utions and gra n service rever nent income (P evenue (Part V evenue—add lir	nts (Part VII nue (Part VII Part VIII, col VIII, column (	I, line 1h) II, line 2g) umn (A), lines 3, . (A), lines 5, 6d, 8	T, line 34 4, and 7d ) . c, 9c, 10c, and	  11e) nn (A), l		Prior Year  124,487  1,086  8,584  1,339  135,499	,650 ,774 ,661 ,965	Current Year 126,104,650 1,089,199 4,730,305 1,398,775 133,322,929
Revenue	8 C 9 P 10 I 11 C 12 T 1 13 C C	Contriber rogram Investm Other ro	utions and grain service rever nent income (Pevenue (Part Vevenue — add lin	nts (Part VII nue (Part VII, Part VIII, col l'III, column ( nes 8 through	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8 n 11 (must equal F	7, line 34 . 4, and 7d ) . 5, 9c, 10c, and art VIII, column	  11e) nn (A), I	· ·	Prior Year  124,487  1,086  8,584  1,339	,650 ,774 ,661 ,965	Current Year 126,104,650 1,089,199 4,730,305 1,398,775
Revenue	8 0 9 P 10 I 11 0 12 T 11 13 0 14 E	Contriber rogran (Investment of the rogran 12) Grants General controls and the rogran of the rogran	utions and gradent service reversement income (Part Vevenue—add line and similar ames paid to or for	nts (Part VII nue (Part VII, Part VIII, col VIII, column ( nes 8 through nounts paid (F	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8 n 11 (must equal F	T, line 34			Prior Year  124,487  1,086  8,584  1,339  135,499	,650 ,774 ,661 ,965 ,050	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158
	8 C 9 P 10 I 11 C 12 T 11 13 C 14 E 15 S	Contriber rogran (Investment of the rogran 12) Grants General controls and the rogran of the rogran	utions and gradent service reversement income (Part Vevenue—add line and similar ames paid to or for	nts (Part VII nue (Part VII, Part VIII, col VIII, column ( nes 8 through nounts paid (F	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8 n 11 (must equal F	T, line 34			Prior Year  124,487  1,086  8,584  1,339  135,499	,650 ,774 ,661 ,965 ,050	Current Year 126,104,650 1,089,199 4,730,305 1,398,775 133,322,929
	8 C 9 P 10 I 11 C 12 T 1 13 C 14 E 15 S 5	Contriber rogram Investm Other ro Total re 12) Grants Benefits Salaries 5-10)	utions and grain service reversement income (Pevenue (Part Vevenue—add line) and similar amis paid to or for so, other compe	nts (Part VII nue (Part VII, Part VIII, col l'III, column ( nes 8 through nounts paid (F members (Pa nsation, emp	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8 n 11 (must equal F	T, line 34 .  4, and 7d ) .  5, 9c, 10c, and 7 art VIII, column  1, line 4 )  1 art IX, column (			Prior Year  124,487  1,086  8,584  1,339  135,499	,650 ,774 ,661 ,965 ,050	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158
	8 0 9 P 10 I 11 0 12 T 1 13 0 14 E 15 S 16a F	Contriber of the rest of the r	utions and grain service revenue (Part Vevenue—add line) and similar amis paid to or for s, other compessional fundraisi	nts (Part VII nue (Part VIII, col l'III, column ( nes 8 through nounts paid (F members (Part ing fees (Part	I, line 1h) II, line 2g) umn (A), lines 3, . (A), lines 5, 6d, 8 n 11 (must equal F Part IX, column (A) art IX, column (A)	T, line 34 .  4, and 7d) .  5, 9c, 10c, and 2 art VIII, column  1, lines 1-3)  1, line 4)  1 art IX, column (			Prior Year  124,487  1,086  8,584  1,339  135,499  15,843	,650 ,774 ,661 ,965 ,050	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807
Expenses Revenue	8 0 9 P 10 I 11 0 11 13 0 14 E 15 5 16a F 1	Contriber rogran (Investment of the rotal red 12) Grants Benefits Salaries 5-10) Profess Fotal functions	utions and grain service reversement income (Pevenue (Part Vevenue—add line) and similar amis paid to or for so, other compessional fundraising expenses	nts (Part VII nue (Part VII Part VIII, col VIII, column ( nes 8 through nounts paid (Part Mart VIII) nes 8 through nounts paid (Part IX, column (Part IX, column	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8 in 11 (must equal F Part IX, column (A) art IX, column (A) bloyee benefits (Pa	T, line 34 .  4, and 7d ) .  c, 9c, 10c, and rart VIII, column  ), lines 1-3 )  , line 4)  art IX, column (  ane 11e)  69,968			Prior Year  124,487  1,086  8,584  1,339  135,499  15,843	,650 ,774 ,661 ,965 ,050 ,692 ,551	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807
	8 0 9 P 10 I 11 0 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 18 T	Contriber of the restance of t	utions and grain service revenue (Part Vevenue—add Irrand similar ames paid to or for so, other compessional fundraisidraising expenses xpenses Add I	nts (Part VII nue (Part VIII, col 'III, column ( nes 8 through nounts paid (F members (Pa nsation, emp ing fees (Part (Part IX, column ( IX, column ( ines 13-17 (	I, line 1h)  I, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  28,8  A), lines 11a-11a  (must equal Part I	T, line 34 .  4, and 7d) .  5, 9c, 10c, and 2 art VIII, column  1, line 4)  1 art IX, column (1) .  169,968  1, 11f-24e) .  X, column (A),	11e) nn (A), l	ine	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087
Expenses	8 0 9 P 10 I 11 0 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 18 T	Contriber of the restance of t	utions and grain service revenue (Part Vevenue—add Irrand similar ames paid to or for so, other compessional fundraisidraising expenses xpenses Add I	nts (Part VII nue (Part VIII, col 'III, column ( nes 8 through nounts paid (F members (Pa nsation, emp ing fees (Part (Part IX, column ( IX, column ( ines 13-17 (	I, line 1h)  II, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  28,8  A), lines 11a-11	T, line 34 .  4, and 7d) .  5, 9c, 10c, and 2 art VIII, column  1, line 4)  1 art IX, column (1) .  169,968  1, 11f-24e) .  X, column (A),	11e) nn (A), l	ine	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087
Expenses	8 0 9 P 10 I 11 0 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 18 T	Contriber of the restance of t	utions and grain service revenue (Part Vevenue—add Irrand similar ames paid to or for so, other compessional fundraisidraising expenses xpenses Add I	nts (Part VII nue (Part VIII, col 'III, column ( nes 8 through nounts paid (F members (Pa nsation, emp ing fees (Part (Part IX, column ( IX, column ( ines 13-17 (	I, line 1h)  I, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  28,8  A), lines 11a-11a  (must equal Part I	T, line 34 .  4, and 7d) .  5, 9c, 10c, and 2 art VIII, column  1, line 4)  1 art IX, column (1) .  169,968  1, 11f-24e) .  X, column (A),	11e) nn (A), l	ine	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262
Expenses	8 0 9 P 10 I 11 0 11 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 19 R	Contriber of the rest of the r	utions and grain service revenue (Part Vevenue—add Imand similar amas paid to or for so, other compessional fundraisidraising expenses xpenses (Part xpenses Add I e less expenses	nts (Part VII nue (Part VIII, col l'III, column ( nes 8 through nounts paid (F members (Part ing fees (Part (Part IX, colum IX, column ( ines 13-17 ( es Subtract I	I, line 1h)  I, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  28,8  A), lines 11a-11a  (must equal Part I	T, line 34	11e) nn (A), l	ine	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b>	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333
Expenses	8 C 9 P 10 I 11 C 12 T 11 13 C 14 E 15 S 16a F 17 C 18 T 19 R 120 T 1	Contriberogram Contri	utions and graden service revenue (Part Vevenue—add Irrand similar ames paid to or for so, other compessional fundraising expenses expenses (Part X, I e less expenses expenses (Part X, I e less expenses expense	nts (Part VII nue (Part VII art VIII, column ones 8 through nounts paid (Famembers (Part IX, column	I, line 1h)  I, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1	T, line 34	11e) nn (A), l	ne Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739  37,160	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year
	8 0 9 P 10 I 11 0 11 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 19 R 17 1	Contriber of the rest of the r	utions and grain service revenue (Part Vevenue—add Imand similar amas paid to or for so, other compessional fundraisidraising expenses xpenses (Part X, Iabilities (Pa	nts (Part VII nue (Part VII Part VIII, col VIII, column ( nes 8 through nounts paid (F members (Part nation, emp ing fees (Part (Part IX, colum IX, colum IX, colum IX, colum ines 13-17 ( es Subtract I line 16) . X, line 26) .	I, line 1h)  II, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  a 11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1	T, line 34	11e) nn (A), l	Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year  249,379,458
Met Assets or As	8 0 9 P 10 I 11 0 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 19 R 17 19 R	Contriber of the rest of the r	utions and grain service revenue (Part Vevenue—add Irrand similar amis paid to or for so, other compessional fundraisidraising expenses xpenses (Part X, Iabilities (P	nts (Part VII nue (Part VIII, column ones 8 through nounts paid (Famembers (Part IX, column (IX, column IX, column (IX, column IX, column IX, column (IX) es Subtract I nue 16) . K, line 26) . Iances Subtract I e that I have	I, line 1h)  I, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1	T, line 34	11e) nn (A), l A), lines	Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739  37,160  213,579	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778 ,391 ,387	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year  249,379,458  46,663,525  202,715,933
Met Assets or As	8 0 9 P 10 I 11 0 11 12 T 11 13 0 14 E 15 5 16a F 17 17 18 T 19 P 1 19 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contriberogram Contriberogram Content Contriberogram Content C	utions and grain service reverses (Part X, labilities (Part X, lab	nts (Part VII nue (Part VIII, column ones 8 through nounts paid (Famembers (Part IX, column (IX, column IX, column (IX, column IX, column IX, column (IX) es Subtract I nue 16) . K, line 26) . Iances Subtract I e that I have	I, line 1h)  II, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1  examined this re	T, line 34	11e) nn (A), l A), lines	Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739  37,160  213,579  nedules and ster) is based or	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778 ,391 ,387	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year  249,379,458  46,663,525  202,715,933
Signal and Assets of Expenses and a series of Expenses	8 C 9 P 10 I 11 C 12 T 11 13 G 14 E 15 S 16a F 17 C 18 T 19 R 17 19 R	Contriberogram Contriberogram Content Contriberogram Content C	utions and grain service revenue (Part Vevenue—add Irrand similar amis paid to or for so, other compessional fundraisidraising expenses xpenses (Part X, Iabilities (P	nts (Part VII nue (Part VIII, column ones 8 through nounts paid (Famembers (Part IX, column (IX, column IX, column (IX, column IX, column IX, column (IX) es Subtract I nue 16) . K, line 26) . Iances Subtract I e that I have	I, line 1h)  II, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1  examined this re	T, line 34	11e) nn (A), l A), lines	Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739  37,160  213,579  nedules and ster) is based or	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778 ,391 ,387	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year  249,379,458  46,663,525  202,715,933
be do not Assets or Expenses Fund Balances	8 C 9 P 10 I 11 C 12 T 11 13 G 14 E 15 S 16a F 17 C 18 T 19 R 17 19 R	Contrib Program Investm Other re Total re 12) Grants Benefits 5-10) Profess Total func Other e Total ex Revenu  Total as Fotal lia Net ass Signa es of per e and becany known	utions and grain service reverse nent income (Pevenue (Part Vevenue—add ling) and similar ampliants of the properties of	nts (Part VII nue (Part VII rue (Part VIII) rart VIII, column ( rues 8 through rounts paid (F members (Part rues 13-17 ( rues Subtract I rues 16) rues Subtract I	I, line 1h)  II, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1  examined this re	T, line 34	11e) nn (A), l A), lines	Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739  37,160  213,579  nedules and ster) is based or	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778 ,391 ,387	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year  249,379,458  46,663,525  202,715,933
Signal and Assets of Expenses and a series of Expenses	8 C 9 P 10 I 11 C 12 T 11 13 G 14 E 15 S 16a F 17 C 18 T 19 R 17 19 R	Contriberogram Contriberogram Contriberogram Cotal refits Cotal refits Cotal function Cotal experiment Cotal	utions and grain service revenue (Part Vevenue—add Irrand similar amis paid to or for some some superiors (Part Xipenses (Part Xipenses Add Irrand services (Part Xipenses Add Irrand services (Part Xipenses (Part Xipenses Add Irrand services (Part Xipenses (Part	nts (Part VII nue (Part VII Part VIII, col VIII, column ( nes 8 through nounts paid (F members (Part nsation, emp IN, column ( IN, colu	I, line 1h)  II, line 2g)  umn (A), lines 3, 4  (A), lines 5, 6d, 8  11 (must equal F  Part IX, column (A)  art IX, column (A)  bloyee benefits (Pa  t IX, column (A), I  n (D), line 25)  A), lines 11a-11a  (must equal Part I  line 18 from line 1  examined this re	T, line 34	11e) nn (A), l A), lines	Begin	Prior Year  124,487  1,086  8,584  1,339  135,499  15,843  49,766  3,800  59,510  128,921  6,577  ning of Current  250,739  37,160  213,579  nedules and ster) is based or	,650 ,774 ,661 ,965 ,050 ,692 ,551 ,159 ,821 ,223 ,827 <b>Year</b> ,778 ,391 ,387	Current Year  126,104,650  1,089,199  4,730,305  1,398,775  133,322,929  23,562,158  0  52,532,807  4,585,087  59,119,210  139,799,262  -6,476,333  End of Year  249,379,458  46,663,525  202,715,933

Firm's address ► 8401 Greensboro Drive - Suite 800

Mclean, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Firm's name 🕨 BDO USA LLP

Preparer

**Use Only** 

Firm's EIN 🟲 13-5381590

Phone no (703) 893-0600

Form	990 (2015) Page
Par	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
MOR HSU ANII FIEL ADV ENH NAT WOR	HUMANE SOCIETY OF THE UNITED STATES' (THE HSUS) MISSION IS TO CELEBRATE ANIMALS AND CONFRONT CRUELTY INFORMATION ON THE HSUS'S PROGRAM SERVICE ACCOMPLISHMENTS IS AVAILABLE AT HUMANESOCIETY ORG THE INFORMATION, WITH A DISTINCT MISSION, HELPING IS THE NATION'S MOST INFLUENTIAL ANIMAL PROTECTION ORGANIZATION, WITH A DISTINCT MISSION, HELPING IALS THROUGH DIRECT CARE, CORPORATE REFORM, EDUCATION, DISASTER RESPONSE, EMERGENCY RELIEF AND RESCUE OWORK, INVESTIGATIONS, LITIGATION, RESEARCH, SCIENTIFIC AND TECHNICAL ANALYSIS, MEDIA OUTREACH, PUBLIC DICACY, AND LEGISLATIVE AND POLICY INITIATIVES FROM ITS FOUNDING IN 1954, THE HSUS HAS COMPLEMENTED AND AND AND AND AND REGIONAL HUMANE SOCIETIES, PROMOTING THE PROTECTION OF ANIMALS AT THE ONAL LEVEL, TACKLING ISSUES WHOSE SCOPE AND MAGNITUDE EXCEED THE CAPACITY OF LOCAL ORGANIZATIONS, AN KING TO EXPAND THE HUMANE MOVEMENT THROUGHOUT THE UNITED STATES AND ABROAD THE FOUNDERS OF THE HSUND SEEK TO REPLICATE THE ACTIVITIES OF LOCAL GRO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 49,935,884 including grants of \$ 5,456,871 ) (Revenue \$ 440,435 )
	EDUCATION AND ENGAGEMENT THE WORK OF EDUCATION AND ENGAGEMENT, WITH THE RELATED ACTIVITY OF PUBLIC OUTREACH AND COMMUNICATION TO A RANGE OF AUDIENCES, IS CONDUCTED THROUGH MANY SECTIONS INCLUDING DONOR CARE, COMPANION ANIMALS, WILDLIFE, FARM ANIMALS, COMMUNICATIONS, MEDIA AND PUBLIC RELATIONS, CONFERENCES AND EVENTS, PUBLICATIONS AND CONTENT, THE HUMANE SOCIETY INSTITUTE FOR SCIENCE AND POLICY, FAITH OUTREACH, RURAL DEVELOPMENT AND OUTREACH, HUMANE SOCIETY ACADEMY, CELEBRITY OUTREACH, AND PUBLIC SERVICE ANNOUNCEMENTS (CONTINUED ON SCHEDULE O)
4b	(Code ) (Expenses \$ 26,600,625 including grants of \$ 5,295,194 ) (Revenue \$ 234,618 )
	PUBLIC POLICY AND ENFORCEMENT THE HSUS'S WORK IN PUBLIC POLICY AND ENFORCEMENT FOCUSES ON SHORT-, NEAR-, AND LONG-TERM INITIATIVES TO ENSURE THE WELL-BEING OF ANIMALS IN A VARIETY OF CONTEXTS AND SETTINGS COMPANION ANIMALS IN 2015, THE HSUS MADE GREAT PROGRESS IN ITS FIGHT TO END CARBON MONOXIDE GAS CHAMBER USE IN SHELTERS WEST VIRGINIA, NORTH CAROLINA, AND NEVADA CLOSED THEIR LAST WORKING CHAMBERS IN ALL, TEN SHELTERS VOLUNTARILY CLOSED THEIR CHAMBERS, WITH SOME TWO-THIRDS OF THE CHAMBERS IN EXISTENCE HAVING CLOSED SINCE 2013, AND ONLY SEVEN STATES WITH CHAMBERS STILL IN ACTIVE USE (CONTINUED ON SCHEDULE 0)
	(Code ) (Expenses \$ 22,360,108 including grants of \$ 11,379,651 ) (Revenue \$ 384,172 )
-TC	DIRECT CARE AND SERVICE THE HSUS'S DIRECT CARE AND SERVICE INITIATIVES ARE DESIGNED TO MEET ITS COMMITMENT TO ANIMALS AND THEIR BASIC CAR NEEDS ACROSS A WIDE RANGE OF ISSUE AND PROGRAM AREAS THESE INITIATIVES INVOLVE EXTERNAL GRANTS TO OTHER ORGANIZATIONS AND THE DIRECT CARE WORK CARRIED OUT BY THE HSUS AND ITS STAFF MEMBERS AS A CORE CONCERN OF THE HSUS, DIRECT CARE AND SERVICE COMPRISES THE WORK OF SUCH PROGRAMS AS THE ANIMAL RESCUE TEAM AND HUMANE WILDLIFE SERVICES (CONTINUED ON SCHEDULE O)
	See Additional Data
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 8,324,461 including grants of \$ 1,430,442 ) (Revenue \$ 73,422 )
4e	Total program service expenses ► 107,221,078

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I$	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	28b	Yes	No
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.			No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		No
33	If "Yes," complete Schedule N, Part II	32		No
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		100
	and Part V, line 1	34	Yes	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page <b>5</b>
Par	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> Check if Schedule O contains a response or note to any line in this Part V			.৮
	Check if Schedule O contains a response of note to any line in this Part V	<del></del>	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   490			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	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		No ——
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	$\vdash$	100	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

Dart VI	Governance, Management, and Disclosure	
FOIL VI	dovernance, management, and bisclosure	

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

Se	ection A. Governing Body and Management	• •	<del></del>	•	• •	,, ~
	At doverning body and rianagement				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	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	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?	siness	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	ver to	elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		· · · · · · · · · · · · · · · · · · ·	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	eveni	ue Cod	e.)
					Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organizati			10b	Yes	
.1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
.3	Did the organization have a written whistleblower policy?			13	Yes	
.4	Did the organization have a written document retention and destruction policy? .			14	Yes	
.5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	orsım	ılar arrangement wıth a	16a	Yes	

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

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

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  ▶G THOMAS WAITE III 700 PROFESSIONAL DR GAITHERSBURG, MD 20879 (202) 452-1100

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

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

			,							ı	ı
	(A)  Name and Title  A verage hours per week (list any hours			han o	one l both	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See /	Additional Data Table										
1b	Sub-Total				•		•				
c d	Total (add lines 1b and 1c)				· .	· .			3,051,181	192,178	750,274
2	Total number of individuals (i \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

			Yes	i .
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1 a? If "Yes," complete Schedule J for such individual	3	Yes	
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 I for such			
	ındıvıdual	4	Yes	
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 I for such person	5		

	Yes	No
3	Yes	
4	Yes	
5		No

### **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)	(B)	(C)
Name and business address	Description of services	Compensation
TOUCHPOINT INTEGRATED COMMUNICATIONS	PURCHASE TV MEDIA SPACE	9,999,469
16 THORNDAL CIRCLE		
DARIEN, CT 06820		
NATIONAL OUTDOOR SPORTS AD	FUNDRAISING CONSULTANT, PRINT, DESIGN,& COPY SERV	7,834,537
5151 WISCONSIN AVE NW 4TH FL	,	
WASHINGTON, DC 20001		
QUADRIGA ART	PRINTING, PROCUREMENT, PRODUCTION	5,864,026
825 HYLTON ROAD		
PENNSAUKEN, NJ 08110		
ROKKAN MEDIA LLC	VIDEO PRODUCTION, MEDIA BUY	1,768,720
300 PARK AVENUE SOUTH		
NEW YORK, NY 10010		
IMLAY INTERNATIONAL LLC	PRINT MANAGEMENT	1,738,698
5023 BACKLICK ROAD		
ANNADALE, VA 22003		

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  $\blacktriangleright$  55

Part V	1	Statement o						
		Check if Schedu	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated camp	paigns 1a	654,543				
nts	ь	Membership du	es <b>1b</b>					
Grants mounts	С	Fundraising eve		1,861,669				
P.S.	_	_						
Giffs, illar A	d		ations 1d					
ا <u>ٿ</u> ي يُع	e	Government grants	s (contributions) <b>1e</b>					
tributions, Giffs, Grants Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	123,588,438				
훈	q		ons included in lines	20 170 265				
Contributions, and Other Sirr		1a-1f \$		20,179,265				
Cont	h	Total. Add lines	s 1 a - 1 f	· · · · •	126,104,650			
ē				Business Code				
nua.	2a	ADVERTISING		541800	533,110		533,110	
Fe.	b	CONSULTATION &	SERVICE	541990	143,509	143,509		
o O	С	SUBSCRIPTIONS		511110	86,471	86,471		
er v	d							
e ခ	е							
Program Serwce Revenue	f	All other progra	ım service revenue		326,109	326,109	0	(
<u>چ</u>	g	Total Add lines	s 2a – 2f	<b>L</b>	1,089,199			
	3		ome (including dividen		1,005,135			
		and other simila	aramounts)	•	1,867,496		43,448	1,824,048
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties			1,383,751			1,383,75
	6-	Gross rents	(ı) Real	(II) Personal				
	Va	GIOSS TEIRS						
	b	Less rental expenses						
	С	Rental income	0	0				
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	62,644,381	400				
	Ь	Less cost or other basis and sales expenses	59,781,972	0				
	С	Gaın or (loss)	2,862,409	400				
	d	Net gain or (los	s)		2,862,809			2,862,809
Other Kevenue	8a	see Part IV, lin	luding ,669 reported on line 1c) e 18					
] 1	L	Loca dimast s	a noncos h	1,451,551				
<b>)</b>	b c		penses <b>b</b> loss) from fundraising (	_,,	-299,780			-299,780
			rom gaming activities	events i i p	,			,
	_		a					
	Ь		penses <b>b</b>	uties :				
		Gross sales of	loss) from gaming activ	viues				
		returns and allo						
	b	_	oods sold <b>b</b>					
	С		loss) from sales of inve					
	4.	Miscellaneous		Business Code 900099	132 440			100.444
	11a	OTHER INCOM			122,448			122,44
	b	LIST RENTALS	<u> </u>	900099	66,356			66,35
	С	OTHER FEES		541990	126,000			126,000
	d		ue		0	0	0	(
	е		s 11a-11d	• • •	314,804			
	12	Total revenue.	See Instructions	· · · · •	133,322,929	556,089	576,558	6,085,632

### Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	21,123,405	21,123,405		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,438,753	2,438,753		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,688,978	2,994,129	79,091	615,758
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	38,508,835	29,767,532	994,982	7,746,321
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,094,748	2,383,969	80,904	629,875
9	Other employee benefits	4,050,751	3,134,986	104,237	811,528
10	Payroll taxes	3,189,495	2,474,415	81,394	633,686
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,563,620	1,276,126	41,977	245,517
c	Accounting	288,033	235,074	7,733	45,226
d	Lobbying	658,099	537,098	17,667	103,334
e	Professional fundraising services See Part IV, line 17	4,585,087			4,585,087
f	Investment management fees	449,231	366,633	12,060	70,538
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,411,231	8,496,974	279,502	1,634,755
12	Advertising and promotion	18,937,341	15,455,435	508,396	2,973,510
13	Office expenses	6,328,983	5,165,308	169,909	993,766
14	Information technology	4,274,353	3,488,451	114,750	671,152
15	Royalties				
16	Occupancy	1,631,668	1,331,662	43,804	256,202
17	Travel	4,044,960	3,294,049	109,641	641,270
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	351,891	287,191	9,447	55,253
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	934,623	762,779	25,091	146,753
23	Insurance	1,100,979	898,548	29,557	172,874
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIRECT RESPONSE, EDUCATIONAL MATERIAL	7,327,669	642,163	976,153	5,709,353
b	EQUIPMENT	571,018	466,028	15,330	89,660
c	RE & PROPERTY TAXES	245,511	200,370	6,591	38,550
d					
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	139,799,262	107,221,078	3,708,216	28,869,968
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ if following SOP 98-2 (ASC 958-720)				
		35,677,595	11,008,424	690,121	23,979,050

Net Assets or Fund Balances

Form 990 (2015)

Part X Balance Sheet

I GI	CA	Check if Schedule O contains a response or note to any	line in	this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,300	1	6,550
	2	Savings and temporary cash investments		[	14,103,627	2	11,459,266
	3	Pledges and grants receivable, net		[	11,491,563	3	9,905,500
	4	Accounts receivable, net		[	5,602,956	4	6,908,760
	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated em II of Schedule L					
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	3(c)(3) fsectio	)(B), and on 501(c)(9)		5	0
SSI						6	0
•	7	Notes and loans receivable, net			2,255,761	7	2,023,070
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			729,896	9	1,018,671
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	21,507,070			
	Ь	Less accumulated depreciation	10b	11,208,838	9,783,499	10c	10,298,232
	11	Investments—publicly traded securities		' '	142,305,898	11	72,343,278
	12	Investments—other securities See Part IV, line 11 .		•	57,787,913		132,908,965
	13	Investments—program-related See Part IV, line 11 .		ŀ	1,330,000	13	1,330,000
	14	Intangible assets		` ` `	1,000,000	14	1,000,000
	15	Other assets See Part IV, line 11		• • •	5,342,365	15	1,177,166
	16	Total assets. Add lines 1 through 15 (must equal line 34			250,739,778		249,379,458
	17	Accounts payable and accrued expenses			12,800,553	17	16,001,285
	18	Grants payable			84,983	18	27,240
	19		•		392,385	19	109,676
		Deferred revenue	•		392,363		109,070
	20	Tax-exempt bond liabilities				20	
Liabilities	21 22	Escrow or custodial account liability Complete Part IV  Loans and other payables to current and former officers key employees, highest compensated employees, and of	, dırec	tors, trustees,		21	
Ē		persons Complete Part II of Schedule L	-			22	
嘎	23	Secured mortgages and notes payable to unrelated thir		ŀ		23	8,502,312
	24	Unsecured notes and loans payable to unrelated third p		ŀ		24	-,,
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D		•	23,882,470	25	22,023,012
	26	<b>Total liabilities.</b> Add lines 17 through 25	· ·		37,160,391	26	46,663,525
s e		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.			, ,		
ä	27	Unrestricted net assets			170,083,786	27	152,555,855
<u>ස</u> හි	28	Temporarily restricted net assets			21,291,307	28	27,980,784
<u>=</u>	29	Permanently restricted net assets			22,204,294	29	22,179,294
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check	here ► ┌ and			
۰ د	30	Capital stock or trust principal, or current funds		[		30	
ŠĘ	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31	
	32	Retained earnings, endowment, accumulated income, or	r other	funds		32	
¥ĕ	33	Total net assets or fund balances			213,579,387	33	202,715,933
Z	34	Total liabilities and net assets/fund balances			250,739,778	34	249,379,458

Do	rt XI Reconcilliation of Net Assets			<u> </u>	age = =
Pell	Check if Schedule O contains a response or note to any line in this Part XI				ᅜ
	- Check it Schedule & Contains a response of note to any line in this fare XI	<del></del>	•		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		133,3	322,929
2	Total expenses (must equal Part IX, column (A), line 25)	2			799,262
3	Revenue less expenses Subtract line 2 from line 1	3		-6,4	176,333
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		213,5	579,387
5	Net unrealized gains (losses) on investments	5		-9,4	155,643
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		5,0	068,522
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		202,7	715,933
Раг	Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				_
	Check it Schedule & contains a response of note to any fine in this Fait XII		•	Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant	?	2c	Yes	
_	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>!</b>	3b		

#### **Additional Data**

**Software ID:** 15000238

**Software Version:** 2015v2.1

**EIN:** 53-0225390

Name: The Humane Society of the United States

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	8,324,461	including grants of \$	1,430,442 ) (Revenue \$	73,422 )
CORPORATE POLICY					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (F) (B) (D) (E) Name and Title Estimated amount Position (do not check Reportable Reportable Average hours per more than one box, unless compensation compensation of other person is both an officer week (list from the compensation from related and a director/trustee) organization (Worganizations (Wany hours from the 2/1099-MISC) for related 2/1099-MISC) organization and <u>9</u> 10€ Highest employe Former Individual trustaa or diiector organizations related Institutional below organızatıons employee dotted line) t compensated .ee Trustee 3.0 ERIC L BERNTHAL ESQ Χ Χ 0 0 BOARD CHAIRMAN 0 0 2 0 JENNIFER LEANING MD SMH Х Χ 0 0 VICE CHAIRMAN 0 0 JASON WEISS Х 0 0 Х 2ND VICE CHAIR  $\cap$ 2 0 KATHLEEN M LINEHAN ESQ BOARD TREASURER 0.0 1 0 JEFFREY J ARCINIACO Χ 0 0 DIRECTOR 10 ERIKA BRUNSON Χ 0 0 DIRECTOR 1 0 JERRY CESAK 0 0 Χ DIRECTOR 10 3 0 ANITA W COUPE ESQ Х 0 DIRECTOR 3 0 10 SPENCER B HABER Χ 0 0 DIRECTOR 10 10 AMANDA HEARST Х 0 0 DIRECTOR 0 0 1 0 CATHY KANGAS 0 Χ 0 DIRECTOR 0 0 1 0 PAULA A KISLAK DVM Х 0 DIRECTOR 2.0 1 0 CHARLES A LAUE Χ 0 DIRECTOR 0 0 JOHN MACKEY 10 Х 0 0 DIRECTOR 0 0 MARY I MAX 10 0 0 0 Х DIRECTOR PATRICK L MCDONNELL 0 0 DIRECTOR 1.0 1 0 C THOMAS MCMILLEN DIRECTOR 0 0 1.0 JUDY NEY Х 0 0 DIRECTOR 10 SHARON LEE PATRICK 0 0 0 Х DIRECTOR 0 0 MARSHA PERELMAN 0 Χ 0 DIRECTOR 0.0 1 0 MARIAN G PROBST DIRECTOR 39 0 10 JONATHAN M RATNER Χ 0 0 DIRECTOR 0 0 10 WALTER J STEWART ESQ 0 Х 0 1 0 ANDREW WEINSTEIN 0 Χ 0 DIRECTOR 0 0 1 0 SUZY WELCH DIRECTOR 0.0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde		ntracto				,	•	. , , , <u>, , , , , , , , , , , , , , , ,</u>	l	l I
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more the perso and a	ion ( han o n is b	ne booth a	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		_,,	related organizations
NEIL B FANG ESQ CPA	2 0	×						0	0	0
DIRECTOR	10									
JANE GREENSPUN GALE		X						0	0	0
DIRECTOR	10									
JOSHUA S REICHERT PhD		x						0	0	0
DIRECTOR  DAMED O WIEDERS MD	1 0									
DAVID O WIEBERS MD		×						0	0	О
DIRECTOR WAYNE PACELLE	4 0 33 0									
PRESIDENT & CEO				х				392,107	0	56,873
MICHAEL MARKARIAN	7 0 34 0									
CHIEF OPERATING OFFICER				х				205,509	22,834	31,034
G THOMAS WAITE III	6 0 31 0									
TREASURER & CFO				х				215,635	0	92,886
AMY C RODGERS	9 0 32 0									
SECRETARY	7 0			Х				78,333	0	14,922
ANDREW ROWAN PhD	13 0									
CIO & CHIEF SCIENTIFIC OFFICER	27 0			Х				83,504	125,256	87,430
ROGER A KINDLER	34 0									
GENERAL COUNSEL, VP and CLO	6 0			×				210,088	0	40,930
MICHAELEN BARSNESS	22 0									
CONTROLLER & DEPUTY TREASURER	18 0			Х				146,161	0	13,882
THERESA REESE	32 0			V				122 102	0	27.047
SECOND DEPUTY TREASURER	8 0			Х				123,183	0	27,947
ARNOLD BAER	40 0			х				96,227	0	57,189
ASSISTANT TREASURER	0 0			^				90,227	0	37,109
SARAH REDDING	38 0			×				50,726	5,636	7,973
ASSISTANT TREASURER	2 0			Ĺ.				30,720	3,030	7,373
CAROL ENGLAND	10 0			×				69,234	0	17,058
ASSISTANT SECRETARY	30 0									
DONNA MOCHI	38 0			×				79,367	0	22,352
ASSISTANT SECRETARY	2 0							,		,
ELIZABETH LILEY	40 0				х			214,741	0	25,217
CHIEF DEVELOPMENT OFFICER	0									
HOLLY HAZARD JD	35 0				х			153,808	38,452	46,850
SVP PROGRAMS & INNOVATION	5 0 38 0									
MICHAEL J BLACKWELL DVM MPH						х		179,430	0	6,318
CHIEF VETERINARY POLICY	2 0 40 0									
JUDITH REED						x		168,136	0	20,693
VP HUMAN CAPITAL & DEVELOPMENT	8 0 40 0									
JONATHAN LOVVORN  SVP. CHIEF COLINSEL						x		163,707	0	36,456
SVP CHIEF COUNSEL HEIDI PRESCOTT	8 0 40 0									
SVP CAMPAIGNS & OUTREACH						x		153,067	0	41,089
REBECCA BRANZELL	8 0 40 0									
DEPUTY GENERAL COUNSEL						х		150,091	0	69,288
BERNARD O UNTI PhD	0 37 0									
FORMER-ASST TREASURER	3.0						x	118,127	0	33,887
	3 0	<u> </u>	1	<u> </u>	<u> </u>		<u> </u>			<u> </u>

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**SCHEDULE A** 

(Form 990 or 990EZ)

Internal Revenue Service

Department of the

Treasury

Total

As Filed Data -

DLN: 93493181009496

OMB No 1545-0047

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**2015** 

Open to Public Inspection

		<b>ne organization</b> Society of the United States					Employer identifica	ition number
THC II	umanc	society of the office states					53-0225390	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ns.
The	organi	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox )	
1	Ē	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> b	o)(1)(A)(i).	
2		A school described in						
3	Ē	A hospital or a cooper	_		•			
4	Ė	A medical research or	•	=				). Enter the
-	•	hospital's name, city,	-				, =(=)(=)()(	,
5	_	An organization opera 170(b)(1)(A)(iv). (C		nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	lescribed in <b>section</b>
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	.)(A)(v).	
7	<u> </u>	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	vi). (Complete Part II	)	-	ntal unit or from the g	eneral public
8	<u> </u>	A community trust de						
9	Г	receipts from activition from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business tailes tested by the state of the	subject to certa xable income (lo (Complete Part	in exceptions, a ess section 51 III )	and (2) no more than 1 tax) from businesse	3 3 1/3% of its suppor
11	, H	An organization organ	•	•	•	•		ut the nurnoses of
	'	one or more publicly s						
		the box in lines 11a th	rough 11d tha	at describes the type o	of supporting or	ganızatıon and	complete lines 11e, 1	.1f, and 11g
а	Г	<b>Type I.</b> A supporting of						
		supported organization organization				ty of the directo	ors or trustees of the	supporting
ь	Г	Type II. A supporting				with its suppo	rted organization(s), l	ov having control or
_	•	management of the su	pporting organ	nization vested in the s				
_	_	must complete Part I			n anaratad in a	annaatian wiith	and functionally into	aratad wath uto
C	1	Type III functionally is supported organization						grated with, its
d	$\sqcap$	Type III non-function						anızatıon(s) that ıs
		not functionally integr	ated The orga	nızatıon generally mu	st satisfy a dist	rıbutıon require		
	_	(see instructions) Yo						
е	ı	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally
f	Ente	r the number of support						
g		Provide the following i						
9				- m mpp 5 -				
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization		Type of	Is the organ		A mount of	A mount of other
					support (see			
				(described on lines 1-9 above (see	docume	nt?	(see instructions)	instructions)
				instructions))				
					<u> </u>			
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 105,049,788 112,833,027 115,513,194 124,487,650 126,104,650 583,988,309 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a 0 governmental unit to the organization without charge 105,049,788 112,833,027 115,513,194 124,487,650 126,104,650 583,988,309 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit 15,026,304 or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 568,962,005 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 105,049,788 Amounts from line 4 112,833,027 115,513,194 124,487,650 126,104,650 583,988,309 Gross income from interest, dividends, payments received 9,408,585 4,979,488 3,671,930 3,164,413 3,251,247 24,475,663 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 227,756 281,522 783,281 616,574 314,804 2,223,937 capital assets (Explain in Part VI) 11 Total support. Add lines 7 610,687,909 through 10 Gross receipts from related activities, etc (see instructions) 12 12 15,065,913 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 93 17 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 94 69 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
<b>4</b> a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 <b>a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 A mounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
<b>d</b> From 2013							
e From 2014							
f Total of lines 3a through e							
<b>g</b> Applied to underdistributions of prior years							
<b>h</b> Applied to 2015 distributable amount							
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
<b>c</b> Excess from 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							

#### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10 Other	DESCRIPTION - OTHER INCOME, COLUMN A - 94800 0, COLUMN B - 25891 0, COLUMN C -
Income	482685 0, COLUMN D - 403095 0, COLUMN E - 122448 0, COLUMN F - 1128919 0,
	DESCRIPTION - LIST RENTALS, COLUMN A - 132956 0, COLUMN B - 155631 0, COLUMN C -
	177596 0, COLUMN D - 96579 0, COLUMN E - 66356 0, COLUMN F - 629118 0, DESCRIPTION
	- OTHER FEES, COLUMN A - 0 0, COLUMN B - 100000 0, COLUMN C - 123000 0, COLUMN D -
	116900 0, COLUMN E - 126000 0, COLUMN F - 465900 0,

Schedule A (Form 990 or 990-EZ) 2015

### efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493181009496 **Political Campaign and Lobbying Activities** 

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

**SCHEDULE C** 

(Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

Section 501(c)(4), (5), or (6) organizations Complete Part III  Name of the organization The Humane Society of the United States	Employer identification number
	53-0225390
Part I-A Complete if the organization is exempt und	er section 501(c) or is a section 527 organization.
<ul><li>1 Provide a description of the organization's direct and indirect po</li><li>2</li></ul>	olitical campaign activities in Part IV
2	olitical campaign activities in Part IV
	olitical campaign activities in Part IV
2	olitical campaign activities in Part IV \$

1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
oli	cical expenditures	
,	•	
		\$
3		
olι	inteer hours	
<sup>o</sup> ai	t I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	┌ Yes
4a		
Vas	a correction made?	
- <sub>v</sub>	es	
	If "Yes," describe in Part IV	
	t I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
_	<b>▶</b>	
	er the amount of the filing organization's funds contributed to other organizations for section 527 approximately the function activities	
•		
•		\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	
		<b>&gt;</b>
4		
old	the filing organization file <b>Form 1120-POL</b> for this year?	

┌ Yes				
organization made payments amount of political contribution	and employer identification number For each organization listed, enter ons received that were promptly and a political action committee (PAC)	the amount paid fr directly delivered	om the filing organization's f I to a separate political orga	unds Also enter the nızatıon, such as a
(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice,	see the instructions for Form 990 or 9	90-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Schedule C (F	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (elect under section 501(h)).		
Part II-A		ī	

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
Not over \$500,000	20% of the amount on line 1e					
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
Over \$17,000,000	\$1,000,000					

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	organization is exempt under section 501(c)(3) and h	as NOT		Page <b>3</b>
	(election under section 501(h)).  ough 11 below, provide in Part IV a detailed description of the lobbying		a) No	(b) Amount
	rganization attempt to influence foreign, national, state or local pt to influence public opinion on a legislative matter or referendum,	Yes		
unteers?				
Paid staff or management (inclu	ude compensation in expenses reported on lines 1c through 1i)?	Yes		I
ıa advertisements?		'		
es   134,660				
ings to members, legislators, or t	he public?			
S 672,059  Publications, or published or bro	oadcast statements?			Yes
384,929 Grants to other organizations fo	or lobbying purposes?			Yes
1,881,426	their staffs, government officials, or a legislative body?	Yes	1	
	ars, conventions, speeches, lectures, or any similar means?	Yes		63,428
er activities?				
es 448,871				
al Add lines 1c through 1i				
	e the organization to be not described in section 501(c)(3)?  ny tax incurred under section 4912	<u> </u>	No	
·	ny tax incurred by organization managers under section 4912			
If the filing organization incurre	d a section 4912 tax, did it file Form 4720 for this year?			
t III-A Complete if the $501(c)(6)$ .	organization is exempt under section 501(c)(4), secti	on 501(c	:)(5), c	or section
	more) dues received nondeductible by members?		٦	Yes No
Did the organization make only	in-house lobbying expenditures of \$2,000 or less?			2
Did the organization agree to ca	arry over lobbying and political expenditures from the prior year?		L	3
	organization is exempt under section 501(c)(4), secti either (a) BOTH Part III-A, lines 1 and 2, are answere ed "Yes."			
s, assessments and similar amou	ints from members			
Section 162(e) nondeductible lo expenses for which the section	obbying and political expenditures (do not include amounts of politica 527(f) tax was paid).	u		
rent year				
<u> </u>				
ryover from last year				
.				
al				
Aggregate amount reported in s	eaction 6033(a)/1)/A) notions of non-dedicatible section 463(a)	1 ~	ı	
	section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	Í	
	on line 2c exceeds the amount on line 3, what portion of the excess ver to the reasonable estimate of nondeductible lobbying and			
Taxable amount of lobbying and	i political expenditures (see instructions)	5	ı	
art IV Supplemental In	<u> </u>		ı	
ovide the descriptions required fo	r Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ine 1 Also, complete this part for any additional information  Explanation	group list)	, Part II	-A, lines 1 and
redule C, Part II-B, Line 1a LUNTEERS	THE HSUS UTILIZES UNPAID VOLUNTEERS TO COLLECT SIGN CONTACT LEGISLATORS AND THEIR STAFF, AND PARTICIPATIONS, SEMINARS, AND CONVENTIONS			ERENDA,
edule C, Part II-B, Line 1b PAID AFF OR MANAGEMENT	THE HSUS MANAGEMENT AND STAFF PLAN, COORDINATE, AN POLICY PROGRAM THIS PROGRAM INCLUDES MAINTAINING WITH MEMBERS OF CONGRESS, STATE LEGISLATORS, EXECU AGENCIES, ANIMAL WELFARE COALITIONS, AND OTHER NAT ORGANIZATIONS	AND EXPA	NDING REGULA	CONTACTS ATORY
edule C, Part II-B, Line 1c DIA ADVERTISEMENTS	THE HSUS PUBLISHED ADVERTISEMENTS THROUGH THE MED INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINI OR REFERENDA			
nedule C, Part II-B, Line 1d	THE HSUS SENT ELECTRONIC UPDATES ON ANIMAL WELFARE			
ILINGS TO MEMBERS, GISLATORS, OR THE PUBLIC	INITIATIVES TO UNPAID VOLUNTEERS, MEMBERS, AND OTHI ADDITION, THE HSUS ASSISTED INTERESTED PARTIES IN SE THROUGH THE SOCIETY'S WEBSITE			

Schedule C (Form 990 or 990EZ) 2015

#### DLN: 93493181009496

## OMB No 1545-0047

Open to Public

### SCHEDULE D

(Form 990)

Department of the Treasury

### Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** The Humane Society of the United States 53-0225390 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register

	mstorie structure iistea in the National Register			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	y the	organization durin	g 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 violations, and enforcement of the conservation easements it holds?	g of	┌ Yes	∏ No

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)( $_{\rm I}$ ) and section 170(h)(4)(B)( $_{\rm II}$ )?

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

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

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

Part	t IIII Organizations Maintaining	g Collections of A	rt, His	toric	al Tr	easures, o	or Ot	her Similar A	ssets	
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other rec	ords, ch	neck ar	ny of th	ne following t	hat ar	e a significant us	se of its	
а	Public exhibition		d		Loan o	r exchange p	orogra	ms		
b	Scholarly research		e		Other					
С	Preservation for future generations									
4	Provide a description of the organization Part XIII	n's collections and exp	olaın hov	w they	further	the organiza	atıon's	exempt purpose	e in	
5	During the year, did the organization sol assets to be sold to raise funds rather t								s □ No	
Par	rt IV Escrow and Custodial Arr		as part t	or the c	ngamz	acion's cone	C CIOII ·	, 10.	, 110	
	Complete if the organization Part X, line 21.		Form	990, F	Part I\	V, line 9, oi	repo	orted an amou	nt on For	m 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	istodian or other interr	mediary	for co	ntrıbut	ions or other	asse	ts not <b>Ve</b> s	s ┌ No	
ь	If "Yes," explain the arrangement in F	Part XIII and complete	e the fol	lowing	table			An	ount	
С	Beginning balance						1c			
d	Additions during the year					Ī	1d			
e	Distributions during the year					Ī	1e			
f	Ending balance					Ī	1f			
2a	Did the organization include an amount	on Form 990. Part X. I	ine 21.	for esc	row or	ı custodial ac	count	lability? <b>Yes</b>	. □ No	
b	If "Yes," explain the arrangement in Par									Г
Pa	rt V Endowment Funds. Compl	ete if the organizati	on ans (b)Prio			c)Two years ba		Part IV, line 10 I)Three years back	<b>. (e)</b> Four y	oars back
1a	Beginning of year balance	23,039,655	• • •	3,390,3	_	22,073,1		21,010,129	· · ·	22,453,691
ь	Contributions	23,033,033		3,0	-		745	292,488		15,712
_				,		,		,		,
C	Net investment earnings, gains, and losses	-705,103		891,3	91	2,435,3	335	1,930,749	9	-429,288
d										
е	Other expenditures for facilities and programs	1,253,105		1,245,0	64	1,125,	515	1,159,621		1,029,986
f	Administrative expenses									
g	End of year balance	21,081,447	2	23,039,6	55	23,390,3	310	22,073,745	:	21,010,129
2	Provide the estimated percentage of the	•	nce (lın	e 1g, c	olumn	ı (a)) held as				
а	Board designated or quasi-endowment	<u> </u>								
b	Permanent endowment ► 95 %									
С	Temporarily restricted endowment F The percentages on lines 2a, 2b, and 2c	4 % c should equal 100%								
3a	Are there endowment funds not in the po	ssession of the organ	ızatıon	that ar	e held	and adminis	tered	for the		
	organization by							_	Yes	No
	(i) unrelated organizations			•					a(i)	No
	(ii) related organizations			• •		•		<del> </del>	n(ii)	l No
ь 4	If "Yes" on 3a(II), are the related organi Describe in Part XIII the intended uses	•							3b	<u></u>
	rt VI Land, Buildings, and Equi		endowin	ent run	ius					
rai	Complete if the organization		orm 9	90, Pa	art IV,	, line 11a.S	ee Fo	orm 990, Part )	K, line 10	).
	Description of property		Cos	(a) st or oth (investm	er basıs	(b)	r basıs	Accumulated (c) depreciation		ok value
1a	Land			(**************************************		,	25,219			5,825,219
	Buildings		·			3,0	,-13			3,023,213
-						11,2	38,032	7,533,48	15	3,704,547
c	Leasehold improvements									
d	Equipment					1,5	06,986	1,269,22	20	237,766
e	Other					2.9	36.833	2.406.13	33	530.700

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

10,298,232

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the organiz	ation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	у	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		132,908,965	F
(3)Other		132,300,303	<u>'</u>
	<b>*</b>	122 000 065	
Part VIII Investments—Program Related.		132,908,965	
Complete if the organization answere	d 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organizati	on answered 'Yes' on Fo	rm 990 Part IV line 1	1d See Form 990 Part X line 15
(a) Desc			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)		
Part X Other Liabilities. Complete if the org			
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Federal Income taxes		$\dashv$	
ACCRUED SEVERANCE OBLIGATION	1,234,59	95	
DEFERRED COMPENSATION LIABILITY	307,80	02	
ANNUITIES AND UNITRUSTS LIABILITY	10,451,68	33	
ACCRUED RETIREMENT BENEFIT OBLIGATION	9,167,02	24	
DUE TO AFFILIATES	861,90	טע	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 22,023,0:	12	
2 Liability for uncertain tax positions. In Part XIII. provi			

00110	2416 5 (101111 550) 2015		rage -
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	157,036,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -9,455,640		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	21,962,146
3	Subtract line <b>2e</b> from line <b>1</b>	3	135,074,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-1,751,331
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	133,322,929
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	172,968,379
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	33,169,117
3	Subtract line <b>2e</b> from line <b>1</b>	3	139,799,262
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	139,799,262

### Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Defray building operating expenses, award scholarships to Connecticut 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, Part X, Line 2 FIN 48 (ASC 740) footnote	THE FOLLOWING FOOTNOTE IS FROM THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE HUMANE SOCIETY OF THE UNITED STATES AND AFFILIATES (THE SOCIETY) HSUS (HUMANE SOCIETY OF THE UNITED STATES), FFA (FUND FOR ANIMALS), HSI (HUMANE SOCIETY INTERNATIONAL), HSU (HUMANE SOCIETY UNIVERSITY), HSVMA (HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION), SFWC (SOUTH FLORIDA WILDLIFE CENTER), HSWLT (WILDLIFE LAND TRUST), AND PC (PROJECT CHIMPS) QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS DDAL (DORIS DAY ANIMAL LEAGUE) QUALIFIED UNDER SECTION 501(C)(4) OF THE IRC THEREFORE, THE SOCIETY IS GENERALLY NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS, HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES THE SOCIETY HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2015 IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE SOCIETY RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS WITH FEW EXCEPTIONS, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITITES FOR YEARS ENDED DECEMBER 31, 2012 AND PRIOR MANAGEMENT HAS EVALUATED THE SOCIETY'S TAX POSITIONS AND HAS CONCLUDED THAT THE SOCIETY HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	EXPENSES FROM FUNDRAISING EVENTS1751331
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	EXPENSES FROM FUNDRAISING EVENTS - 1751331

Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493181009496

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

-ha	Humane Society of the United Sta	tec			' '				
110	Trainanc Society of the officed Sta				53-0225390				
Pa	General Information on Activities Outside the United States.  Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.								
1	For grantmakers. Does the	organization m	naıntaın record	s to substantiate the	amount of its grants				
	and other assistance, the gra	antees' eligibil	ity for the grar	nts or assistance, and	the selection criteria				
	used to award the grants or a	assistance? .				✓ Yes			
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its gran	ts and other			
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )				
				I	T				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1	) See Add'l Data								
( 2	)								
( 3	)								
( 4	)								
( 5	)								
3	Sub-total	0	0			60,563,605			
ı	Total from continuation sheets to Part I	0	0			0			
c Totals (add lines 3a and 3b)		0	0			60,563,605			

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
( 5)								
( 6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
( /								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country,	recogni	zed a
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.		. 🕨

25

^

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	<u>duplicated if addit</u>	tional space is ne	<u>∍eded.</u>				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		
( 2)		+ + +			<u>'</u>		<u> </u>
(3)		+ + +			<u>'</u>		<u> </u>
(4)		+ +			†		<u> </u>
(5)		+ +			<u> </u>		† · · · · · · · · · · · · · · · · · · ·
(6)		+ +			†		<del>                                     </del>
(7)		+ +			+		<del>                                     </del>
(8)		+ +			+		<del>                                     </del>
(9)		+ +			+		<del>                                     </del>
( 10)		+ +			+		+
(11)		+ +			+		+
( 12)		+ +			+		+
( 13)		+ +			+		
( 14)		+ +			+		
( 15)		+ +			+		
( 16)		+ +			+		
( 17)		+ +			<del>                                     </del>		
( 18)		+			<del>                                     </del>		

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	<u> </u>	Νo
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; do not file with Form 990)	Г	Yes	দ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓	Yes	Г	Νo
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)	V	Yes	Γ	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)	<u> </u>	Yes	Г	Νo
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; do not file with Form 990)	Г	Yes	₩.	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5** 

#### Part V

#### **Supplemental Information**

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	THE HUMANE SOCIETY OF THE UNITED STATES ISSUES GRANTS TO ORGANIZATIONS THAT MEET OUR MISSI ON CRITERIA GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT (1) THE HSUS HAS THOROUGHLY RE SEARCHED, (2) THE HSUS HAS AN EXISTING RELATIONSHIP WITH, (3) OR THAT THE HSUS HAS INTERAC TED WITH IN CONJUNCTION WITH AN HSUS-SPONSORED EVENT GRANT OVERSIGHT IS ACCOMPLISHED THRO UGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part II SCHEDULE F, PART II	THE INSTRUCTIONS FOR SCHEDULE F REQUIRE GRANTS AND OTHER ASSISTANCE GIVEN TO RECIPIENTS OV  ER \$5,000 BE REPORTED IN DETAIL HOWEVER, IN ORDER TO INCREASE TRANSPARENCY AND PROVIDE TH  E USERS OF THE FORM WITH COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES, MANAGEM  ENT HAS CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL ON SCHEDULE F OF THE HSUS'S  FORM 990

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 INVESTMENTS IN CENTRAL AMERICA AND THE CARIBBEAN	The Society's investments in the Caribbean are listed at their book value and include the aggregate value of investment transactions of current and prior years As a tax exempt ent ity, the Society derives no tax related benefit from investments placed offshore

#### 990 Schedule F, Supplemental Information

330 Schedule 1, Supplemental Information	
Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE HUMANE SOCIETY OF THE UNITED STATES ISSUES GRANTS TO ORGANIZATIONS THAT MEET OUR MISSI ON CRITERIA GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT (1) THE HSUS HAS THOROUGHLY RE SEARCHED, (2) THE HSUS HAS AN EXISTING RELATIONSHIP WITH, (3) OR THAT THE HSUS HAS INTERAC TED WITH IN CONJUNCTION WITH AN HSUS-SPONSORED EVENT GRANT OVERSIGHT IS ACCOMPLISHED THRO UGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEES, AND SITE VISITS

### **Additional Data**

**Software ID:** 15000238

**Software Version:** 2015v2.1

**EIN:** 53-0225390

Name: The Humane Society of the United States

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmakıng	N/A	487,169
Central America and the Caribbean	0	0	Investments	N/A	58,124,851
East Asia and the Pacific	0	0	Grantmakıng	N/A	13,000

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
Europe (Including Iceland and Greenland)	0	0	Grantmakıng	N/A	743,527				
Middle East and North Africa	0	0	Grantmakıng	N/A	3,000				
North America (Canada & Mexico only)	0	0	Grantmakıng	N/A	1,097,389				

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Grantmakıng	N/A	14,869
South Asia	0	0	Grantmakıng	N/A	3,000
Sub-Saharan Africa	0	0	Grantmakıng	N/A	76,800

Form 990 Schedi	ale F Part II	, - Grants or Entitir	ies Outside The Unit	ited States				,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			SPAY/NEUTER CAMPAIGN IN CUENCA AREA	3,869	WIRE			
			VACCINATION PROGAM & TRANSPORTATION COSTS	2,500	WIRE			
		the Caribbean	FUNDS FOR ANIMAL BEHAVIOR TRAINING	3,000	WIRE			
			SPAY/NEUTER PROGRAM GENERAL OPERATING EXPENSE	3,000	WIRE			

Form 990 Schedv	ale F Part II	- Grants or Entiti	ies Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	SUPPORT ANIMAL RELATED LAWSUITS	6,500	WIRE			
		Sub-Saharan Africa	ANIMAL WELFARE PROGRAMS FOR SCHOOLS	2,000	WIRE			
			FUNDS TO PROVIDE VACCINATIONS AND SUPPLIES IN RURAL AREAS	3,000	WIRE			
			INTRODUCE HUMANE EDUCATION PROGRAM TO 6 SCHOOLS	11,000	WIRE			

ຸ Form 990 Schedເ	ıle F Part II	Grants or Entiti	ies Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUPPORT SPAY/NEUTER PROGRAM	5,000	WIRE			
		Sub-Saharan Africa	CARE OF CHIMPS IN MARSHALL ISLANDS, LIBERIA	39,300	WIRE			
		Sub-Saharan Afrıca	GENERAL OPERATING COSTS AND EDUCATIONAL PROGRAM	6,000	WIRE			
		Sub-Saharan Africa	FUNDS FOR RABIES VACCINES & EDUCATIONAL PAMPHLETS	2,000	WIRE			

Form 990 Schedi	ale F Part IJ	Grants or Entit <sup>a</sup>	ties Outside The Unite	ed States				·
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
			RABIES CAMPAIGN, ANIMAL CARE SUPPLIES	4,000	WIRE			
		North Africa	DOG POPULATION SURVEY IN TUKLAREM/RAMALLAH CITY	3,000	WIRE			
			ANIMAL PROTECTION TRAINING SESSIONS	5,000	WIRE			
,			NEPAL ART FOR WILDLIFE PROJECT	3,000	WIRE			

Form 990 Schedu	ale F Part II	- Grants or Entiti	ies Outside The Uni	ited States			-	· /
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		(Canada & Mexico only)	FUNDS TO SUPPORT STERILIZING ANIMALS	2,500	WIRE			
			SPONSOR WORLD ANIMAL DAY	5,000	WIRE			
		Pacific	DESIGN AND DEVELOP VOLUNTEER REGISTRATION SYSTEM	6,500	WIRE			
		Iceland and Greenland)	PROJECT ON THE ECONOMICS AND SOCIOLOGY OF TROPHY HUNTING	60,000	WIRE			

Form 990 Schedu	1		ies Outside The Uni	ited States	1		1	
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	REDUCE AND REPLACE ANIMALS USED IN SCIENTIFIC RESEARCH, STOP SALE OF FUR, REDUCE THE NUMBER OF ANIMALS SUFFERING ON FARMS	622,128				
		North America (Canada & Mexico only)	WORKS TO PROTECT ALL ANIMALS THROUGH EDUCATION, INVESTIGATION, LITIGATION, LEGISLATION, ADVOCACY, & FIELD WORK	1,084,111	WIRE			
		North America (Canada & Mexico only)	IMPROVE STANDARDS OF CARE FOR FARM ANIMALS, PROMOTE STREET DOG WELFARE, END BULLFIGHTING	10,777	WIRE			
		Europe (Including Iceland and Greenland)	REDUCE ANIMALS USED IN SCIENTIFIC RESEARCH, & TESTING, PROTECT MARINE SPECIES, CURB WILDLIFE TRADE & INFLUENCE INT'L TRADE POLICIES TO PROTECT ANIMALS	61,399	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
	1		IMPROVING STANDARDS OF CARE FOR FARM ANIMALS AND IMPROVING WILDLIFE PROTECTION	484,169	WIRE					

DLN: 93493181009496

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

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.

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

OMB No 1545-0047

**Inspection** 

Name of the organization The Humane Society of the United States

**Employer identification number** 

53-0225390

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1  NATIONAL OUTDOOR  SPORTS 5151 WISCONSIN AVE  NW 4TH FL  WASHINGTON, DC 20016	FUNDRAISING CONSULTANTS	Yes	<b>No</b>	27,927,177	1,215,500	26,711,677
INTEGRATED DIRECT MARKETING LLC 1250 CONNECTICUT AVE NW STE 200  WASHINGTON, DC 20036	DIRECT RESPONSE		Νο	2,586,822	190,500	2,396,322
DONOR SERVICES GROUP LLC 6715 SUNSET DRIVE BLVD  LOS ANGELES, CA 90028	TELEPHONE FR TO OBTAIN MULTI YR REVENUE		No	1,471,727	1,400,811	70,916
ADESA IMPACT 13085 HAMILTON CROSSING STE 500  CARMEL, IN 46032	AUTO RECOVERY SERVICES	Yes		1,050,574	192,450	858,124
TARGET MARKETEAM INC 1200 ABERNATHY ROAD ATLANTA, GA 30328	FUNDRAISING CONSULTANTS		No	3,741,426	160,000	3,581,426
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE	TELEPHONE FR TO OBTAIN MULTI YR REVENUE		Νo	90,779	135,074	-44,295
AKRON, OH 44333  7  JAVELIN 7850 NORTH BELT LINE ROAD  IRVING, TX 75063	TELEPHONE FR TO OBTAIN MULTI YR REVENUE		No	601,441	894,905	-293,464
8 SMOOSH 187 BELLVALE LAKES ROAD WARWICK, NY 10990	TELEPHONE FR TO OBTAIN MULTI YR REVENUE		No	204,543	323,847	-119,304
TOUCHPOINT INTEGRATED COMMUNICATIONS 16 THORNDALE CIRCLE	TELEPHONE FR TO OBTAIN MULTI YR REVENUE		No	48,389	72,000	-23,611
DARIEN, CT 06820						
Total			<b>-</b>	37,722,878	4,585,087	33,137,791

<sup>3</sup> List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI,

Part II	Fundraising	Events
	i dilalabiliq	

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 or
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000

	receipts greater than \$5,000				
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	<b>(d)</b> Total events
		NY GALA	ANIMAL CARE EXPO	7	(add col <b>(a)</b> through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
Φ					
Revenue		1.564.025	700.450	0.40, 0.27	2 21 2 226
Rei	<b>1</b> Gross receipts	1,564,825	799,458	948,937	3,313,220
	<b>2</b> Less Contributions	1,151,205		710,464	1,861,669
	3 Gross income (line 1 minus	442.620	700 450	222 472	
	line 2)	413,620	799,458	238,473	1,451,551
	<b>4</b> Cash prizes				
	5 Noncash prizes				
	<b>6</b> Rent/facility costs	278,675	34,107	138,409	451,191
Expenses	<b>7</b> Food and beverages	163			
Sen	<b>_</b>	103	87,178	160,096	247,437
	<b>8</b> Entertainment				
Direct	<b>9</b> Other direct expenses	211,866	406,811	434,026	1,052,703
짇	<b>10</b> Direct expense summary Add lines 4	4 through 9 ın column (d	)	🕨	1,751,331
	<b>11</b> Net income summary  Subtract line 1	O from line 3 column (d	<b>)</b>		-299,780
Dar	t III Gaming.	.o nom me 5, comm (a			-299,700
rai	Complete if the organization	answered "Yes" on F	orm 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
	Form 990-EZ, line 6a.				
ф		(a)Bıngo	(b)Pull tabs/Instant	(c)O ther gaming	(d)
Ě		(a)biligo	bingo/progressive bingo	(C)O ther gaining	Total gaming (add col
Revenue	<u> </u>				(a) through col (c))
∝	1 Gross revenue				
<u></u>					
Š	2 Cash prizes				
Expenses	3 Noncash prizes				
ă	i i				
Direct	4 Rent/facility costs				
莅	5 Other direct expenses				
	5 Other direct expenses	_	_		
		Yes %	Yes	┌ Yes	
	6 Volunteerlabor	l No	No	No	
		3 Abassan F lasar /d		<b>.</b>	
	7 Direct expense summary Add lines ?	z through 5 in column (d	)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza				
а	Is the organization licensed to conduct	gaming activities in eac	th of these states?		Tes   NO
b	If "No," explain				
					<sub>-</sub>
10a	Were any of the organization's gaming l	ıcenses revoked, suspei	nded or terminated during	; the tax year?	│Yes │No
b	If "Yes," explain				

Sch	edule G (Form 990 or 990-EZ) 2015			Page <b>3</b>					
11	Does the organization conduct gamin	g activities with nonmemb	pers?	⊤Yes ⊤No					
12	Is the organization a grantor, benefic	iary or trustee of a trust o	r a member of a partnership or other entit	у					
	formed to administer charitable gami	ng?		⊤Yes ⊤No					
13	Indicate the percentage of gaming ac	tivity conducted in							
а	The organization's facility			13a %					
ь	An outside facility			13b %					
14	Enter the name and address of the pe	erson who prepares the org	ganızatıon's gamıng/specıal events books	and records					
	Name <b>▶</b>								
	Address 🟲								
15a			hom the organization receives gaming						
	revenue?			□Yes □No					
ь	If "Yes," enter the amount of gaming	revenue received by the o	organization 🟲 \$ a	nd the					
	amount of gaming revenue retained b								
c	If "Yes," enter name and address of t								
	Name <b>▶</b>								
	Address •								
16	Gaming manager information								
	Name 🕨								
	Gaming manager compensation 🟲 \$								
	Description of services provided								
	Director/officer	┌ Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under st	ate law to make charitable	distributions from the gaming proceeds t	o					
	retain the state gaming license?			√Yes √No					
Ь	Enter the amount of distributions req	uıred under state law dıstr	ubuted to other exempt organizations or s	pent					
	ın the organization's own exempt act	vities during the tax year	<b>&gt;</b> \$						
Pa		15b, 15c, 16, and 17b,	nations required by Part I, line 2b, of as applicable. Also complete this pa						
	Return Reference		Explanation						
Schedule G, Part I, Line 2b(v) PAYMENT OF FUNDRAISING EXPENSES		THE AGREEMENTS THE HSUS ENTERED INTO WITH NATIONAL OUTDOOR SPORTS, TARGET MARKETTEAM, INC, AND DONOR SERVICES GROUP ALLOWED FOR THE PAYMENT OF FUNDRAISING EXPENSES (SUCH AS PRINTING, PAPER, POSTAGE, ENVELOPES AND MAILING LIST RENTAL) IN ADDITION TO THE PAYMENT OF FEES FOR PROFESSIONAL FUNDRAISING SERVICES NATIONAL OUTDOOR SPORTS, TARGET MARKETEAM, INC AND DONOR SERVICES GROUP PROVIDE DETAILS ON THEIR INVOICES WHICH ALLOW THE HSUS TO IDENTIFY WHICH COSTS ARE FOR PROFESSIONAL FUNDRAISING AND WHICH COSTS ARE RELATED TO GENERA FUNDRAISING EXPENSES THE HSUS PAID OUT \$6,745,900 TO NATIONAL OUTDOOR SPORTS, \$2,994,870 to TARGET MARKETEAM, INC AND \$57,587 TO DONOR SERVICES GROUP FOR FUNDRAISING EXPENSES IN ADDITION TO THE ORGANIZATIONS WHICH APPEAR ON SCHEDULE G, PART I, THE HSUS ENTERED INTO ARRANGEMENTS WITH ONE FUNDRAISING VENDOR WHERE THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR FUNDRAISING EXPENSES BUT NOT FOR PROFESSIONAL FUNDRAISING SERVICES THIS VENDOR HANDLES THE MAILING AND PROCESSING OF DIRECT MAIL PIECES, BUT DOES NOT ASSIST WITH THE							

Schedule G, Part I

GENERAL EXPLANATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493181009496 OMB No 1545-0047

**Employer identification number** 

Open to Public **Inspection** 

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

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

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

he Humane Society of the United Stat	tes					53-0225390	
Part I General Information	n on Grants and	Assistance				•	
<ul> <li>Does the organization maintain r</li> <li>the selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as:	sistance?				ance, and	「▼Yes 「No
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on Fo	rm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and governr	nent organizations lis	ted in the line 1 table .			🕨	319

Enter total number of other organizations listed in the line 1 table . . . . .

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	2
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistan	ice	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference	Explanation									
Schedule I. Part II SCHEDULE I.	THE INST	THE INSTRUCTIONS FOR SCHEDULE I REOUIRE GRANTS AND OTHER ASSISTANCE GIVEN TO RECIPIENTS OVER \$5.000 BE REPORTED IN								

Return Reference	Explanation
PART II	THE INSTRUCTIONS FOR SCHEDULE I REQUIRE GRANTS AND OTHER ASSISTANCE GIVEN TO RECIPIENTS OVER \$5,000 BE REPORTED IN DETAIL HOWEVER, IN ORDER TO INCREASE TRANSPARENCY AND PROVIDE THE USERS OF THE FORM WITH COMPLETE INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES, MANAGEMENT HAS CHOSEN TO LIST THE GRANTS OF \$500 OR GREATER IN DETAIL ON SCHEDULE I OF THE HSUS'S FORM 990
Procedures for monitoring use of grant funds	THE HUMANE SOCIETY OF THE UNITED STATES ISSUES GRANTS TO ORGANIZATIONS THAT MEET THE 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

## **Additional Data**

**Software ID:** 15000238

**Software Version:** 2015v2.1

**EIN:** 53-0225390

Name: The Humane Society of the United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 LUV OF DOG RESCUE PO BOX 9283 FARGO,ND 58106	39-2075804	501 (c)(3)	82,800				PETS FOR LIFE GRANT FOR FREE SPAY/NEUTER SERVICES, AND OTHER VETERINARY SERVICE COSTS
ABANDONED AND FERAL CAT FRIENDS PO BOX 240052 HONOLULU,HI 96824	99-0347808	501 (c)(3)	500				FERAL CAT PROJECT
ALABAMA ANIMAL CONTROL ASSOCIATION 300 N HOYLE AVENUE BAY MINETTE,AL 36507	63-1027613	501 (c)(3)	1,000				SPONSOR HUMANE CARE TRAINING & CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALASKA NATIVE RURAL VETERINARY INC 3875 GEIST ROAD BOX 301 FAIRBANKS,AK 99709	45-5167681	501 (c)(3)	500				SUPPORT RURAL SPAY/NEUTER PROGRAM		
ALASKA RURAL VETERINARY OUTREACH INC 9138 ARLON STREET ANCHORAGE,AK 99507	45-4779560	501 (c)(3)	500				SUPPORT RURAL SPAY/NEUTER PROGRAM		
ALASKA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 549 WINTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518	92-0068910	501 (c)(3)	107,000				FREE PET SURGERIES AND SUPPLIES VIA PETS FOR LIFE MENTORSHIP PROGRAM		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	1 3 5	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALLEGANY CO ANIMAL SHELTER MANAGEMENT FOUNDATION 110 S CENTRE STREET CUMBERLAND, MD 21502	52-2292769	501 (c)(3)	600				HEART WORM TREATMENT FOR CRUELTY CASE			
ALLIANCE FOR CONTRACEPTION IN CATS & DOGS 11145 NEW OLD CORNELIUS PASS ROAD PORTLAND, OR 97231	41-2185841	501 (c)(3)	40,000				2015 GENERAL SUPPORT PLEDGE			
ALMOST HOME SHELTER PET RESCUE INC 794 HIGHWAY 28 HAZARD,KY 41701	46-0886370	501 (c)(3)	3,000				ASSISTANCE FOR 50 RESCUED CATS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALSIP TO THE RESCUE 10255 WICKER AVE ST JOHN,IN 46373	47-3254002	501 (c)(3)	600				2015 EVENT SPONSORSHIP		
AMERICAN HORSE PUBLICATIONS 49 SPINNAKER CIRCLE SOUTH DAYTONA, FL 32119	23-7117953	501 (c)(6)	500				SPONSOR AHP 2015 SEMINAR		
AMERICANS OF FAITH 5235 MISSION OAKS BLVD CAMARILLO,CA 93012	20-0742507	501 (c)(3)	500				2015 CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance			
AMIGOS DE LOS ANIMALES INC HC 2 BOX 7622 LOIZA, PR 00772	66-0673931	501 (c)(3)	15,000				CRUELTY INVESTIGATION TRAINING			
ANDERSON COUNTY PAWS PO BOX 8002 ANDERSON,SC 29622	57-6000303	GOVERNMENT	2,000				MEDICAL CARE FOR SEIZED ANIMALS			
ANIMAL AID INC 200 SPRINGDALE LANE WILLIAMSTOWN,NJ 08094	45-4473502	501 (c)(3)	1,818				TRANSPORTATION COSTS FOR ADOPTABLE DOGS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
ANIMAL ALLIANCE OF BELLE MEAD INC 22 HARBOURTON MOUNT AIRY RD LAMBERTVILLE,NJ 08530	77-0632827	501 (c)(3)	1,250				VETERINARY COSTS FOR RESCUED DOGS			
ANIMAL ALLIANCE OF GREATER SYRACUSE 306 SECOND STREET LIVERPOOL,NY 13088	30-0698105	501 (c)(3)	1,500				2015 GENERAL GRANT			
ANIMAL ALLIES HUMANE SOCIETY INC 4006 AIRPORT ROAD DULUTH, MN 55811	41-0917362	501 (c)(3)	500				SHELTER SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 AND CONTROL ASSOCIATION OF TN INC 11 PARK PLACE NEW YORK, NY 10007	13-3788986	501 (c)(3)	1,000				SHELTER SUPPORT			
ANIMAL CARE AND CONTROL TEAM - PA 111 W HUNTING PARK AVENUE PHILADELPHIA, PA 19140	45-3985637	501 (c)(3)	15,264				DOG LICENSES,VACCINES,SPAY/NEUTER SURGERIES			
ANIMAL DEFENSE LEAGUE OF ARIZONA PO BOX 33093 PHOENIX,AR 85067	74-2493030	501 (c)(3)	2,500				CAT PROGRAM SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL LAW & LEGISLATION INC 12460 CRABAPPLE ROAD ALPHARETTA,GA 30004	30-0470643	501 (c)(3)	500				ANIMAL LAW SYMPOSIUM SPONSORSHIP			
ANIMAL PROTECTION OF NEW MEXICO PO BOX 11392 ALBUQUERQUE,NM 87192	85-0283292	501 (c)(3)	600				STIPEND FOR HOMES FOR HORSES COALITION FORUM			
ANIMAL RESOURCE CENTER 6790 WEBSTER DAYTON,OH 45414	31-6000172	GOVERNMENT	4,800				SHELTER ADOPTION OF RESCUED DOGS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL SHELTER OF WOOD RIVER VALLEY 100 CROY CREEK ROAD HAILEY,ID 83333	82-0351171	501 (c)(3)	101,500				FREE SPAY/NEUTER SURGERIES AND FREE PET SUPPLIES VIA PETS FOR LIFE			
ANIMAL WELFARE FEDERATION OF NJINC PO BOX 955 VOORHEES,NJ 08043	22-3378806	501 (c)(3)	1,000				CONFERENCE SPONSORSHIP			
ANIMAL WELFARE LEAGUE OF KOSCIUSKO COUNTY PO BOX 1906 WARSAW,IN 46580	35-1782336	501 (c)(3)	10,000				CONSTRUCTION OF NEW ANIMAL SHELTER			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	* *	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMALS AND SOCIETY INSTITUTE 2512 CARPENTER ROAD ANN ARBOR,MI 48108	22-2527462	501 (c)(3)	3,500				SUPPORT FOR ANIMAL STUDIES FELLOWSHIP PROGRAM			
ANYTHINGS PAWSABLE FOUNDATION INC 1413 N ELM ST JEROME,ID 83338	45-3344272	501 (c)(3)	1,000				SUPPORT FOR NEW ANIMAL SHELTER			
ARIZONA ANIMAL CONTROL ASSOCIATION PO BOX 5135 MESA,AZ 85211	46-1987194	501 (c)(6)	1,000				GENERAL SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
ARIZONA SMALL DOG RESCUE 1102 W HATCHER ROAD PHOENIX,AZ 85021	26-3993160	501 (c)(3)	3,262				DENTAL AND VETERINARY CARE FOR ANIMALS		
ASSOCIATION OF PROSECUTING ATTORNEYS INC 1615 L STREET NW WASHINGTON, DC 20036	26-3117485	501 (c)(3)	5,000				ANIMAL CRUELTY CONFERENCE SCHOLARSHIPS		
ATLANTA HUMANE SOCIETY & SPCA OF GEORGIA INC 981 HOWELL MILL ROAD NW ATLANTA,GA 30318	58-0685900	501 (c)(3)	3,150				COSTS OF CARE FOR DOGS SURRENDERED BY BREEDER		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AVIAN CONSERVATION CENTER OF APPALACHIA INC 286 FAIRCHANCE ROAD MORGANTOWN,WV 26508	45-4294729	501 (c)(3)	1,000				CARE OF RESCUED BALD EAGLE			
BAMA BULLY RESCUE INC PO BOX 625 FULTONDALE, AL 35068	26-1877188	501 (c)(3)	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO			
BARK AVENUE FOUNDATION 3940 LAUREL CANYON BLVD STUDIO CITY,CA 91604	20-1329182	501 (c)(3)	21,906				SPAY/NEUTER SURGERIES OF CATS & DOGS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BETHEL FRIENDS OF CANINES PO BOX 2287 BETHEL,AK 99559	46-2344486	501 (c)(3)	1,950				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
BLACK DOG ANIMAL RESCUE INC 3619 EVANS AVENUE CHEYENNE,WY 82001	26-2906385	501 (c)(3)	2,300				CANINE MEDICAL EXPENSES,TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
BROOK HILL RETIREMENT CENTER FOR HORSES INC 7289 BELLEVUE ROAD FOREST, VA 24551	54-2058686	501 (c)(3)	600				TRAVEL COSTS TO ATTEND HOMES FOR HORSES COALITION FORUM			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BROOKINGS REGIONAL HUMANE SOCIETY INC 120 WEST 2ND STREET SOUTH BROOKINGS,SD 57006	46-0452504	501 (c)(3)	700				VETERINARY MEDICAL CARE			
BULLIES 2 THE RESCUE 3051 DAIRY FARM DRIVE MONROE,NC 28110	45-3478149	501 (c)(3)	2,200				SUPPORT FOR RESCUED DOGS			
CS LEWIS INSTITUTE 8001 BRADDOCK RD SPRINGFIELD,VA 22151	54-1802015	501 (c)(3)	1,500				SPONSORSHIP FOR 2015 BANQUET			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CANINE REHABILITATION CENTER AND SANCTUARY 555 US HWY 395N WASHOE VALLEY, NV 89704	90-0687180	501 (c)(3)	1,000				SHELTER GRANT	
CAROLINE COUNTY HUMANE SOCIETY LLC 407 WEST BELL STREET RIDGELY,MD 21660	52-1528421	501 (c)(3)	500				TRAVEL EXPENSES FOR ANIMAL CARE EXPO	
CAT ASSOCIATION OF TOPEKA INC 1719 SW GAGE BLVD TOPEKA,KS 66604	48-1055202	501 (c)(3)	500				SHELTER GRANT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 <i>5</i>	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	1 127	(h) Purpose of grant or assistance
CAT COALITION OF WESTERN MAINE 206 RIVER ROAD NAPLES, ME 04055	46-3681807	501 (c)(3)	10,000				CAT PROGRAM SUPPORT
CCAO RESEARCH AND EDUCATIONAL FOUNDATION 88 EAST BROAD STREET COLUMBUS,OH 43215	31-1317309	501 (c)(3)	600				GENERAL SUPPORT
CENTRAL DAKOTA HUMANE SOCIETY 2104 37TH STREET MANDAN,ND 58554	45-0369273	501 (c)(3)	2,000				TRAVEL EXPENSES FOR ANIMAL CARE EXPO, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` -	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL NEBRASKA HUMANE SOCIETY INC 1312 SKYPARK ROAD GRAND ISLAND,NE 68801	47-0493705	501 (c)(3)	2,000				GENERAL SUPPORT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501 (c)(3)	1,000				TRAVEL EXPENSES FOR ANIMAL CARE EXPO
CHEQUAMEGON HUMANE ASSOCIATION INC PO BOX 93 ASHLAND, WI 54806	39-1365568	501 (c)(3)	500				SHELTER GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTERFIELD COUNTY 200 WEST MAIN STREET CHESTERFIELD,SC 29709	57-6000334	GOVERNMENT	2,000				KENNELS FOR RESCUED ANIMALS
CHEYENNE ANIMAL SHELTER SERVICES 800 SOUTHWEST DRIVE CHEYENNE,WY 82007	83-0217643	501 (c)(3)	2,000				GAS CHAMBER REMOVAL TRAINING
CHIMP HAVEN INC 13600 CHIMPANZEE PLACE KEITHVILLE,LA 71047	74-2766663	501 (c)(3)	30,068				CARE FOR CHIMPANZEES, ANNIVERSARY SPONSORSHIP

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CITIZENS FOR FARM ANIMAL PROTECTION (A COALITION OF NON PROFIT ORGANIZATIO NS) PO BOX 470857 BROOKLINE, MA 77094	47-4919474	N/A	1,127,333				FARM ANIMAL WELFARE BALLOT INITIATIVE				
CITY OF CLINTON 415 GARY BLVD CLINTON,OK 73601	73-6005149	GOVERNMENT	2,000				DISCONTINUATION OF GAS CHAMBER USE				
CITY OF ELKO ANIMAL SHELTER 1751 COLLEGE AVENUE ELKO,NV 89801	88-6000190	GOVERNMENT	5,000				DISCONTINUATION OF GAS CHAMBER USE				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF HUMBOLDT 725 BRIDGE STREET HUMBOLDT,KS 66748	48-6039689	GOVERNMENT	3,000				DISCONTINUATION OF GAS CHAMBER USE			
CITY OF LAGRANGE 200 RIDLEY AVENUE LAGRANGE,GA 30240	58-6000603	GOVERNMENT	500				VETERINARY CARE FOR RESCUED ANIMALS			
CITY OF MUNCIE 300 N HIGHT STREET MUNCIE,IN 47305	35-6001127	GOVERNMENT	3,000				CARE OF RESCUED DOGS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CITY OF ODESSA 411 W 8TH STREET ODESSA,TX 79760	75-6000626	GOVERNMENT	1,300				TRAVEL EXPENSES FOR ANIMAL CARE EXPO				
CITY OF OTHELLO 500 E MAIN STREET OTHELLO,WA 99344	91-6001482	GOVERNMENT	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO				
CITY OF RUPERT 624 F STREET RUPERT,ID 83350	82-6001128	GOVERNMENT	1,000				FUNDS FOR REMODELING ANIMAL SHELTER				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(h) Purpose of grant or assistance				
CITY OF SAINT PAUL 15 WEST KELLOGG BLVD SAINT PAUL, MN 55102	41-6005521	GOVERNMENT	800				TRAVEL EXPENSES FOR ANIMAL CARE EXPO				
CITY OF SALINA PO BOX 736 SALINA,KS 67401	48-6017228	GOVERNMENT	1,000				CARE OF SEIZED ANIMALS				
CITY OF WEST MEMPHIS 205 S REDDING WEST MEMPHIS, AR 72301	71-6012481	GOVERNMENT	1,200				VETERINARY SERVICES AND CARE FOR RESCUED DOGS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	1 * *	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CLIFTONDEERORG 724 LAFAYETTE AVE CINCINNATI,OH 45220	47-4340573	501 (c)(3)	20,000				DEER FERTILITY CONTROL PROJECT				
COALITION OF LOUISIANA ANIMAL ADVOCATES PO BOX 91 ATLANTA,LA 71404	72-0933591	501 (c)(3)	500				EDUCATIONAL RESOURCES FOR LAW ENFORCEMENT				
COLORADO ASSOCIATION OF ANIMAL CONTROL OFFICERS PO BOX 740455 ARVADA,CO 80006	84-1000611	501 (c)(3)	750				GENERAL SUPPORT, CONFERENCE SPONSORSHIP				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLORADO HORSE RESCUE 10386 M 65TH STREET LONGMONT,CO 80503	84-1095741	501 (c)(3)	600				HOMES FOR HORSES COALITION TRAVEL STIPEND			
COLUMBIA SECOND CHANCE 24687 HIGHWAY 179 BOONVILLE,MO 65233	43-1852167	501 (c)(3)	8,320				SOCIALIZATION AND TRAINING OF DOGS PRIOR TO ADOPTION			
COLUMBUS DOG CONNECTION 2761 JOHNSTOWN ROAD COLUMBUS,OH 43219	31-1648642	501 (c)(3)	500				SPAY/NEUTER & VETERINARY CARE SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
COMMUNITY CATS TNR PO BOX 384 LUDINGTON,MI 49431	46-3759577	501 (c)(3)	1,000				VETERINARY CARE FOR RESCUED CATS			
COMPASSION OVER KILLING INC 6930 CARROLL AVENUE TAKOMA PARK,MD 20912	52-2034417	501 (c)(3)	1,500				CONFERENCE SPONSORSHIP			
COUNTY OF GLOUCESTER 1200 NORTH DELSEA DRIVE CLAYTON,NJ 08312	21-6000660	GOVERNMENT	3,000				REPLACE DRYER DESTROYED IN FIRE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COUNTY OF PITT 1717 WEST 5TH STREET GREENVILLE,NC 27834	56-6000332	GOVERNMENT	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO			
CUMBERLAND COUNTY SPCA 1244 N DELSEA DRIVE VINELAND,NJ 08360	21-0677474	501 (c)(3)	1,300				TRAVEL EXPENSES FOR ANIMAL CARE EXPO			
DANE COUNTY HUMANE SOCIETY 5132 Voges Road MADISON,WI 53718	39-0806335	501 (c)(3)	1,000				TREAT BIRDS FOR LEAD POISONING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DARKE COUNTY HUMANE SOCIETY 4389 BROWN ROAD ANSONIA,OH 45303	34-6555671	501 (c)(3)	500				SUPPORT ATTENDENCE AT EXPO EVENT			
DAYS END FARM HORSE RESCUE INC 1372 WOODBINE ROAD WOODBINE, MD 21797	52-1759077	501 (c)(3)	1,600				CARE OF RESCUED HORSES, TRAVEL COSTS TO HOMES FOR HORSES COALITION FORUM			
DEPARTMENT OF NATURAL RESOURCES-MD 580 TAYLOR AVENUE ANNAPOLIS,MD 21401	52-6002033	GOVERNMENT	7,000				CERTIFIED K-9 TRAINER EDUCATION GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	, · ·	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DEPARTMENT OF PUBLIC HEALTH - ANIMAL WELFARE 417 FEDERAL STREET DOVER, DE 19901	51-6000279	GOVERNMENT	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO				
DOGS IN HARMONY INC 159 CLINE RIDGE ROAD WINCHESTER,TN 37398	90-0792079	501 (c)(3)	1,400				CARE FOR RESCUED DOGS				
DREAM CATCHERS EQUINE ASSISTED PROGRAM PO BOX 17 CAMERON,MO 64429	46-0972668	501 (c)(3)	1,500				THERAPEUTIC HORSEMANSHIP PROGRAM				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DRESSAGE OF DEVON 121 CRATIN LANE WEST CHESTER,PA 19380	75-3221133	501 (c)(3)	2,500				SPONSORSHIP OF EQUINE DRESSAGE CHAMPIONSHIP			
ELIZABETH H BROWN HUMANE SOCIETY INC 80 BUTTONWOOD LANE VICTORY,VT 05858	03-0302786	501 (c)(3)	2,500				ASSIST WITH CARE OF RESCUED ANIMALS			
ELMORE SPCA INC 556 TELEGRAPH ROAD PERU,NY 12972	14-1423752	501 (c)(3)	500				2015 SHELTER GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EQUAMORE FOUNDATION 4723 HIGHWAY 66 ASHLAND,OR 97520	46-2853049	501 (c)(3)	5,000				HAY FOR ANIMALS AFFECTED BY WILDFIRE			
EQUINE 808 HORSE RESCUE 91-209 HULIHANA PLACE 3 EWA BEACH,HI 96706	27-1985130	501 (c)(3)	2,592				ASSIST WITH STORM REPAIR COSTS			
EQUINE VOICES RESCUE & SANCTUARY PO BOX 1685 GREEN VALLEY,AZ 85622	74-3127794	501 (c)(3)	600				TRAVEL COSTS TO ATTEND HOMES FOR HORSES COALITION FORUM			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EVER AFTER MUSTANG RESCUE TRAINING AND EDUCATION CENTER 463 WEST STREET BIDDEFORD, ME 04005	05-0549162	501 (c)(3)	4,200				HAY SUPPLIES FOR HORSES NEEDED DUE TO COLD WEATHER			
FELINE FOUNDATION OF MAUI PO Box 1361 PUUNENE, HI 96784	99-0341052	C-CORP	20,000				CAT PROJECT			
FERAL CARE INC PO BOX 954 STRATFORD,CT 06615	38-3746984	501 (c)(3)	1,500				SPONSORSHIP GRANT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
FIXNATION INC 7680 CLYBOURN AVENUE SUN VALLEY,CA 91352	83-0452460	501 (c)(3)	18,383				PETS FOR LIFE SURGERIES, VACCINES,MEDICINE			
FJC 520 8TH AVENUE 20TH FL NEW YORK, NY 10018	13-3848582	501 (c)(3)	10,000				2015 CONFERENCE SPONSORSHIP			
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 1ST AVENUE WEST KALISPELL,MT 59901	81-6001361	GOVERNMENT	1,500				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FLORIDA ANIMAL CONTROL ASSOCIATION INC PO BOX 211267 ROYAL PALM BEACH, FL 33421	59-2929688	501 (c)(6)	2,000				ANIMAL CONTROL CONFERENCE SPONSORSHIP				
FLORIDA KEYS WILDLIFE RESCUE INC 1388 AVENUE B BIG PINE KEY,FL 33043	65-0993931	501 (c)(3)	1,000				CARE OF INJURED PELICANS				
FOR THE LOVE OF DOG - ROTTWEILER RESCUE PO Box 107 HILLSBORO,NH 03244	06-1761256	501 (c)(3)	2,000				EMERGENCY ANIMAL RESCUE FUNDS				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
FORD COUNTY HUMANE SOCIETY INC PO BOX 1581 DODGE CITY,KS 67801	48-1131814	501 (c)(3)	740				CARE AND PLACEMENT OF RESCUED DOGS			
FOUNDATION AGAINST COMPANION ANIMAL EUTHANASIA 1505 MASSACHUSETTS AVE INDIANAPOLIS,IN 46201	35-1917847	501 (c)(3)	20,000				SPAY/NEUTER SURGERIES AND VETERINARY CARE FOR CATS			
FRIENDS OF CHICAGO ANIMAL CARE AND CONTROL PO BOX 4414 CHICAGO,IL 60680	36-4427796	501 (c)(3)	7,300				SHELTER SANITATION, DIRECT ANIMAL CARE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
FRIENDS OF MEXICAN ANIMAL WELFARE 23825 15TH AVENUE SE BOTHELL, WA 98021	27-0665925	501 (c)(3)	4,000				DOG POPULATION STUDY IN MANZANILLO, MEXICO			
FRIENDS OF RESPONSIBLE AGRICULTURE 3475 COUNTRY ROAD 230 FULTON,MO 65251	47-1300912	501 (c)(3)	8,000				CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) CHALLENGE			
FRIENDS OF SAC CITY SHELTER ANIMALS PO BOX 22214 SACRAMENTO,CA 95822	68-0477042	501 (c)(3)	500				2015 SPONSORSHIP			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRIENDS OF SOUND HORSES INC 6614 CLAYTON ROAD 105 SAINT LOUIS, MO 63117	91-2111194	501 (c)(3)	12,000				FUNDS FOR EXPO RENTAL SPACE, FUNDING FOR HORSEMANSHIP CLINIC			
FRIENDS OF THE OHIO COUNTY ANIMAL SHELTER INC PO BOX 7 HARTFORD, KY 42347	27-2800405	501 (c)(3)	2,000				VETERINARY CARE FOR RESCUED CATS			
FRIENDS OF THE PERRY ANIMAL SHELTER INC PO BOX 2001 PERRY,GA 31069	20-2720444	501 (c)(3)	1,000				ANIMAL WELFARE CONFERENCE			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	* *	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRIENDS OF THE POCATELLO ANIMAL SHELTER PO BOX 281 POCATELLO,ID 83204	82-0491932	501 (c)(3)	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
FRIENDS OF THE RWANDA WILDLIFE SANCTUARY & SCIENCE EDUC CENTER 4351 29TH AVENUE W SEATTLE, WA 98199	52-2449239	501 (c)(3)	4,000				BUILD MUDBRICK BUILDING TO BE USED FOR ANIMAL CARE			
FRIENDS OF THE SHELTER INC 870 KOOTENAI CUT OFF ROAD PONDERAY,ID 83852	94-3071245	501 (c)(3)	1,400				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FRIENDS OF THE WEKIVA RIVER INC PO BOX 6196 LONGWOOD,FL 32791	59-2226720	501 (c)(3)	5,387				BEAR RESISTANT TRASH RECEPTACLES				
FULTON COUNTY ANIMAL SERVICES 860 MARIETTA BLVD NW ATLANTA,GA 30318	01-0599278	501 (c)(3)	1,755				300 COUNTY LICENSE TAGS				
GAITWAY HORSE ASSOCATION 115 W LINCOLN LANE WINFIELD,MO 63389	43-1913725	501 (c)(3)	1,000				HORSE FAIR AND EXPOSITION				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GLOBAL FEDERATION OF ANIMAL SANCTUARIES PO BOX 32294 WASHINGTON, DC 20007	26-1676217	501 (c)(3)	16,600				SUPPORT FOR INTERNATIONAL ACCREDITATION PROGRAM			
GOOD MEWS ANIMAL FOUNDATION 736 JOHNSON FERRY RD STE A-3 MARIETTA,GA 30068	58-1790828	501 (c)(3)	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO			
GREAT BASIN BIRD OBSERVATORY 1755 E PLUMB LANE RENO,NV 89502	86-0852927	501 (c)(3)	10,000				2015 SUPPORT FOR STREET DOG MANAGEMENT PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 PLAINS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 5428 ANTIOCH DRIVE MERRIAM,KS 66202	05-0552529	501 (c)(3)	1,000				SHELTER GRANT				
GREEN MOUNTAIN ANIMAL DEFENDERS PO BOX 4577 BURLINGTON,VT 05406	03-0283740	501 (c)(3)	500				GENERAL SUPPORT				
GWHA INC 21302 SOUTH COLEMAN ROAD PECULIAR,MO 64078	43-1913725	501 (c)(3)	900				SUPPORT FOR HORSE CLINIC				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HABITAT FOR HORSES INC PO BOX 213 HITCHCOCK,TX 77563	76-0586024	501 (c)(3)	3,600				MEDICAL CARE OF RESCUED HORSES, SMALL TRAVEL STIPEND			
HALFWAY HOME PET RESCUE INC 489 MAIN STREET CARIBOU,ME 04736	94-3471733	501 (c)(3)	1,500				SHELTER GRANT			
HAPPY TRAILS THERAPEUTIC RIDING CENTER INC 483 STEAKLEY ROAD NEW MARKET,AL 35761	20-8263678	501 (c)(3)	1,000				THERAPEUTIC HORSEMANSHIP PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	1 3 4	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEARTS FOR ANIMALS INC 54-219 KAMEHAMEHA HWY HAUULA,HI 96717	27-3381069	501 (c)(3)	500				MEDICAL EXPENSES FOR DONKEYS			
HEARTLAND FARM SANCTUARY PO BOX 45746 MADISON,WI 53744	27-0244485	501 (c)(3)	2,500				SHELTER AND CARE OF CHICKENS RESCUED FROM COCKFIGHTING RING			
HEARTLAND HUMANE SOCIETY INC 3400 E HIGHWAY 50 YANKTON,SD 57078	46-0458711	501 (c)(3)	1,000				2015 SPONSORSHIP			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
HEAVEN CAN WAIT ANIMAL SOCIETY PO BOX 30158 LAS VEGAS,NV 89173	88-0450947	501 (c)(3)	500				SUPPORT SPAY NEUTER CLINIC PROGRAM			
HELPING IDAHO DOGS INC PO BOX 993 MERIDIAN,ID 83680	80-0436702	501 (c)(3)	1,500				TRAVEL EXPENSES FOR ANIMAL CARE EXPO			
HICALIBER HORSE RESCUE INC PO BOX 1588 VALLEY CENTER, CA 92082	46-3960722	501 (c)(3)	600				HOMES FOR HORSES COALITION TRAVEL STIPEND			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
HOMEWARD BOUND IN THE HEARTLAND ANIMAL RESCUE 1436 S 17TH STREET OMAHA,NE 68108	45-0827349	501 (c)(3)	1,000				ASSIST RESCUE GROUP			
HORSE HAVEN OF TENNESSEE INC PO BOX 22841 KNOXVILLE,TN 37933	62-1791407	501 (c)(3)	8,400				VETERINARY CARE FOR HORSES			
HORSE HELPERS INC 1199 ODES WILSON RD ZIONVILLE, NC 28698	03-0542550	501 (c)(3)	6,850				CARE FOR RESCUED HORSES			

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance			
HOUNDSONG RESCUE INC 7538 CATALPA HAMMOND, IN 46324	45-4744532	501 (c)(3)	1,400				CARE OF BLUETICK COONHOUNDS			
HUB CITY HUMANE SOCIETY 95 JACKSON ROAD HATTIESBURG,MS 39402	27-5160904	501 (c)(3)	11,306				VETERINARY CARE AND HUMANE TRANSPORTATION OF ANIMALS			
HUI PONO HOLOHOLONA PO BOX 943 MT VIEW,HI 96771	20-8567302	501 (c)(3)	2,500				VETERINARY CARE FOR CATS RESCUED FROM LAVA FLOWS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance			
HUMANE ANIMAL TREATMENT SOCIETY 6600 W SHORE DRIVE WEIDMAN,MI 48893	38-3485419	501 (c)(3)	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
HUMANE EDUCATION ADVOCATES REACHING TEACHERS PO BOX 738 MAMARONECK,NY 10543	41-2055310	501 (c)(3)	7,500				ANNUAL GRANT - 2015 CONTRIBUTION			
HUMANE SOCIETY CALUMET AREA INC 421 45TH STREET MUNSTER,IN 46321	35-0895837	501 (c)(3)	50,000				LOCAL PETS FOR LIFE PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMANE SOCIETY NAPLES 370 AIRPORT PULLING RD N NAPLES, FL 34104	59-1033966	501 (c)(3)	500				2015 ADOPTION EVENT SPONSORSHIP			
HUMANE SOCIETY OF ATLANTIC COUNTY 1401 ABSECON BLVD ATLANTIC CITY,NJ 08401	22-6085995	501 (c)(3)	500				CARE OF RESCUED DOGS			
HUMANE SOCIETY OF BALTIMORE COUNTY 1601 NICODEMUS RD REISTERSTOWN,MD 21136	52-0623165	501 (c)(3)	500				SPONSOR 2015 BLACK TIE & TAILS EVENT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	1 3 5	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMANE SOCIETY OF CALVERT COUNTY 2210 DALRYMPLE RD SUNDERLAND, MD 20717	52-1736501	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			
HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH STREET BEND,OR 97702	93-0616957	501 (c)(3)	1,000				GENERAL SUPPORT			
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVENUE CHARLOTTE,NC 28203	58-1342479	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMANE SOCIETY OF CITRUS COUNTY FLORIDA INC PO BOX 2283 INVERNESS,FL 34451	59-1932704	501 (c)(3)	5,000				ASSIST ANIMALS IN CITRUS COUNTY, FL			
HUMANE SOCIETY OF DELAWARE COUNTY 4920 STATE ROUTE 37E DELAWARE,OH 43015	31-0956829	501 (c)(3)	2,500				MEDICAL CARE FOR RESCUED DOGS			
HUMANE SOCIETY OF GRAND FORKS 4375 N WASHINGTON STREET GRAND FORKS,ND 58203	23-7367340	501 (c)(3)	1,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 HALL COUNTY 845 WEST RIDGE ROAD GAINESVILLE, GA 30501	58-0678817	501 (c)(3)	32,553				VETERINARY SERVICES (PETS FOR LIFE PROGRAM), ANIMAL CARE SUPPLIES			
HUMANE SOCIETY INTERNATIONAL UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037	52-1769464	501 (c)(3)	5,350,623				HSI UNITED STATES 2015 SUPPORT			
HUMANE SOCIETY OF LOUDOUN COUNTY PO BOX 777 LEESBURG, VA 20178	54-6073310	501 (c)(3)	2,500				SUPPORT 50TH ANNIVERSARY CAMPAIGN			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	I	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance				
HUMANE SOCIETY OF MCCORMICK COUNTY INC PO BOX 900 MC CORMICK,SC 29835	57-1099596	501 (c)(3)	750				GENERAL SUPPORT				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	43-0652638	501 (c)(3)	1,032				GENERAL SUPPORT				
HUMANE SOCIETY OF PARK COUNTY 3 BUSINESS PARK ROAD LIVINGSTON, MT 59047	36-3432468	501 (c)(3)	2,000				ASSISTANCE FOR SHELTER				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 RICHLAND - WILKIN COUNTIES PO BOX 1251 WAHPETON,ND 58074	20-5003749	501 (c)(3)	500				GENERAL SUPPORT			
HUMANE SOCIETY OF SOUTH MISSISSIPPI 2615 25TH AVENUE GULFPORT,MS 39501	64-6034439	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			
HUMANE SOCIETY OF THE BLACK HILLS 1820 EAST PATRICK STREET RAPID CITY, SD 57703	46-0396967	501 (c)(3)	1,000				2015 SHELTER GRANT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 * *	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
HUMANE SOCIETY UNIVERSITY 2100 L STREET NW WASHINGTON, DC 20037	27-0263498	501 (c)(3)	1,665,148				HSU 2015 SUPPORT			
HUMANE SOCIETY OF UTAH 4242 S 300 W MURRAY,UT 84107	87-0256350	501 (c)(3)	7,500				SPONSORSHIP OF WAGS TO WISHES ANNUAL GALA			
HUMANE SOCIETY OF WESTERN MONTANA 5930 HWY 93 SOUTH MISSOULA,MT 59804	81-0290933	501 (c)(3)	1,000				SHELTER GRANT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 VETERINARY MEDICAL ASSOCIATION 2100 L STREET NW WASHINGTON, DC 20037	22-2768664	501 (c)(3)	5,131,014				HSVMA 2015 SUPPORT			
HUMANITARIANS OF FLORIDA INC PO BOX 924 INVERNESS,FL 34451	59-1997778	501 (c)(3)	5,000				ASSIST ANIMALS IN CITRUS COUNTY, FLORIDA			
ILLINOIS FEDERATION OF HUMANE SOCIETIES 1000 S LAFOX SOUTH ELGIN,IL 60177	36-3932650	501 (c)(3)	2,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
IN DEFENSE OF ANIMALS 310 SW 4TH AVENUE PORTLAND, OR 97204	68-0008936	501 (c)(3)	5,000				ASSESSMENT OF CHIMPS ABANDONED IN LIBERIA			
INTERNATIONAL BIRD RESCUE 36901 SOUTH GAFFEY ROAD SAN PEDRO,CA 90731	94-1739027	501 (c)(3)	3,000				CARE OF BIRDS CONTAMINATED WITH OIL			
INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY 3207 3MVB UNIVERSITY OF CALIFORNIA DAVIS,CA 95616	30-0275851	501 (c)(3)	5,000				GENERAL SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
IOWA FEDERATION OF HUMANE SOCIETIES 5452 NE 22ND STREET DES MOINES,IA 50313	42-1178225	501 (c)(3)	1,000				GENERAL SUPPORT			
JEFFERSON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 4421 JEFFRSON HWY JEFFERSON,LA 70121	72-0694861	501 (c)(3)	22,000				MICROCHIPS FOR PETS IN UNDERSERVED COMMUNITIES			
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE,MD 21211	52-0595110	501 (c)(3)	20,000				SPONSOR EVIDENCE- BASED TOXICOLOGY WORKSHOP			

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	e to Domestic Org	anizations and C	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOPLIN HUMANE SOCIETY INC 140 EMPEROR ROAD JOPLIN,MO 64801	44-0664226	501 (c)(3)	2,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO, GENERAL SUPPORT
JUSTICE FOR ABUSED ANIMALS INC PO BOX 898 CORBIN,KY 40702	80-0896806	501 (c)(3)	1,240				VETERINARY CARE OF RESCUED DOGS
KANSAS ANIMAL CONTROL ASSOC 1020 S GARFIELD AVE CHANUTE,KS 66720	48-1047336	501 (c)(3)	500				CONFERENCE SPONSORSHIP

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KENTUCKY EQUINE HUMANE CENTER INC 1713 CATNIP HILL ROAD NICHOLASVILLE, KY 40356	20-5883736	501 (c)(3)	600				TRAVEL COSTS TO ATTEND HOMES FOR HORSES COALITION FORUM				
KITSAP HUMANE SOCIETY 9167 DICKEY ROAD NW SILVERDALE,WA 98383	91-0728353	501 (c)(3)	500				PETS WALK- 2015 SPONSORSHIP				
KITTY ANGELS INC 9503 SHARPSBURG PIKE HAGERSTOWN,MD 21740	47-1903744	501 (c)(3)	500				SPAY/NEUTER SURGERIES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LEECH LAKE LEGACY PO BOX 385454 BLOOMINGTON,MN 55438	46-0840535	501 (c)(3)	1,500				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
LEWIS & CLARK HUMANE SOCIETY PO BOX 4455 HELENA,MT 59604	81-6014910	501 (c)(3)	108,600				FREE SPAY/NEUTER SERVICES AND PET SUPPLIES			
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORTE PIKE LEXINGTON,KY 40504	61-0444762	501 (c)(3)	5,900				MEDICAL EXPENSES FOR RESCUED CATS			

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	3 · ·	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
LIBERTY COUNTY SHERIFF'S OFFICE PO Box 67 BRISTOL,FL 32321	59-6020341	GOVERNMENT	3,000				FUNDS FOR RESCUED DOGS				
LIFELINE ANIMAL PROJECT INC 129 LAKE STREET AVONDALE ESTATES, GA 30002	01-0599278	501 (c)(3)	70,829				VETERINARY SERVICES (PETS FOR LIFE)				
LOUISIANA SPCA 1700 MARTI GRAS BLVD NEW ORLEANS,LA 70114	72-0471368	501 (c)(3)	83,333				SUPPORT SPCA CAPITAL CAMPAIGN				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOUISIANA STATE UNIVERSITY LSU 202 HIMES HALL BATON ROUGE,LA 70803	72-6000848	501 (c)(3)	100,000				SHELTER MEDICINE PROGRAM			
LUCY MACKENZIE HUMANE SOCIETY PO BOX 702 BROWNSVILLE,VT 05037	03-6006562	501 (c)(3)	2,000				MEDICAL EXPENSES FOR ARABIAN HORSES			
MAINE FEDERATION OF HUMANE SOCIETIES INC 550 INDUSTRY ROAD FARMINGTON, ME 04938	01-0368319	501 (c)(3)	1,000				SPONSOR MAINE HUMANE SOCIETIES ANNUAL CONFERENCE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
MAINERS FOR FAIR BEAR HUNTING PO BOX 8483 PORTLAND,ME 04101	46-2825459	501 (c)(4)	50,000				BALLOT INITIATIVE CONTRIBUTION			
MAKING OF MIRACLE STORIES ANIMAL RESCUE INC 200 SPRINGDALE LANE WILLIAMSTOWN,NJ 08094	27-3240862	501 (c)(3)	1,000				TRANSPORTATION COSTS FOR PUPPIES			
MARION AREA HUMANE SOCIETY 2264 RICHLAND ROAD MARION,OH 43302	31-0946288	501 (c)(3)	6,000				CARE, SUPPLIES, & MEDICATION FOR SEIZED ANIMALS			

Form 990,Schedule I, Part	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	1 * *	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MARION COUNTY HUMANE SOCIETY RT 19 BOX 31A FAIRMONT, WV 26554	23-7405278	501 (c)(3)	3,000				SUPPORT FOR RESCUED DOGS				
MASSACHUSETTS ANIMAL COALITION INC PO BOX 766 WESTBOROUGH, MA 01581	04-3540202	501 (c)(3)	500				SPONSOR WHOLE CAT WORKSHOP				
MCPAWS INC 831 S 3RD STREET MCALL,ID 83638	82-0503942	501 (c)(3)	1,500				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO				

Form 990,Schedule I, Par	t II, Grants and	d Other Assistanc	e to Domestic Org	<u>,anizations and Γ</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	<b>■</b> = =	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance								
MEDINA COUNTY SPCA 245 S MEDINA STREET MEDINA,OH 44256	34-1507786	501 (c)(3)	1,500				SUPPORT ATTENDANCE AT 2015 ANIMAL CARE EXPO								
MINDY'S MEMORY PRIMATE SANCTUARY 2205 SW 24TH ST NEWCASTLE,OK 73065	73-1522989	501 (c)(3)	5,000				ASSIST WITH REPAIR OF SEWER SYSTEM								
MISSISSIPPI ANIMAL DISASTER RELIEF FUND PO Box 395 CLINTON, MS 39060	27-1183109	501 (c)(3)	3,000				PROVIDE DISASTER RESPONSE FUNDS								

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MISSISSIPPI STATE UNIVERSITY FOUNDATION INC PO BOX 6149 MISSISSIPPI STATE, MS 39762	64-0410581	501 (c)(3)	100,000				SHELTER MEDICINE PROGRAM		
MISSOURIANS FOR THE PROTECTION OF DOGS 28 PLANT AVENUE SAINT LOUIS, MO 64701	27-1423987	501 (c)(4)	6,772				LEGAL FEES AND INSURANCE COSTS		
MONDAK HUMANE SOCIETY PO BOX 1572 WILLISTON,ND 58802	45-0454107	501 (c)(3)	1,000				ASSISTANCE FOR INJURED DOG		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	* *	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance			
MONMOUTH COUNTY SPCA 260 WALL STREET EATONTOWN,NJ 07724	21-0679893	501 (c)(3)	4,800				CARE OF RESCUED PIT BULLS, DOG VACCINATIONS, GENERAL SUPPORT			
MONTGOMERY COUNTY PARTNERS FOR ANIMAL WELL-BEING 7315 MUNCASTER MILL ROAD DERWOOD, MD 20855	27-1335331	501 (c)(3)	7,827				COUNTY ADOPTION CENTER, CAT TRAP, NEUTER AND RELEASE PROJECTS			
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DRIVE MONTGOMERY,AL 36110	63-0351564	501 (c)(3)	7,565				ASSIST WITH CARE OF ANIMALS (DOGS/CATS)			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MUNICIPALITY OF ANCHORAGE PO BOX 196650 ANCHORAGE, AK 99519	92-0059987	GOVERNMENT	1,500				TRAVEL EXPENSES FOR ANIMAL CARE EXPO				
MUTTS MATTER RESCUE INC PO BOX 2047 ROCKVILLE, MD 20847	30-0614593	501 (c)(3)	1,381				VETERINARY SERVICES AND TOURNAMENT SPONSORSHIP				
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE,TN 37209	62-0672999	501 (c)(3)	1,000				2015 SPONSORSHIP- DOG DAYS FESTIVAL				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL EQUINE RESOURCE NETWORK 101 N VULCAN ENCINITAS,CA 92024	27-0487202	501 (c)(3)	600				TRAVEL COSTS TO ATTEND HOMES FOR HORSES COALITION FORUM			
NATIONAL MARINE LIFE CENTER INC 120 MAIN STREET BUZZARDS BAY,MA 02532	04-3290276	501 (c)(3)	2,500				CARE OF STRANDED SEAL PUPS			
NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPRINGS,CO 80908	26-0574783	501 (c)(3)	2,500				VETERINARY EXPENSES FOR RESCUED DOGS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL SHERIFF'S ASSOCIATION 1450 DUKE STREET ALEXANDRIA,VA 22314	53-0116293	501 (c)(4)	45,000				PRODUCE APP FOR PUBLIC TO SHARE EVIDENCE OF ANIMAL CRUELTY, HIRE TWO PERSONS TO WORK ON ANIMAL ABUSE CASES				
NATIONAL WILDLIFE AWARENESS NON-PROFIT CORPORATION 165 NORTH 2ND BATTLE MOUNTAIN, NV 89820	82-0528627	501 (c)(3)	1,000				BUILD TORTOISE PROOF FENCING				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON,VA 20190	53-0204616	501 (c)(3)	500				CONFERENCE SPONSORSHIP				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW ENGLAND FEDERATION OF HS INC PO BOX 376 GREENLAND,NH 03840	02-0447142	501 (c)(3)	2,500				2015 CONFERENCE SPONSORSHIP			
NEW HAMPSHIRE FEDERATION OF HUMANE ORGANIZATIONS INC 24 FERRY ROAD NASHUA,NH 03064	22-3267817	501 (c)(3)	750				2015 SPONSORSHIP			
NEW JERSEY CERTIFIED ANIMAL CONTROL OFFICERS ASSOCIATION PO BOX 174 PENNINGTON,NJ 08534	52-1767842	501 (c)(3)	500				TRAINING EVENT WITH ANIMAL CONTROL OFFICERS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW ORLEANS PUBLIC FACILITY MANAGEMENT INC 900 CONVENTION CENTER BOULEVARD NEW ORLEANS, LA 70130	72-0992290	GOVERNMENT	762				2015 ANIMAL CARE EXPO			
NOME COMMUNITY CENTER INC PO BOX 98 NOME,AK 99762	92-0039475	501 (c)(3)	1,500				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
NORFOLK SPCA 916 BALLENTINE BLVD NORFOLK, VA 23504	54-0515759	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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NORTH CAROLINA ANIMAL AND RABIES CONTROL ASSOC INC PO BOX 1002 FOREST CITY, NC 28043	45-4276586	501 (c)(3)	500				ATTEND ANIMAL CARE/CONTROL CONFERENCE			
NORTH CAROLINA ZOOLOGICAL SOCIETY INC 4403 ZOO PARKWAY ASHEBORO,NC 27205	56-0990900	501 (c)(3)	7,500				SURVEY OF CONDITIONS IN JAPANESE BEAR PARKS			
NORTH CENTRAL TEXAS ANIMAL SHELTER COALITION 12300 COUNTY ROAD 528 MANSFIELD,TX 76063	31-1717528	501 (c)(3)	1,000				2015 CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Par	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	, ,	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NORTH MISSISSIPPI GREAT DANE RESCUE 6109 MCGOWEN LAKE CORMORANT, MS 38641	45-4345643	501 (c)(3)	500				SHELTER GRANT				
NORTHERN CALIFORNIA WALKING HORSE ASSOCIATION 185 MCBROWN ROAD PETALUMA,CA 94952	26-3669701	501 (c)(7)	700				WESTERN STATES HORSE EXPO				
NORTHWEST EQUINE STEWARDSHIP CENTER PO BOX 1324 MONROE, WA 98272	32-0262442	501 (c)(3)	600				TRAVEL COSTS TO ATTEND HOMES FOR HORSES COALITION FORUM				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
OHIO SHORTHAIR RESCUE INC 24 COURT STREET CANFIELD,OH 44406	90-0892183	501 (c)(3)	3,400				CARE OF RESCUED DOGS				
OKLAHOMA ALLIANCE FOR ANIMALS INC 5321 S SHERIDAN ROAD TULSA,OK 74145	84-1640954	501 (c)(3)	1,000				ANIMAL CRUELTY AWARENESS WALK				
OKLAHOMA SHERIFFS' ASSOCIATION 1615 S STATE STREET EDMOND,OK 73013	73-1401947	501 (c)(3)	1,000				CONFERENCE SPONSORSHIP				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
OPERATION UNDERDOG INC 535 BENNINGTON ROAD COOL RIDGE, WV 25825	45-4233845	501 (c)(3)	612				TRANSPORTATION COSTS FOR CATS/DOGS UP FOR ADOPTION			
OWENSBORO-DAVIESS COUNTY HUMANE SOCIETY 3101 W 2ND STREET OWENSBORO,KY 42301	61-0676997	501 (c)(3)	2,000				CAT HOARDING CASE			
PETS OF THE KINGDOM INC 127 HUNT HILL ROAD ORLEANS,VT 05860	20-3433168	501 (c)(3)	2,000				VETERINARY BILLS OF RESCUED DOGS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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PAW PLACEMENT OF NORTHERN ARIZONA PO BOX 942 FLAGSTAFF,AZ 86002	45-2912962	501 (c)(3)	1,000				SUPPORT SPAY/NEUTER CLINIC			
PAWS CHICAGO 1100 W 35TH STREET CHICAGO,IL 60609	36-4219778	501 (c)(3)	249,775				2,339 SPAY/NEUTER SURGERIES (DOGS AND CATS)			
PAWS UNITE PEOPLE INC 252 LOCUST POINT ROCKY POINT,NC 11778	46-2371384	501 (c)(3)	2,000				MEDICAL CARE FOR RESCUED DOGS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF THE PALM BEACHES INC 3200 N MILITARY TRAIL WEST PALM BEACH,FL 33409	59-0637811	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			
PEN PALS INC DOG AND CAT SHELTER AND ADOPTION CENTER 5568 HIGHWAY 68 JACKSON,LA 70748	80-0646300	501 (c)(3)	50,000				SUPPORT ANIMAL SHELTER & EMERGENCY ANIMAL FACILITY			
PENNSYLVANIA SPCA 350 EAST ERIE AVENUE PHILADELPHIA,PA 19134	23-1352269	501 (c)(3)	2,569				TRANSPORT RESCUED ANIMALS TO PETS PLUS ADOPTION CENTERS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PENNSYLVANIA STATE ANIMAL RESPONSE TEAM 2605 INTERSTATE DRIVE HARRISBURG,PA 17110	20-2042482	501 (c)(3)	500				DISASTER ANIMAL RESPONSE TEAM			
PEOPLE FOR ANIMALS INC 401 HILLSIDE AVENUE HILLSIDE,NJ 07205	22-2331492	501 (c)(3)	500				SPAY/NEUTER WORK			
PEOPLE FOR PETS- MAGIC VALLEY HUMANE SOCIETY INC PO BOX 1163 TWIN FALLS,ID 83303	94-3080299	501 (c)(3)	1,500				TRAVEL EXPENSES FOR ANIMAL CARE EXPO			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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PRAIRIE WILDLIFE RESEARCH INC PO BOX 308 WELLINGTON, CO 80549	46-0462687	501 (c)(3)	11,000				RESEARCH TO PROTECT PRAIRIE DOGS FROM NON- NATIVE DISEASE			
PROJECT CHIMPS 589 PALISADE DRIVE BRUNSWICK,GA 31523	47-1439557	501 (c)(3)	2,500,000				ESTABLISHMENT OF SANCTUARY FOR OVER 250 CHIMPANZEES			
PROJECT SNAP (SPAY NEUTER AND PROJECT) PO BOX 1293 JEFFERSON CITY, MO 65102	27-3940081	501 (c)(3)	500				LOW COST SPAY/NEUTER PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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PROTECT OUR WILDLIFE VERMONT PO BOX 3024 STOWE, VT 05672	47-3839485	501 (c)(3)	1,000				GENERAL SUPPORT			
PROTECTION & EDUCATION ANIMALS CULTURE & THE ENVIRONMENT INC 505 N TOMAHAWK ISLE DRIVE PORTLAND, OR 97217	20-3726038	501 (c)(3)	3,600				MOBILE SPAY/NEUTER CLINICS			
PUPPY PIPELINE RESCUE OF GA INC 410 NEWBURGH CT ROSWELL, GA 30075	20-8217508	501 (c)(3)	18,334				TRANSPORTATION COSTS FOR DOGS UP FOR ADOPTION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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RANCHO CUCAMONGA & ARTS FOUNDATION PO BOX 807 RANCHO CUCAMONGA,CA 91729	33-0255599	501 (c)(3)	1,000				GENERAL SUPPORT			
RED DOG FARM ANIMAL RESCUE NETWORK 5803 BUR-MIL CLUB ROAD GREENSBORO,NC 27410	20-5428178	501 (c)(3)	800				VETERINARY EXPENSES FOR RESCUED COWS			
RED LAKE ROSIE'S RESCUE INC 23880 GOOD ROAD TRAIL,MN 56684	20-3917194	501 (c)(3)	1,500				MEDICAL CARE FOR AN INJURED PUPPY, GENERAL SUPPORT			

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RED SKY RESCUE INC 8305 W COUNTY ROAD 150 N MEDORA,IN 47260	27-0737457	501 (c)(3)	2,000				COSTS OF VETERINARY SURGERY			
REDLANDS FRIENDS OF SHELTER ANIMALS (REDFOSA) 504 KANSAS STREET REDLANDS,CA 92373	47-1798659	501 (c)(3)	1,000				SHELTER SUPPORT			
RESCUE ANIMALS COMMUNITY EFFORT INC 503 RED FOX ST NW SHALLOTTE,NC 28470	27-3271628	501 (c)(3)	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RESCUE FARM INC 7101 FLOWING WELL RD POLAND,IN 47868	27-0104387	501 (c)(3)	20,000				CANINE EXPRESS TRANSPORT OF DOGS TO NEW ENGLAND SHELTERS			
RETIRED RACEHORSE TRAINING PROJECT 440 DODON ROAD DAVIDSONVILLE, MD 21035	27-1622725	501 (c)(3)	600				STIPEND TO ATTEND HOMES FOR HORSES FORUM			
RICHARDSON RESCUE 1968 GARVIN ROAD YORK,SC 29745	75-3124742	501 (c)(3)	3,000				SUPPORT SHELTER DAMAGED BY A FIRE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 2519 HERMITAGE ROAD RICHMOND, VA 23220	54-0506328	501 (c)(3)	17,500				SPONSORSHIP FOR 2015 FUR BALL, OPERATING COSTS			
ROCK CITY RESCUE 2513 MCCAIN BOULEVARD SUITE 2 176 NORTH LITTLE ROCK,AK 72116	46-2492442	501 (c)(3)	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
ROCKINGHAM- HARRISONBURG SPCA 2170 OLD FURNACE RD HARRISONBURG, VA 22803	54-0935739	501 (c)(3)	1,750				SPONSORSHIP OF REGIONAL WORKSHOPS, MEDICAL EXPENSES FOR RESCUED CATS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance			
ROCKY MOUNTAIN COCKER RESCUE INC 6680 S ABILENE WAY CENTENNIAL,CO 80111	26-4170396	501 (c)(3)	6,728				VETERINARY EXPENSES FOR CANINES			
ROSE BROOKS CENTER INC 3350 E 77TH STREET KANSAS CITY, MO 64132	51-0231573	501 (c)(3)	500				HELP BUILD EXTENSION TO FACILITY FOR CLIENT PETS			
RUFF START RESCUE INC PO BOX 129 PRINCETON,MN 55371	27-2545988	501 (c)(3)	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	1 3 7	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SC ANIMAL CARE & CONTROL ASSOCIATION 127 HUMANE LANE COLUMBIA,SC 29209	57-0913881	501 (c)(3)	2,500				SPONSOR CAROLINAS ANIMAL CARE CONFERENCE			
SALINE COUNTY HUMANE SOCIETY PO Box 305 BENTON,AR 72018	71-0511707	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			
SAN ANTONIO ANIMAL CARE SERVICES 4710 STATE HWY 151 SAN ANTONIO,TX 78227		GOVERNMENT	1,000				EYE SURGERY FOR ABUSED DOG			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	1 * *	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SANTA FE ANIMAL SHELTER INC 100 CAJA DEL RIO SANTA FE,NM 87507	85-6000484	501 (c)(3)	1,000				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
SANTUARIO CANITA DE LA DIVINA MISERICORDIA PO BOX 366988 SAN JUAN,PR 00936	66-0708492	501 (c)(3)	10,000				MEDICATION AND FOOD COSTS AT SANCTUARY			
SAVE ANIMALS FACING EXTINCTION 119 1ST AVENUE SOUTH SEATTLE, WA 98104	47-3598131	BALLOT INITIATIVE	450,000				BALLOT INITIATIVE CAMPAIGN TO PREVENT WILDLIFE TRAFFICKING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAVE ENDANGERED ANIMALS OREGON 737 TANGLEWOOD STREET SUTHERLIN, OR 97479	47-5322416	501 (c)(4)	50,000				GENERAL SUPPORT			
SAVING GRACE INC PO BOX 803 WINCHESTER,OR 97495	93-1318052	501 (c)(3)	1,000				GENERAL SUPPORT			
SAWA-SOCIETY OF ANIMAL WELFARE ADMINISTRATORS 15508 W BELL ROAD SURPRISE, AZ 85374	41-1618666	501 (c)(6)	15,000				SPONSORSHIP OF ANNUAL SAWA CONFERENCE			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE,WA 98133	91-2041961	501 (c)(3)	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO				
SECOND CHANCE ANIMAL SHELTER 111 YOUNG ROAD E BROOKFIELD, MA 01515	04-3490671	501 (c)(3)	1,200				SPONSORSHIP FOR ADOPTION EVENT				
SENIOR PAWS DOG RESCUE INCORPORATED 17929 THELMA AVE APT C JUPITER,FL 33458	47-0999544	501 (c)(3)	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SHAW PIT BULL RESCUE INC 158 CENTER ROAD COLUMBUS,MS 39702	46-0852468	501 (c)(3)	500				SPAY AND NEUTER SERVICES				
SHELTER ANIMALS COUNT 320 MAPLE AVENUE WEST VIENNA,VA 22180	46-2215168	501 (c)(3)	40,000				FUND NATIONAL SHELTER DATABASE PROJECT				
SLOW FOOD USA INC 1000 DEAN STREET 222 BROOKLYN,NY 11238	13-4100161	501 (c)(3)	4,500				GRANT FOR GENERAL SUPPORT				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOCIAL GOOD FUND INC 2138 DUNN AVENUE RICHMOND,CA 94801	46-1323531	501 (c)(3)	84,915				CARE FOR CHIMPANZEES ON MARSHALL ISLANDS, LIBERIA			
SOCIETY OF TOXICOLOGY 1821 MICHAEL FARADAY DRIVE RESTON, VA 20190	52-6057050	501 (c)(3)	5,000				SPONSOR FUTURETOX III SYMPOSIUM			
SOMERSET HUMANE SOCIETY PO BOX 453 SKOWHEGAN, ME 04976	01-0357595	501 (c)(3)	500				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOURIS VALLEY ANIMAL SHELTER 1935 20TH AVE SE MINOT,ND 58701	45-0345317	501 (c)(3)	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO			
SOUTH FLORIDA PET RESCUE & REHAB 6919 BROWARD BLDV PLANTATION,FL 33317	59-3826119	501 (c)(3)	1,521				VETERINARY CARE FOR FIVE DOGS			
SOUTH FLORIDA WILDLIFE CENTER INC 3200 SW 4TH AVENUE FT LAUDERDALE,FL 33315	23-7086391	501 (c)(3)	2,426,658				SFWC 2015 SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	3 · ·	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOUTHEASTERN ANIMAL CONTROL ASSOCIATION PO BOX 72242 NEWMAN,GA 30271	59-2872166	501 (c)(3)	500				CONFERENCE SPONSORSHIP			
SOUTHERN PINES ANIMAL SHELTER PO BOX 2021 HATTIESBURG,MS 39403	64-0514796	501 (c)(3)	2,000				VETERINARY CARE OF RESCUED ANIMALS			
SOUTHERN PLAINS LAND TRUST 6439 E MAPLEWOOD AVE CENTENNIAL,CO 80111	84-1470479	501 (c)(3)	1,000				SUPPORT ACQUISITION AND PROTECTION OF PRAIRIE DOG HABITAT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
SPAY4LA INC 8581 SANTA MONICA BLVD WEST HOLLYWOOD,CA 90069	45-2996980	501 (c)(3)	4,428				SPAY/NEUTER SURGERIES			
SPCA OF TEXAS 2400 LONE STAR DRIVE DALLAS,TX 75212	75-1216660	501 (c)(3)	2,270				TRANSPORTATION COSTS FOR DOGS			
SPRING HILL HORSE RESCUE 175 MIDDLE ROAD NORTH CLARENDON, VT 05759	02-0537086	501 (c)(3)	2,500				SURGERY EXPENSES FOR RESCUED HORSE			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
ST HUBERT'S ANIMAL WELFARE CENTER 575 WOODLAND AVENUE MADISON,NJ 07940	22-1627726	501 (c)(3)	21,358				CAMPAIGN TO ENCOURAGE RESIDENTIAL PROPERTY MANAGERS TO ACCEPT TENANTS WITH PETS			
ST LANDRY PARISH ANIMAL CONTROL 255 HANGER ROAD OPELOUSAS,LA 70570	72-6001256	GOVERNMENT	1,500				EXPAND HOLDING AREA FOR CRUELTY CASES			
STATE OF MASSACHUSETTS ANIMAL RESPONSE TEAM 163 LAKESIDE AVENUE MARLBOROUGH,MA 01752	30-0550560	GOVERNMENT	500				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STEPHENS COUNTY HUMANE SOCIETY PO BOX 669 DUNCAN,OK 73534	73-1202082	501 (c)(3)	1,000				HUMANE EUTHANASIA PRACTICES			
STONE COUNTY SPCA 1989 HWY 26 WIGGINS,MS 39577	27-1359759	501 (c)(3)	1,780				MEDICAL CARE OF DOGS			
STOP PET OVERPOPULATION TODAY SPOT INC PO BOX 10965 EUGENE, OR 97440	93-1099151	501 (c)(3)	749				MEDICAL CARE OF ABANDONED SHAR PEIS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STRAW FOR DOGS 645 G STREET SUITE 1175 ANCHORAGE,AK 99501	38-3847207	501 (c)(3)	1,300				STIPEND FOR TRAVEL TO ANIMAL CARE EXPO			
STRAWBERRY MOUNTAIN MUSTANGS 1569 NE JOHN STREET ROSEBURG,OR 97470	81-0668011	501 (c)(3)	2,500				CARE OF EMACIATED HORSES			
SUSTAINABLE VETS INTERNATIONAL INC 701 HIGHWAY 200 KILLDEER,ND 58640	46-3269449	501 (c)(3)	5,000				MATERIALS FOR SPAY/NEUTER TEACHING CLINIC, GENERAL SPAY/NEUTER SERVICES			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> Amount of cash grant	1 = = =	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TEXAS ANIMAL CONTROL ASSOC 2402 STONECREST DRIVE ALILENE,TX 79606	75-1535593	501 (c)(3)	1,000				2015 SPONSORSHIP OF ANNUAL CONFERENCE			
TEXAS HUMANE LEGISLATION NETWORK 8333 DOUGLAS AVENUE DALLAS,TX 75225	75-2236932	501 (c)(4)	750				2015 CONFERENCE SPONSORSHIP			
THE ANIMAL SHELTER OF TEXAS COUNTY PO BOX 228 HOUSTON,MO 65483	56-2610775	501 (c)(3)	1,000				PROVIDE MEDICAL CARE TO ABUSED PUPPY			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	1 3 5	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE ANIMAL SHELTER SOCIETY INC 1430 NEWARK ROAD ZANESVILLE, OH 43701	31-6040909	501 (c)(3)	2,000				ASSISTANCE FOR INJURED DOGS			
THE ARROW FUND INC PO BOX 1127 PROSPECT, KY 40059	61-1396389	501 (c)(3)	750				ANIMAL RESCUE BEST PRACTICES SEMINAR			
THE BALTIMORE ANIMAL RESCUE & CARE SHELTER INC 301 STOCKHOLM STREET BALTIMORE, MD 21230	86-1130456	501 (c)(3)	5,600				CARE OF CHIHUAHUAS, TRAVEL TO ANIMAL CARE EXPO			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE BELLA FOUNDATION SPCA PO BOX 20035 OKLAHOMA CITY,OK 73156	20-5781826	501 (c)(3)	1,500				SUPPORT FOR CAT HOARDING CASE			
THE CITY AND COUNTY OF BUTTE-SILVER BOW 155 WEST GRANITE STREET BUTTE,MT 59701	81-0368698	GOVERNMENT	1,250				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			
THE COUNCIL OF STATE GOVERNMENTS 2760 RESEARCH PARK DRIVE LEXINGTON, KY 40511	36-6000818	501 (c)(3)	2,500				2015 NATIONAL CONFERENCE SPONSOR			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE FAYETTE COUNTY HUMANE SOCIETY 153 S MAIN STREET SUITE 3 WASHINGTON COURT, OH 43160	31-1009520	501 (c)(3)	500				GENERAL SUPPORT			
THE GABRIEL FOUNDATION 1025 ACOMA STREET DENVER,CO 80204	84-1396085	501 (c)(3)	500				ADOPTION EVENT SPONSORSHIP			
THE HEART OF LOUISIANA HUMANE SOCIETY PO BOX 1057 WINNFIELD,LA 71483	35-2327953	501 (c)(3)	1,300				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE HUMANE SOCIETY OF PUERTO RICO INC PO BOX 2387 GUAYNABO,PR 00970	66-0329776	501 (c)(3)	10,000				GENERAL SUPPORT			
THE HUMANE SOCIETY OF WASHINGTON COUNTY 13011 MAUGANSVILLE RD HAGERSTOWN, MD 21740	52-0542025	501 (c)(3)	10,000				SUPPORT CAPITAL CAMPAIGN			
THE MADISON ANIMAL RESCUE KENNEL (ARK) PO BOX 2936 MADISON,MS 39130	25-1917435	501 (c)(3)	1,000				CARE FOR BLIND FEMALE DOG			

Form 990, Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 MARSHALL LEGACY INSTITUTE 2425 WILSON BLVD ARLINGTON,VA 22201	54-1853093	501 (c)(3)	2,000				GENERAL SUPPORT
THE NATIVE AMERICA HUMANE SOCIETY 3838 WEST CARSON STREET SUITE 218 TORRANCE,CA 90503	46-5445818	501 (c)(3)	2,000				GENERAL SUPPORT
THE PAWS SQUAD INC RR 4 BOX 5 F CHAPMANVILLE,WV 25508	46-2823396	501 (c)(3)	1,000				FUNDS TO REBUILD KENNELS DESTROYED BY SNOWSTORM

Form 990,Schedule I, Par	t II, Grants and	J Other Assistance	e to Domestic Org	<u>anizations and D</u>	omestic Governme	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
THE RESCUE RANCH INC PO BOX 55527 MCRAE,GA 55527	42-1598987	501 (c)(3)	2,500				VETERINARY CARE FOR STRAY CATS				
THE SPAYED CLUB 13 TALL TREE CIRCLE BROOMALL, PA 19008	23-2822590	501 (c)(3)	62,952				PETS FOR LIFE SPAY/NEUTER SURGERIES, VACCINATIONS				
THE WASHINGTON ANIMAL RESCUE LEAGUE 71 OGLETHORPE STREET NW WASHINGTON, DC 20011	53-0162440	501 (c)(3)	5,000				SPONSORSHIP FOR ANNUAL GALA				

Form 990,Schedule I, Par	t II, Grants and	J Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMPSON RIVER ANIMAL CARE SHELTER INC PO BOX 1589 THOMPSON FALLS,MT 59873	20-5520480	501 (c)(3)	1,500				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO
TIRED DOG RESCUE 13077 JOHN ROAD GULFPORT,MS 39503	46-1447153	501 (c)(3)	1,000				VETERINARY CARE
TREE HOUSE HUMANE SOCIETY 1212 W CARMEN AVENUE CHICAGO,IL 60640	23-7444825	501 (c)(3)	2,800				SPAY/NEUTER SURGERIES (PETS FOR LIFE)

Form 990, Schedule I, Pai	rt II, Grants an	d Other Assistan	ce to Domestic Or	ganizations and	Domestic Govern	nments.	
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY HUMANE SOCIETY 735 8TH STREET NE SAINT CLOUD,MN 56304	23-7449686	501 (c)(3)	500				2015 SHELTER GRANT
TRUSTEES OF TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE,MA 02144	04-2103634	501 (c)(3)	17,888				RESEARCH ON IMMUNOCONTRACEPTION OF HORSES, DEER
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501 (c)(3)	16,000				PROVIDE SUPPORT FOR SHELTER MEDICINE FUND

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT DISASTER ANIMAL RESPONSE TEAM PO BOX 1423 WHITE RIVER JUNCTION, VT 05001	80-0443426	501 (c)(3)	500				SPONSOR EMERGENCY ANIMAL SHELTERING WORKSHOP
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23453	54-6061532	501 (c)(3)	1,000				ADOPTION EVENT SPONSORSHIP, COMMUNITY CAT PROGRAM
VIRGINIA FEDERATION OF HUMANE SOCIETIES 363 FROG HOLLOW LANE CAPON BRIDGE, WV 26711	51-0208873	501 (c)(3)	500				SPONSORSHIP OF 2015 ANNUAL CONFERENCE

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	to Domestic Orga	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.					
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VOLUNTEER EQUINE ADVOCATES PO BOX 112 GALLATIN,TN 37066	20-0665632	501 (c)(3)	5,700				PROVIDE CARE FOR RESCUED HORSES		
WASHINGTON HUMANE SOCIETY 4590 MACARTHUR BLVD WASHINGTON, DC 20007	53-0219724	501 (c)(3)	5,000				SPONSORSHIP FOR 2015 BARK BALL		
WEBSTER COUNTY COMMISSION 2 COURT SQUARE WEBSTER SPRINGS, WV 26288	55-6000410	GOVERNMENT	500				SUPPORT LOCAL SHELTER		

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WENATCHEE VALLEY HUMANE SOCIETY 1474 S WENATCHEE AVENUE WENATCHEE, WA 98801	91-0838299	501 (c)(3)	5,000				ASSIST WITH CARE OF PETS DISPLACED BY WILDFIRES
WHEELS 4 PAWS 4 EVER HOMES INC PO BOX 791 ROCKINGHAM, NC 28380	46-2520786	501 (c)(3)	5,650				HUMANE TRANSPORTATION EXPENSES FOR ANIMALS
WILSON COUNTY 2201 MILLER ROAD SOUTH WILSON,NC 27893	56-6000351	GOVERNMENT	3,000				DISCONTINUATION OF GAS CHAMBER USE

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Org	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN FEDERATED HUMANE SOCIETIES INC 5132 VOGES ROAD MADISON, WI 53718	39-1640239	501 (c)(3)	1,000				SPONSOR CONFERENCE FOR ANIMAL SHELTERING PROFESSIONALS
WISHBONE PET RESCUE ALLIANCE INC PO BOX 124 DOUGLAS,MI 49406	26-3750768	501 (c)(3)	1,200				CARE OF CATS RESCUED FROM HOARDER
WOMEN IN GOVERNMENT LTD 1319 FSTREET NW WASHINGTON, DC 20004	54-1527192	501 (c)(3)	2,500				SUPPORT FOR ANNUAL SOUTHERN & EASTERN REGIONAL CONFERNCES

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING COUNTY COMMISSION PO BOX 376 PINESVILLE,WV 24874	55-6000421	GOVERNMENT	5,300				DISCONTINUATION OF GAS CHAMBER USE
YELLOWSTONE VALLEY ANIMAL SHELTER INC 1735 MONAD ROAD BILLINGS,MT 59101	26-1389957	501 (c)(3)	1,200				TRAVEL COSTS FOR 2015 ANIMAL CARE EXPO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493181009496

OMB No 1545-0047

### Schedule J (Form 990)

Department of the Treasury

# **Compensation Information**

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

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

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

2015

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization The Humane Society of the United States

		53-0225390		
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the fo 990, Part VII, Section A, line 1a Complete Part III to provide any rel			
	First-class or charter travel Housing a	Illowance or residence for personal use		
		for business use of personal residence		
	Tax idemnification 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 in line 1a are checked, did the organization follow a reimbursement or provision of all of the expenses described above? If			
2	Did the organization require substantiation prior to reimbursing or allow directors, trustees, officers, including the CEO/Executive Director, required			
3	Indicate which, if any, of the following the filing organization used to es organization's CEO/Executive Director Check all that apply Do not clused by a related organization to establish compensation of the CEO/E	heck any boxes for methods		
	▼ Compensation committee     ▼ Written er	nployment contract		
		ation survey or study		
	Form 990 of other organizations	by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section or a related organization	A, line 1a with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified re	tirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation	n arrangement?		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicab	e amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	e lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the or compensation contingent on the revenues of	ganization pay or accrue any		
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the occompensation contingent on the net earnings of	ganization pay or accrue any		
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the oppayments not described in lines 5 and 6? If "Yes," describe in Part III			No
8	Were any amounts reported on Form 990, Part VII, paid or accured pu subject to the initial contract exception described in Regulations secti in Part III			No
9	If "Yes" on line 8, did the organization also follow the rebuttable presults of the section 53,4958-6(c)?	<del></del>		140

### 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation					
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2015

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Tovide the information, explanation, o	To vide the information, explanation, or descriptions required for later, lines 14, 15, 5, 44, 45, 54, 55, 64, 65, 7, and 6, and for later. Also complete this part for any additional information						
Return Reference	Explanation						
from an unrelated organization or individual	ON JANUARY 6, 2015, THE HSUS CEO AND HSUS ENTERED INTO AN AGREEMENT WITH HARPER COLLINS PUBLISHERS THE CEO IS WRITING A BOOK, "THE HUMANE ECONOMY", ON THE PRACTICAL EXPLORATION OF HOW EVERYDAY ECONOMIC DECISIONS IMPACT ANIMAL WELFARE THE BOOK AND THE DISCUSSIONS ITS PROMOTION WILL INSPIRE WILL ENHANCE THE HSUS MISSION THE BOOK IS TO BE PUBLISHED BY HARPER COLLINS IN APRIL, 2016 MR PACELLE WAS PAID \$46,750 AS AN ADVANCE ON THE BOOK IN 2015						
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Wayne Pacelle \$12,250 To be received in October 2015 and 2016, contingent upon his being an HSUS employee as of October 1st of each of those years						

Schedule J (Form 990) 2015

**Software ID:** 15000238 **Software Version:** 2015v2.1 **EIN:** 53-0225390

Name: The Humane Society of the United States

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1BERNARD O UNTI PhD FORMER-ASST TREASURER	(1)	118,127	0	0	27,296	6,591	152,014	C
	(11)	- 0	- 0	0	- 0	-0	- 0	
1WAYNE PACELLE PRESIDENT & CEO	(1)	347,892	0	44,215	45,771	11,102	448,980	C
	(11)	- 0	- - 0		-	-	-	· · · · · · · · · · · · · · · · · · ·
2MICHAEL MARKARIAN CHIEF OPERATING OFFICER	(1)	205,509	0	0	20,750	7,180	233,439	0
CHIEF OF ENATING OF FEER	(11)	-						
3G THOMAS WAITE III	(1)	22,834 215,635	0	0	2,306	798	25,938	0
TREASURER & CFO					73,242	19,644	308,521	
	(11)	0	0	O	0	0	- 0	C
<b>4</b> ANDREW ROWAN PhD CIO & CHIEF SCIENTIFIC	(1)	83,504	0	0	27,114	7,858	118,476	C
OFFICER	(11)	- 125,256	-		-	-	-	
5ROGER A KINDLER	(1)	210,088	0	0	40,672 23,353	11,786 17,577	177,714 251,018	C
GENERAL COUNSEL, VP and CLO	(11)							
	(,	0	0	0	0	0	0	C
6MICHAELEN BARSNESS CONTROLLER & DEPUTY	(1)	146,161	0	0	4,943	8,939	160,043	C
TREASURER	(11)	- 0	-	-	-	-	_	
<b>7</b> THERESA REESE	(1)	123,183	0	0	26,658	1,289	151,130	
SECOND DEPUTY TREASURER	(11)							
CARMOLD BAFR		0	0	0	0	0	0	C
8ARNOLD BAER ASSISTANT TREASURER	(1)	96,227 	0	0	33,403	23,786	153,416	C
	(11)	-0	- 0	0	-0	-0	- 0	
9ELIZABETH LILEY CHIEF DEVELOPMENT	(1)	214,741	0	0	5,573	19,644	239,958	C
OFFICER	(11)	-				-		
10HOLLY HAZARD JD	(1)	153,808	0	0	0	1 222	101 200	C
SVP PROGRAMS & INNOVATION				0	35,642	1,838	191,288	
	(11)	38,452	0	0	- 8,910	- 460	- 47,822	C
<b>11</b> MICHAEL J BLACKWELL DVM	(1)	179,430	0	0	5,400	918	185,748	C
MPH CHIEF VETERINARY POLICY	(11)	-	-	-	-	-	-	
12JUDITH REED	(1)	168,136	0	0	6,001	14,692	188,829	
VP HUMAN CAPITAL & DEVELOPMENT	(11)							
		0	0	0	0	0	0	C
13JONATHAN LOVVORN SVP CHIEF COUNSEL	(1)	163,707	0	0	26,293	10,163	200,163	O
	(11)	_ 0	-	- 0	-	-0	- 0	
14HEIDI PRESCOTT SVP CAMPAIGNS &	(1)	153,067	0	0	30,966	10,123	194,156	C
OUTREACH	(11)	-						
15REBECCA BRANZELL	7.3	0	0	0	0	0	0	C
DEPUTY GENERAL COUNSEL	(1)	150,091	0	0	58,958	10,330	219,379	C
	(11)							

DLN: 93493181009496

Employer identification number

### Schedule L

(Form 990 or 990-EZ)

Name of the organization

**Transactions with Interested Persons** 

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Humane Socie	ety of the United	States											
									8-022				
						section 501(c)						40 h	
4 3 4						, Part IV , line 2							
(a) Nam	ne of disqualif	ied perso	on	( <b>b)</b> Rei	-	tween disquali	fied person an		-	cription		(d) Corr	
						rganization			trans	saction		Yes	No
											+		
Со	ans to and mplete if the janization rep	organizat	tion ansv	wered "Yes	" on Form 99	90-EZ, Part V, ne 5, 6, or 22	line 38a, or F	orm 99	0, Par	t IV, lın	ne 26, o	or if the	
Name of	(b) Relation			(d) Loan		(e)Original	(f)Balance	(a)	In	(h		(i)Wrı	ıttor
terested	with	ship <b>(c)</b> Purpose of					(g) In (h) default? Approved		-	agreemen			
person	organizatio			organizatio		amount	auc	""	u.c	by boa		agreement	
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Name of				p between		it of assistance	e <b>(d)</b> Type	ofassi	stance	e   (e)	Purpos	e of ass	ısta
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Part IV Business Transactions I					
Complete if the organization	<u>on answered "Yes" on l</u>	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) GRACE MARKARIAN	FAMILY MEMBER OF OFFICER	82,224	EMPLOYMENT		No
Part V Supplemental Information Provide additional information		s on Schedule L (see ins	structions)		

Return Reference	Explanation
·	SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF PERSON GRACE MARKARIAN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GRACE MARKARIAN IS A FAMILY MEMBER OF AN OFFICER (D) DESCRIPTION OF TRANSACTION GRACE MARKARIAN, FAMILY MEMBER OF OFFICER, WORKS AT THE HUMANE SOCIETY OF THE UNITED STATES

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493181009496

OMB No 1545-0047

# **Noncash Contributions**

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

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**SCHEDULE M** 

(Form 990)

Employer identification number

IC I	lumane Society of the United States				53-0225390			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of d noncash contrib	letermi	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
_	goods		4.024	1 050 574				
	Cars and other vehicles	X	1,934	1,050,574	Market value			
	Boats and planes Intellectual property							
	Securities—Publicly traded .	X	80	10 014 601	Market value			
	Securities—Closely held stock .		80	19,014,091	Market value			
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation							
_	contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory	X	4	114,000	Market value			
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► ()							
	Other ► ()							
	Other ► ()	by the eras	l	r for contributions				
9	Number of Forms 8283 received for which the organization comple				29			0
			<b>,</b> ,	- · · · · · · · · · · · · · · · · · · ·			Yes	No
0a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for exempt purposes for the enti					20		
L						30a		Νo
D	If "Yes," describe the arrangeme	ent in Part i	11					
1 12a	Does the organization have a gift  Does the organization hire or us					31	Yes	
u	contributions?	· · ·	· · · · · · · · · ·			32a	Yes	
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (	a) is checked,			

## Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Also complete this p	part for any additional information.
Return Reference	Explanation
STANDARD CONTRIBUTIONS	EXPLANATION ANY NONSTANDARD ITEMS ARE REVIEWED, AND ACCEPTED IF -THE DONATED GOODS CAN BE USED IN THE ORGANIZATION'S OPERATIONS, OR -IF DONATED GOODS HAVE VALUE LARGE ENOUGH THAT THEY ARE WORTH SELLING
parties used to solicit, process, or	ADESA IMPACT ACTS AS HSUS'S AGENT FOR THE VEHICLE DONATION PROGRAM FOR THE PROCESSING OF DONATED VEHICLES ADESA IMPACT MAKES PAYMENTS TO HSUS FOR UNITS SOLD UNDER THEIR AGREEMENT NET OF FEES AND EXPENSES
, ,	Cars and other vehicles Number of items received Securities - Publicly traded Number of contributions Food inventory Number of contributions

Schedule M (Form 990) (2015)

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DLN: 93493181009496

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization The Humane Society of the United States **Employer identification number** 

53-0225390

Return Reference	Explanation
Form 990, Part III, Line 4a EDUCATION AND ENGAGEMENT	CONTINUED FROM PART III. LINE 4A. (10 °C3) COMMUNICATIONS THE HUMANESOCIETY ORG, NUMBERED 25 MILLION IN 2015 SURPORTIESS USED TOOLS THERE TO TAKE ACTION ON A VARIETY OF ISSUES 1 6 MILLION TIMES THE WAY OF ISSUES 1 6 MILLION SUPPORTERS ON FACEBOOK, UPDATES 3 90.00 PEOPLE VALUE ON TWITTER AND UPDATES AMONE THAN 83.00 PEOPLE VALUE INSTRUCTION THE PRESIDENTICED WATERS A 90.00 PEOPLE VALUE AND STATEMENT OF THE WAY OF ISSUES THOUSAND THE PRESIDENTICED WATERS A 90.00 PEOPLE VALUE INSTRUCTION OF ISSUES THOUSAND OF EMAL THE VALUE OF INSTRUCTION OF ISSUES THOUSAND OF EMAL THE PRESIDENTICED WATERS A 90.00 PEOPLE VALUE AND STATEMENT OF ISSUES AND THE ORGANIZATIONS ACTIVATED AND STATEMENT OF ISSUES AND THE ORGANIZATIONS ACTIVATED AND STATEMENT OF ISSUES AND THE ORGANIZATIONS ACTIVATED AND STATEMENT OF ISSUES AND THE PROPERTY OF ISSUES AND THE PROPERTY OF ISSUES AND THE PROPERTY OF ISSUES AND CONTRACT OF ISSUES AND STATEMENT OF PROMITTIES THE PROPERTY OF ISSUES AND CONTRACT OF ISSUES AND ACTIVATES HELD SONLINE VIDEOS WERE VEWED ON YOUTUBE FACEBOOK, AND ROKKU MEDIA RELATIONS THE MEDIA PREAD THE MILL OR SEDUCING AND THE PUBLIC A SEQUE AND THE PUBLIC A SEQUE AND THE PUBLIC ASSUES AND ACTIVATES AND SHAPE AND STATEMENT OF SEAT THAN 250 PEOPLE AND THE PUBLIC ASSUES AND ACTIVATED ASSESS AND CONTRACT OF THE PUBLIC ASSUES AND ACTIVATED AND SHAPE AND SHAPE AND ACTIVATED ASSUES AND ACTIVATED ASSUE

Return	Explanation
Reference	Брынин
Form 990, Part III, Line 4b PUBLIC POLICY AND ENFORCEMENT (CONTINUED)	CONTINUED FROM PART II. 48 (1 OF 4). NINOVEMBER A FEDERAL COURT DISMISSED A CHALLENSE TO A NEW YORK OTTY ORDINANCE RESTRICTIONS ON THE SALE OF FLEPY MILL DOSS NIPES THIS WAS THE SWITHERSEN COUNT AND CONTINUED THE LAST FRAN YEARS TO CREAK DOWN ON RETAL SALES OF PLAY MILL DOSS NIPES ON CHRY TO LOCAL COMMANDES. HAVE BEEN SHACTED IN THE LAST FRAN YEARS TO CREAK DOWN ON RETAL SALES OF PLAY MILL DOSS NIPES AND COUNTY OF CREAK DOWN ON RETAL SALES OF PLAY MILL DOSS NIPES AND COUNTY OF CREAK DOWN ON THE LAST FRAN YEARS TO CREAK DOWN ON RETAL SALES OF PLAY MILL DOSS NIPES AND CREAK DOWN ON THE CREAK DOWN ON T

Return Reference	Explanation
	A LARGE PORTION OF THE HISUS WORK ON DRECT CARE AND SERVICE COMES VIA SLICH AFFLIATED ENTITES AS THE BUND FOR ANIMALS. THE SOUTH HORRISM WILD THE CARE AND SERVICE COMES VIA SLICH AFFLIATED ENTITES AS THE BUND FOR ANIMALS. THE SOUTH HORRISM WILD THE CARE FOR RESCUE, REPABLIZITE, AND THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, WHICH TOGETHER, CARE FOR RESCUE, REPABLIZITE, AND THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, WHICH TOGETHER, CARE FOR RESCUE, REPABLIZITE, AND THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, WHICH TOGETHER CARE FOR RESCUE, REPABLIZITE, AND THE HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION, WILD THE CRITER ON SOCIETY VETERINARY MEDICAL ASSOCIATION BUND THE HUMANE SOCIETY AND ALL FORMS OF ANIMALS. AND ANIMAL SOCIETY AND ALL FORMS OF ANI
	INTERNATIONAL DIMENSION FOR FURTHER DETAILS, SEE THE HUMANE SOCIETY INTERNATIONAL ENTRY ON SCHEDULE O, OR THE HUMANE SOCIETY INTERNATIONAL 2015 FORM 990

Return Reference  Form 990, Part III, Line 4d DESCRIPTION OF OTHER PROGRAM SERVICES  RETURN SERVICES  RETURN SERVICES  REDUCTION IN CONSUMPTION OF ANIMALS ARE RAISED AND TREATED IN THE AGRIBUSINESS SECTOR, AND ENCOURAGING TO ACHIEVE REFORMS IN THE WARRES TO ACTIVITIES AS EXPANDING THE SCOPE OF COLORS SUMBERS TO MODIFY THEIR SPENDING AND LEADERS IN THE CORPORATE AND OTHER POLICIES CONCERNING THE TREATMENT OF ANIMALS, URGING CONSUMERS TO MODIFY THEIR SPENDING AND LEADERS IN THE CORPORATE AND OTHER HABITS TO FAVOR HUMANE PRODUCTS, AND PERSUADING THOUGHT LEADERS IN THE CORPORATE AND OTHER HABITS TO FAVOR HUMANE PRODUCTS, AND PERSUADING THOUGHT LEADERS IN THE CORPORATE AND OTHER HABITS TO FAVOR HUMANE PRODUCTS, ARE IMPORTANT ELEMENTS OF THE HSUS'S WORK FARM ANIM PROTECTION THE FARM ANIMAL PROTECTION CAMPAIGN WORKS WITH CONSUMERS, CORPORATIONS, AND POLICIES TO SPUR REFORM IN THE TREATMENT OF ANIMALS RAISED FOR FOOD THE HSUS SUPPORTS HUMANE AND HUMANE, SUSTAINABLE FARMING PRACTICES, AND ENCOURAGES THE PUBLIC TO FOLLOW THE 3 R'S, I E, REDUCTION IN CONSUMPTION OF ANIMAL PRODUCTS, REFINEMENT, BY WORKING TO ACHIEVE REFORMS IN THE WHICH ANIMALS ARE RAISED AND TREATED IN THE AGRIBUSINESS SECTOR, AND ENCOURAGING CONSUMERS	
III, Line 4d DESCRIPTION DESCRIPTION OF OTHER PRODUCTS, AND PERSUADING THOUGHT LEADERS IN THE CORPORATE AND OTHER PROGRAM SERVICES  POLICIES CONCERNING THE TREATMENT OF ANIMALS, URGING CONSUMERS TO MODIFY THEIR SPENDING AND LINE HABITS TO FAVOR HUMANE PRODUCTS, AND PERSUADING THOUGHT LEADERS IN THE CORPORATE AND OTHER PROTECTION THE HABITS TO FAVOR HUMANE VALUES, ARE IMPORTANT ELEMENTS OF THE HSUS'S WORK FARM ANIM PROTECTION THE FARM ANIMAL PROTECTION CAMPAIGN WORKS WITH CONSUMERS, CORPORATIONS, AND PORTOR TO SPUR REFORM IN THE TREATMENT OF ANIMALS RAISED FOR FOOD THE HSUS SUPPORTS HUMANE AND HUMANE, SUSTAINABLE FARMING PRACTICES, AND ENCOURAGES THE PUBLIC TO FOLLOW THE 3 R'S, I E, REDUCTION IN CONSUMPTION OF ANIMAL PRODUCTS, REFINEMENT, BY WORKING TO ACHIEVE REFORMS IN THE WHICH ANIMALS ARE RAISED AND TREATED IN THE AGRIBUSINESS SECTOR, AND ENCOURAGING CONSUMERS	
CHOOSE PRODUCTS NOT DERIVED FROM FACTORY FARMING, AND REPLACEMENT, THE INCORPORATION OF PL.  FOODS INTO THE DIET IN 2015 THE FUSC'S FARM ANIMAL PROTECTION WORK INCLUDED SUCCESS IN PRESUADE BUCATIONAL INSTITUTIONS, RESTAURANT CHAINS, AND CORPORATIONS TO IMPROVE ANIMAL WELFARE PUR POLICIES IN RELATION TO CRATE-FREE PORK, CAGE-FREE EGGS, AND OTHER ANIMAL PRODUCTS THE HSUS COOPERATED WITH FOOD RETAILERS, INSTITUTIONAL INVESTORS, HUMANS, MINDED FARMERS, AND OTHERS TO DIFFERENCE THE HSUS'S PRIVATE SECTOR OUTREACH DURING THE YEAR INSPIRED SOME OF THE FOOD INDUS NAMES MCDONALD'S, STARBUCKS, TACO BELL, JACK IN THE BOX, QDOBA, TGI FRIDAY'S, PANGRA BREAD, SODEXO, COMPASS GROUP, GENERAL MILLS, RELLOGG'S AND OTHERS, TO A NINOUNCE TIME INSE FOR ELIMIN BATTERY CAGES FROM THEIR SUPPLY CHAINS BY SWITCHING TO 100 PERCENT CAGE-FREE EGGS. THE HSUS I MICHAEL FOODS, THE NATION'S LARGEST PROCESSED EGG PROVIDER. TO ANNOUNCE TIME INSE FOR ELIMIN BATTERY CAGES FROM THEIR SUPPLY CHAINS BY SWITCHING TO 100 PERCENT CAGE-FREE EGGS. THE HSUS I MICHAEL FOODS, THE NATION'S LARGEST PROCESSED EGG PROVIDER. TO ANNOUNCE TIME INSE STO TRANSISTION TO CAGE-FREE HOUSING ROSE ACRE FARMS, THE SECOND LARGEST CLIBITS AND SUPPLIESTS TO TRANSISTION TO CAGE-FREE PRODUCER, COMMITTED TO CONVERTING TO 100 PERCENT CAGE-FREE PRODUCTION, AS DID REMBRANDT FOOD THIRD LARGEST EGG PRODUCER THE HSUS HOSTED 18 "FOOD DEVIAVARD" EVENTS NATIONNDE, TRANING INE FOOD SERVICE PROFESSIONALS IN THE INSE HOSTED 18" "FOOD PORVIARD" EVENTS NATIONNDE, TRANING INE FOOD SERVICE PROFESSIONALS IN THE INSE HOSTED 18" "FOOD PORVIARD" EVENTS NATIONNDE, TRANING INE FOOD SERVICE PROFESSIONALS IN THE INSE HOSTED 18" "FOOD PORVIARD" EVENTS NATIONNDE, TRANING INE FOOD SERVICE PROFESSIONALS IN THE INSETTION OF PROGRAMS LIKE MEATLESS MONDAY, TO REDUC SUFFERING OF ANIMALS ON FACTORY FARMS WITH THE HSUS'S HELP, DOZENS OF SCHOOL DISTRICTS - NOLL SOME OF THE NATION'S LARGEST INSTITUTED MEATLESS DAYS THE HSUS KE MEATLESS HOONDAY, TO REDUC SUFFERING OF ANIMALS ON FACTORY FARMS WITH THE HSUS'S HEL	LIFESTYLE R SECTORS MAL DLICY E FARMERS E WAYS IN TO ANT DING CHASING O MAKE A ETRY'S TOP ARAMARK, ATING HELPED K THE DS, THE DS, THE EARLY 700 CETHE UDING CS ANIMAL ROHIBITED E-OWNED E-OWNED E-OWNED E-OWNED E-OWNED E-OWNED E-THOUS INIOS, TS IN D TAYLOR ANIES TO E TRADE E-S TO THE E-S TO THE E-LY SOLD

Return Reference  Form 990, Part III, Line 4a POLICY PROGRAM IS TO ELEVATE THE STATUS AND IMPROVE THE WELFARE OF CATS THROUGHEDUCATION HUMANE ACQUISITION OF CATS, KEEP CATS IN LOVING HOMES, AND HUMANELY AND EFFECTIVE	
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AND USAGEWIT  LEFERO CATS THE HISLIS IS WORKING TO REDUCE THE RUMBER OF LIXOWIND CATS AND LEFERO THE HISLIS IS WORKING TO REDUCE SHELTER NAME AND ELTHANSIA OF CATA ANIAL CARE FIELD TO BURBACE PRO ACTIVE. EMPECTIVE TRAINBURGHER AND ELTHANSIA OF CATA ANIAL CARE FIELD TO BURBACE PRO ACTIVE. EMPECTIVE TRAINBURGHER SERVICES AS WEER TO MAKE COURSE ON CAT BEHAVIOR COUNSEL INS." HE PERSON ESSES AS WEER TO MAKE COURSE ON CAT BEHAVIOR COUNSEL INS." HE PERSON ESSES AS WEER TO MAKE COURSE ON THE "TERTHINKING THE CAT" SWAPPOLING SERVICE AND A "CALOR TO COUNSEL INS." HE "TERTHINKING THE CAT SHAP WORK COUNSEL INS." HE "ADOPTION AND THE "CATE HIS AND A "CALOR TO COUNSEL INS." HE "EXTENDING HIS COUNSEL INS." HE "ADOPTION AND THE "ADOPTION HAD ADOPTION HE LIBER AND RESIDES TO RETHINK WHAT THEY KNOW AROUT ANNAL ADOPTION HAD ADOPTION HE DESIGNAD TO REVIENT SURBEDERS. AND POTENTIAL ADOPTION HAD THE CATE HOW. AND THE CATE HOW AND AND THE ADOPTION HAD THE CATE HOW. THE ADOPTION HAD THE CATE HOW. THE SHELT THE PEROLECT A COLLABORATION OF THE HIS SMADDES FLAD, THE SHELT THE PEROLECT A COLLABORATION OF THE HIS SMADDES FLAD, THE SHELT THE PEROLECT A COLLABORATION OF THE HIS SMADDES FLAD. THE SHELT THE PEROLECT A COLLABORATION OF THE HIS SMADDES FLAD. THE SHELT THE PEROLECT A COLLABORATION OF THE HIS SMADDES FLAD. THE SHELT THE PEROLECT A COLLABORATION OF THE HIS SMADDES FLAD. THE SHELT THE PEROLECT AND CALOR TRAINS AND ADDITION AS HE SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE TOTAL DON AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND ADDITION OF SHELT THE SIN AND THE CAMPAINS AND THE CAMPAINS AND ADDITION OF SHELT THE ADDITION OF SHELT THE TOTAL DON ADDITION OF SHELT THE ADDITION OF SHELT THE ADDITI	SH EFFORTS TO ENSURE ELY MANAGE OUTDOOR INCREASE QUALITY OF IS, AND MOBILIZING THE FOR FERAL AND STRAY ING CATS IN HOMES," A IT BEHAVIOR IS DIFFERENT REGIONS WELCOME' PROGRAM TIONS TRADITIONAL AD TO PROVE THAT THEY IS WELCOME' INTRODUCES ON FOR MORE PEOPLE INTER AD COUNCIL, AND REDUCE THE EUTHANASIA RAN MORE THAN 1 1 INTED REVENUE WAS IS MILLION TIMES (\$271 L \$45 MILLION IN FUTURE IS LIFT PUBLIC PERCEPTION CENT THE NUMBER OF EACH YEAR, WHICH E ADOPTED FROM ELP TO FIND A HOME EACH AD COUNCIL CAMPAIGNS GARFIELD TO MAXIMIZE IS AUSES OF PET WE THEIR WORK FOR HE HSUS'S SHELTER AND IS, STANDARDS, AND BEST AGAZINE OFFERS AND GLOBAL NEWS ADVICE FROM LEADERS, IN HOUSANDS OF IT COMPREHENSIVE ONLINE ELINES, AND TRAINING AR JOB SEARCH ENGINE FOR THE HUMANE COTECTION THE EQUINE CARE, CONFRONTS RING IN THE TENNESSEE AMERICAN HORSES TO ONS, AND SUPPORTS THE QUINE SANCTUARIES, IARTMENT WORKS TO FONS, AND SUPPORTS THE QUINE SANCTUARIES, IARTMENT WORKS TO ONS, AND SUPPORTS THE QUINE SANCTUARIES, IARTMENT WORKS TO ONS, AND SUPPORTS THE QUINE SANCTUARIES, IARTMENT WORKS TO ONS, AND SUPPORTS THE QUINE SANCTUARIES, IARTMENT WORKS TO ONS, AND SUPPORTS THE QUINE SANCTUARIES, IARTMENT WORKS TO ONS, AND CLIMATE OLIFE MANAGEMENT IS LEFT OF CHARISMATIC TION AND WILDLIFE ECIES, AND CLIMATE OLIFE MANAGEMENT BLE, HUMANE ROMOTES THE ROTECTION OF QUALITY ND NATURE THE SECTION ANAGEMENT PLANS AND OF WILD ANIMALS IN ITO ADOPT POLICIES HIGHLIGHTING OF ITO ADOPT P
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PEOPLE TO ADDRESS CONFLICTS THROUGH HUMANE, EFFECTIVE APPROACHES IT ALSO WORK STOCKING, FOX PENNING, DOVE SHOOTING, TROPHY HUNTING, AND REMOTE HUNTING	(S AGAINST PHEASANT

Return Reference	Explanation
Form 990, Part III, Line 4a EDUCATION AND ENGAGEMENT	CONTINUED FROM PART III, LINE 4A (3 OF 3) HUMANE SOCIETY INSTITUTE FOR SCIENCE AND POLICY (HSISP) (HSISP) INTEGRATES ANIMAL WELFARE SCIENCE INTO PALLE POLICY AND OTHER CONTEXTS. HSISP FOOLUSES THE ENERGY AND SCIENCES TO PALL SCIENTISTS AND OTHER SPECIAL ISTS ON THE MOST LINEGENT FILLIO POLICY (LIESTIONS AFFECTING ANIMALS WORLDWIDE, VIA CONFERENCES, CONSULTATIONS, AND OTHER CHANNELS IN 2015, HSISP EXPANDED ITS DIGITAL ASSET REPOSITORY.—A GURATED ONLINE LIBRARY.—TO FACILITATE A CONFERENCE ON LARGE MONTH WELFARE COUNTY OF A BROAD AUDISMOST SPRONDSCREET, VIAN LARGE, A CONFERENCE ON LARGE MONTH AMERICAN CARNIVORES THAT DEW SPEAKERS AND PARTICIPANTS FROM ARCOUND THE WORLD FIVALLY, HSISP LAUNCHED AN OPEN-ACCESS ONLINE JOURNAL, THE JOURNAL OF ANIMAL SENTENCE, TO PUBLISH A CADEMO PARTES AND DISCUSSIONS ON THE QUESTION OF ANIMAL FEELING, PAN AND SUFFERING HUMANE SOCIETY ACADEMY. THE HSUS PROVIDES PROFESSIONAL TRAINING AND EDUCATION FOR STAFF MEMBERS AND EXCEPT ACADEMY. THE HSUS PROVIDES PROFESSIONAL TRAINING AND EDUCATION FOR STAFF MEMBERS AND EXPERIENCE TO THE CONTROL OF A CADEMY. THE HSUS PROVIDES PROFESSIONAL TRAINING AND EDUCATION FOR STAFF MEMBERS AND EXTERNAL AUDISCESS HUMANE SOCIETY ACADEMY ALSO PROVIDES INSTRUCTIONAL MATERIALS AND PROFESSIONAL EXPENDENCE TO SUPPORT THE SOCIETY ACADEMY AND PROFESSIONAL TRAINING AND EDUCATION SY PROFINE STATE OF THE COLOR OF THE CO

IMP 990, Part Lime 4b TRAYELING BEPHANT ACTS, ACKNOWLEDIAND THAT O HANKING BROS ANNOUNCED A PHASE-OUT OF ITS TRAYELING BEPHANT ACTS, ACKNOWLEDIAND THAT O HANKING RUBLIC OFRION HAD LED CITIES AND COUNTES TO PRESIDENT GRAMA ANNOUNCED A RULE TO CHITAL THE COMMERCIAL NOTY TRADE IN THE UNITED STATE PROFESSION GRAMA ANNOUNCED A RULE TO CHITAL THE COMMERCIAL NOTY TRADE IN THE UNITED STATES WITH PROFESSION GRAMA ANNOUNCED A RULE TO CHITAL THE COMMERCIAL NOTY TRADE IN THE UNITED STATES WITH CONTINUED) SHARED COMMITMENT TO DIDING THE GLOBAL TRADE IN MORY AND WILLIES TRAFFICKING IN NOVEMBER PROFESSION HAND REPETION OF THE HAND THE PROFESSION THAN THE MOVEMBER TO SAVE AT RISK SPECIES FROM TRADE IN THEIR PRATS AND PRODUCTS IN CALL-FORMIA, GOVERNOR, JERRY BROWN SIRRED INTO LAW A BAIN ON THE COMMERCIAL TRADE IN NOTY AND PRODUCTS IN CALL-FORMIA, GOVERNOR, JERRY BROWN SIRRED INTO LAW A BAIN ON THE COMMERCIAL TRADE IN NOTY AND PRODUCTS IN CALL-FORMIA, GOVERNOR, JERRY BROWN SIRRED INTO LAW A BAIN ON THE COMMERCIAL TRADE IN NOTY AND PRODUCTS IN CALL-FORMIA, GOVERNOR, JERRY BROWN SIRRED INTO LAW A BAIN ON THE COMMERCIAL TRADE IN NOTY AND PRODUCTS IN CALL-FORMIA, GOVERNOR, JERRY BROWN SIRRED INTO LAW AND A GLOBAL CASCAGE OR REPORTS AGAINST TROMH HUNTING LED BY THE HANS AND HUMBRIS ONE DOS CATS, SHARING MORE HAN 100 GO DOCATE SEAR THE WIND FROM HER CALL FROM THE HEAD AND HUMBRIS OF THE HAND AND AND AND AND AND AND AND AND AND	Return	Explanation
LINE 4B.  TRAYELING ELEPHANT ACTS, ACRISIMLEDING THAT CHANGING RUBLIC OPNION HAD LED CITES AND COUNTREST OF DISTOREST TO RESTRICT THE USE OF TOOLS NEEDED TO CONTROL BETHANTS IN CIRCISES IN JULY, PRESIDENT CRAMA ANNOLINCED A RULE TO CURTALL THE COMMERCIAL MORY TRADE IN THE UNITED STATES WITH PROCEDENTS.  WITHER DISCRIPTIONS, AND IN SEPTEMBER PRESIDENT ORAMA AND PRESIDENT X INTERIOR OF CHINA ANNOLINCED A CONTROL BETHAND THE COMMERCIAL TRADE IN NORY AND WILLIES TRAFFICKING IN NOVEMBER. THE COMMERCIAL TRADE IN NORY AND WILLIES TRAFFICKING IN NOVEMBER. THE COMMERCIAL TRADE IN NORY AND WILLIES TRAFFICKING IN NOVEMBER. THE LICH IN JULY SET IN MOTION A GLOBAL CASCADE OF REFORMS AGAINST TROPHY HUNTING DEPOTE THE LICH IN JULY SET IN MOTION A GLOBAL CASCADE OF REFORMS AGAINST TROPHY HUNTING LED BY THE FISLS AND HUNDING STORE THE DISCRIPTION AND REPORT OF THE PRISON AND PRODUCTS IN MOTION A GLOBAL CASCADE OF REFORMS AGAINST TROPHY HUNTING LED BY THE FISLS AND HUNDING STORE THE PROPERTY OF THE DISCRIPTION AND REPORT OF THE HUNDING STORE THE THE DISCRIPTION AND REPORT OF THE HUNDING STORE THE DISCRIPTION AND REPORT OF THE HUNDING STORE THE HU	Reference	
THE NINTH CIRCUIT UPHELD CALIFORNIA'S LAW APL'S 2015 VICTORIES IN FARM ANIMAL WELFARE WERE IMPORTANT AFTER RECEIVING A LEGAL PETITION FROM THE HSUS, THE USDA PROPOSED A BAN ON THE SLAUGHTER OF DOWNED CALVES ANIMALS TOO SICK OR INJURED TO STAND ON THEIR OWN A FEDERAL APPELLATE COURT UPHELD THE CONSTITUTIONALITY OF CALIFORNIA'S PROPOSITION 2, WHICH BANS EXTREME CONFINEMENT OF FARM ANIMALS THIS WAS THE LAST OF THREE CHALLENGES TO PROPOSITION 2, ALL OF WHICH RESULTED IN THE MEASURE BEING UPHELD IN A ONE-OF-A KIND LAWSUIT, THE HSUS CHALLENGED THE UNLAWFUL DIVERSION OF \$60 MILLION DOLLARS OF		CONTINUED FROM PART III, 49 (2 OF 4) WILLIFE IN MARCH, RINGLING BROS. ANNOUNCED A PHASE OUT OF ITS TRAVELING BLEFHANT ACTS, ACKNOWLEDGING THAT CHANGING PUBLIC OPINION HAD LED CITES AND COUNTES TO ADOPT ORDINANCES TO RESTRICT THE USE OF TOOLS. NEEDED TO CONTINE ADD LED CITES AND COUNTES TO ADOPT ORDINANCES TO RESTRICT THE USE OF TOOLS. NEEDED TO CONTINE ADD LED CITES AND COUNTES TO ADOPT ORDINANCES TO RESTRICT THE USE OF TOOLS. AND COMMERCIAL. WORY TRADE IN THE CUITED STATES WITH LIMITED EXCEPTIONS, AND IN SEPTIBLES A RULE OF TOOLS. WILL AND THE STATES WITH LIMITED EXCEPTIONS, AND IN SEPTIBLES RESIDENT CARRY AND WILLLIER TRAFFICKING. IN YOUND BEING WASHINGTON STATE VOTERS AFFROYD 14/101, THE FIRST STATE WIDE MEASURE ON GLOBAL WILLDER TRAFFICKING. YOUND SAYE A TRAVE FROM TRADE IN THERE ARE AND IN THE COMMERCIAL. TRADE IN YORY AND RELIFIED ON ILLUS. AND THE RESIDENCE SERVING WASHINGTON STATE VOTERS AFFROYD 14/101, THE FIRST STATE WIDE MEASURE ON GLOBAL. WILLDE TRAFFICKING. YOUND SERVING THE COMMERCIAL TRADE IN YORY AND RELIFIED ON ILLUS. AND THE RESIDENCE SERVING WASHINGTON THE TOWN THE COMMERCIAL TRADE IN YORY AND RELIFIED ON THE THE GOOD RESIDENCE.  LINING SERVING THE WILL AND THE COMMERCIAL THAT BROWN THE PROPERTY OF THE HIS AS AND THE AND THE WILL AND THE THE AND THAT AND THE SERVING THE ADDRESS ACT THE  RUSH WORKED WITH THE CALL PROWN REPORK PROWN AND THAT THE SERVING THE PROWN THAT THE GREAT  LAKES RESION AND WYOMING, AND BUT HAD THAT THE SERVING THE WILL AND THE SERVING THE SER
GOVERNMENT FUNDS TO FUEL THE POLITICAL ACTIVITIES OF THE PORK INDUSTRY'S CHIEF LOBBYING ORGANIZATION  THE D C CIRCUIT COURT REVERSED A DISMISSAL IN A LOWER COURT, ALLOWING THE CASE TO PROCEED		GOVERNMENT FUNDS TO FUEL THE POLITICAL ACTIVITIES OF THE PORK INDUSTRY'S CHIEF LOBBYING ORGANIZATION

Return	Explanation
Reference	·
	CONTINUED FROM PART III. 49 (3 OF 4). IN THE WILDLER AREMA. THE HIBUS SECURED PROTECTION FOR CAPTIVE CHIMARACEES WHEN THE US FISH AND WILDLER SERVICE GRANTED A LEGAL ENTITION TO LIST ALL CHIMARACEES AS ENANGERS UNITS THE PERCHARGENES SPECES ACT (1584). BOUND A DECADES LONG. 10 OFHOLICE THAT ALL CHAMPANCEES AS ENANGERS UNITS THE SEAR AREMS SPECES ACT (1584). BOUND A DECADES LONG. 10 OFHOLICE THAT ALL CHAMPANCEES AS ENANGERS ON AN AS RE RESERVED. ON COMPANIES IN THE LIVERE SPECE AND END FOR THE THAT THE COURS. END OF THE SEAR THIS YELL PROYBIT AMERICAN HANDERS WHO TRAVEL. ABROAD TO HAND LONG FROM PROYBING HER TROPHES LUESS THEY CONCERNORS THAT HANDERS WHO TRAVEL. ABROAD TO HAND LONG FROM PROYBING FROM PROYBING AND AREA COURT AND CONTROL AND THAT HAND PROYECES AND THE AND THE FIRST THE CHAIN BERT STORY AND AND THE FIRST ALL COMPANIES. THE THE HANDER BERT SID DAY CONTROL THE FIRST HE FIRST THE CHAIN BERT SID TO REVIEW THE FIFTH CROUNS EXCEDION TO BERT ACT. THE FIRST COURT HAN COURT HAND AND THE FIRST HANDERS TO REVIEW THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COURT REPORT OF THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COURT REPORT OF THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COURT REPORT OF THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COURT REPORT OF THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COURT AND THE COLOR THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COLOR THE COLOR THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THE COLOR THE COLOR THE FIFTH CROUNS EXCEDION TO BERT ATTE THE COLOR THAN THE COLOR THAN THE COLOR THAN THE COLOR THAN THE FIFTH CROUNS EXCEDION TO BE THE COLOR THAN THE COLOR THAN THE COLOR THAN THE FIFTH CROUNS EXCEDION TO BE STATE THE THE THAN THE COLOR THAN THE COLOR THAN THE FIFTH CROUNS EXCEDION TO BE STATE THAN THE COLOR THAN THE COLOR THAN THE FIFTH CROUNS EXCEDION TO BE THE COLOR THAN THAN THE COLOR THAN THAN THAN THE COLOR THAN THAN THE COLOR THAN THAN THAN THE COLOR THAN THAN THAN THAN THAN THAN THAN THAN
	INITIATIVE WITH COALITION PARTNERS, THE HSUS TURNED IN 133,000 SIGNATURES IN A STEP TOWARD QUALIFYING OF A LANDMARK MASSACHUSETTS BALLOT INITIATIVE TO BAN THE CAGE CONFINEMENT OF FARM ANIMALS INCLUDING EGG-LAYING HENS, PIGS, AND CALVES AND THE SALE OF PRODUCTS COMING FROM SUCH SYSTEMS MORE THAN
<u> </u>	1,000 VOLUNTEERS GATHERED SIGNATURES TO MOVE THE MEASURE FORWARD

Return	Explanation
Reference	LAPIGNALION
Form 990, Part III, Line 4b PUBLIC POLICY AND ENFORCEMENT (CONTINUED)	CONTRILED FROM PART III. 48 (4 OF 4) FEDERAL AFFAIRS. THE HSUS FEDERAL AFFAIRS SECTION FOCUSES ON SUPPORT OF FEDERAL ANNAL PROTECTION LESISLATION AND REGULATION THE SECTION PLAYED A CRUCAL ROLE IN SECRING INFORMATION OF SECRIFICATION OF A CHARGE AND A CRUCAL ROLE IN SECRIFICATION OF SECRIFICATI

Return Reference	Explanation
	(Expenses \$ 8,324,461 including grants of \$ 1,430,442)(Revenue \$ 73,422) CORPORATE POLICY

Return Reference	Explanation
Form 990, Part V, Line 3b Reason for not filing Form 990-T	THE ORGANIZATION IS AWAITING RECEIPT OF CERTAIN K-1'S RELATED TO INVESTMENT INCOME THAT ARE NEEDED TO COMPLETE THE ORGANIZATION'S FORM 990-T

Return Reference	Explanation
Form 990, Part VI, Line 10b AFFILIATED ORGANIZATIONS	THE HSUS ENSURES THAT ITS CONTROLLED AFFILIATED ORGANIZATIONS' 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 BY LAWS REQUIRING THAT THEIR BOARD MEMBERS BE APPROVED BY HSUS'S BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	THE HSUS'S BY LAWS PROVIDE FOR THE ESTABLISHMENT OF AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS OF THE HSUS BOARD WHEN THE BOARD IS NOT IN SESSION, EXCEPT THE POWER TO ELECT AND REMOVE OFFICERS THE BY LAWS REQUIRE THE EXECUTIVE COMMITTEE TO BE COMPOSED OF AT LEAST (7) SEVEN MEMBERS OF THE BOARD DURING 2015, THE EXECUTIVE COMMITTEE HAD TEN VOTING MEMBERS, ALL OF WHOM WERE MEMBERS OF THE BOARD THE SOCIETY'S GENERAL COUNSEL/CHIEF LEGAL OFFICER IS A NON-VOTING MEMBER, AND THE SOCIETY'S PRESIDENT/CEO MAY PARTICIPATE, BUT WITHOUT VOTE

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	OFFICERS MARKARIAN, PACELLE, WAITE, RODGERS, KINDLER AND BARSNESS WERE EMPLOYED BY HSUS ALONG WITH OTHER AFFILIATED TAX-EXEMPT ORGANIZATIONS ON WHOSE BOARD HSUS DIRECTORS WIEBERS, COUPE, AND PROBST SERVED THEREFORE, THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER -

Return Reference	Explanation
Significant changes to organizational documents	In 2015, the Society's membership approved amendments to the Bylaws that increased the authorized number of directors, streamlined the procedure by which the Board of Directors may take action by mail or e-mail, and altered the Board's quorum rule from one-third of the authorized number of directors to one-third of directors actually in office just before a meeting

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	EXPLANATION INDIVIDUALS WHO CONTRIBUTE \$25 OR MORE ANNUALLY ARE "VOTING MEMBERS" OF THE SOCIETY

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	EXPLANATION INDIVIDUALS WHO CONTRIBUTE \$25 OR MORE ANNUALLY AND WHO ARE IN GOOD STANDING ARE "VOTING MEMBERS" OF THE SOCIETY WHO ARE ENTITLED TO VOTE IN THE ANNUAL ELECTION OF MEMBERS OF THE BOARD OF DIRECTORS A ROTATING ONE-THIRD OF THE TOTAL NUMBER OF DIRECTORS ARE ELECTED EACH YEAR

Return Reference	Explanation
requiring approval by members or	EXPLANATION ANY AMENDMENTS TO THE BYLAWS, AND ANY OTHER QUESTIONS THAT THE BOARD OF DIRECTORS DECIDES TO SUBMIT TO THE VOTING MEMBERSHIP, MUST BE SUBMITTED FOR APPROVAL TO THAT MEMBERSHIP BY REFERENDUM

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	EXPLANATION AFTER THE HSUS'S INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS SUBMITTED TO THE HSUS'S CORPORATE OFFICERS AND OUTSIDE INDEPENDENT TAX PREPARERS FOR THEIR REVIEW, REACTION, AND REVISION ADDITIONALLY, THE HSUS'S TREASURER/CFO, WHO IS AN OFFICER, AND THE BOARD'S AUDIT COMMITTEE CONDUCT A FURTHER REVIEW OF AN ADVANCED OR FINAL DRAFT PRIOR TO FILING WITH THE IRS, THE FINALIZED FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW AND COMMENTS

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	EXPLANATION THE HSUS'S POLICY OF NOT DOING BUSINESS WITH DIRECTORS OR THEIR COMPANIES, AND OTHER CONFLICT-AVOIDANCE PRACTICES, ARE SUBJECTS COVERED IN ORIENTATION SESSIONS HELD FOR NEW BOARD MEMBERS COPIES OF THE FULL DISCLOSURE POLICY AND RELATED QUESTIONNAIRE ARE DISTRIBUTED, ON AN ANNUAL BASIS, TO MEMBERS OF THE BOARD OF DIRECTORS AND TO HSUS OFFICERS AND SELECTED SENIOR STAFF MEMBERS THE QUESTIONNAIRES ARE COMPLETED, SIGNED, AND RETURNED TO THE CORPORATE SECRETARY, WHO NOTIFIES THE GENERAL COUNSEL OF ANY CONCERNS ADDITIONAL QUESTIONNAIRES SENT TO BOARD MEMBERS AND OFFICERS TO ENABLE THE ORGANIZATION TO ANSWER PART VI, LINES 1B AND 2, COVER MUCH THE SAME GROUND A COMMITTEE OF THE BOARD OF DIRECTORS THE LEGAL, BY LAWS, ETHICS AND GOVERNANCE COMMITTEE WHICH WAS ORIGINALLY ESTABLISHED IN 1988, IS CHARGED WITH CONSIDERING ETHICS QUESTIONS AND CASES BROUGHT TO ITS ATTENTION BY ANY BOARD MEMBER OR OFFICER OR BY THE BOARD ITSELF, AND WITH MAKING RECOMMENDATIONS THEREON TO THE BOARD INDIVIDUALS HAVING POSSIBLE CONFLICTS OF INTEREST CANNOT VOTE, PARTICIPATE IN BOARD OR COMMITTEE DELIBERATIONS ON THE SUBJECT, OR BE COUNTED TOWARD MEETING A QUORUM (THEY MAY ANSWER QUESTIONS)

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	EXPLANATION A COMMITTEE OF THE BOARD OF DIRECTORS, THE OFFICER EVALUATION, COMPENSATION AND NOMINATING COMMITTEE ("OECNC"), ESTABLISHED IN 1997, IS CHARGED WITH ANNUALLY EVALUATING THE JOB PERFORMANCE OF THE PRINCIPAL SALARIED HSUS OFFICERS (PRESIDENT/CEO, THE CHIEF PROGRAM OFFICERS, THE CHIEF OPERATING OFFICER, THE TREASURER/CFO, THE CORPORATE SECRETARY, AND THE GENERAL COUNSEL/CLO-THE BOARD CHAIR, VICE CHAIR, AND BOARD TREASURER ARE UNPAID VOLUNTEER POSITIONS) AND ANY KEY EMPLOYEES, AND WITH MAKING RECOMMENDATIONS TO THE BOARD OF DIRECTORS ABOUT EACH OFFICER'S COMPENSATION, WHICH THE FULL BOARD DETERMINES IN ACCORDANCE WITH THE "SAFE HARBOR" PROVISIONS OF TREAS REG 53 4958-6, THE ANNUAL OECNC PROCESSES INVOLVE ATTENTION TO AND AVOIDANCE OF CONFLICTS OF INTEREST, USE OF COMPARABILITY DATA GATHERED AND PRESENTED BY AN OUTSIDE COMPENSATION EXPERT, AND CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS, AND DECISIONS THESE PROCESSES WERE MOST RECENTLY UNDERTAKEN IN 2015, AS WELL AS IN 2014

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	PLEASE REFER TO FORM 990, PART VI, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	EXPLANATION THE HSUS MAKES COPIES OF ITS CERTIFICATE OF INCORPORATION AND BY LAWS AVAILABLE TO VOTING MEMBERS FREE-OF-CHARGE, BY MAIL, UPON REQUEST THE FORMAL AUDITED FINANCIAL STATEMENTS ARE POSTED ON HSUS'S WEBSITE, 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, AS SET FORTH IN IRS CODE SECTION 6104(D) ) THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1 NATIONAL OUTDOOR SPORTS - DESCRIPTION OF SERVICES	NATIONAL OUTDOOR SPORTS IS ONE OF OUR TOP FIVE CONSULTANTS AND IS NOT ONLY A FUNDRAISING CONSULTANT BUT ALSO PROVIDES PRINTING, DESIGN AND COPYING SERVICES

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 326109, Related or Exempt Function Revenue 326109, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION BENEFITS ADJUSTMENT - 5068522,

Return Reference	Explanation
Line 2c AUDIT	CONSISTENT WITH PRIOR YEARS, THE HUMANE SOCIETY OF THE UNITED STATES (HSUS), THROUGH ITS AUDIT COMMITTEE, PROVIDES OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT (APPOINTED BY THE AUDIT COMMITTEE OF HSUS) THAT AUDITED THE FINANCIAL STATEMENTS

Return Reference	Explanation
Schedule C, Part II-B, Line 1f GRANTS TO OTHER ORGANIZATIONS	THE HSUS MADE GRANTS TO STATE BALLOT COMMITTEES TO FURTHER ANIMAL WELFARE LEGISLATION

Return Reference	Explanation
Schedule C, Part II-B, Line 1g DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, ETC	IN FURTHERANCE OF ITS EFFORTS TO INFLUENCE LEGISLATION AND TO INFLUENCE PUBLIC OPINION ON LEGISLATIVE MATTERS OR REFERENDA, HSUS STAFF, UNPAID VOLUNTEERS, AND PAID CONSULTANTS HAD DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFF, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES

Return Reference	Explanation
Schedule C, Part II-B, Line 1h RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, ETC	THE HSUS HELD LOBBY DAYS IN VARIOUS STATE CAPITALS FOR CITIZENS WHO ARE CONCERNED ABOUT ANIMAL WELFARE ISSUES, AND WHO WISH TO PARTICIPATE IN THE LEGISLATIVE PROCESS AND INFLUENCE PUBLIC POLICY

Return Reference	Explanation
Line 1i OTHER	THE HSUS STAFF CONDUCT RESEARCH AND HAVE INTERNAL MEETINGS AND COMMUNICATIONS AS WELL AS EXTERNAL MEETINGS AND COMMUNICATIONS WITH OTHER ORGANIZATIONS TO DISCUSS PROPOSED LEGISLATION AND STRATEGY FOR INFLUENCING SUCH LEGISLATION

Return Reference	Explanation
Schedule D, Part V Endow ment Funds	The following footnote is from the audited consolidated financial statements of the Humane Society of the United States and affiliates (the Society). The Society's consolidated financial statements for 2014 have been restated to properly reflect the release of net assets that occurred during and prior to the year ended December 31, 20014. The Society has historically taken a conservative approach to the interpretation of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of original donor-restricted contributions. The Society had annually adjusted permanently restricted net assets by the change in the Consumer Price Index (CPI). Any earnings in excess of the change in the CPI has been classified as temporarily restricted net assets. The effect of the restatement is to decrease the balance in the permanently restricted net assets to the original value of the donor-restricted contributions and to increase the balance in the unrestricted and temporarily restricted net assets as of December 31, 2014.

	T
Return Reference	Explanation
AFFILIATE DESCRIPTIONS	AFFLATE DESCRIPTIONS FOR HSLIS SCHEDULE O (PART 1 OF 2) The Humane Society of the United States and Affikates (collectively, the Society) is a not-for profit organization withose primary purpose is the worldwide advancement of humane treatment of animals through public education and awareness programs. The consolidated financial data, presented in the annual report of The Humane Society of the United States (HSUS), includes the operations of The HSUS and the following entities whose missions are described below. The Humane Society Wildiff called Trust BTM \$25-1808517 (158MLT), founded in 1993, celebrates and protects wild animals by creating and managing permanent sanctuaries, by preserving and enhancing natural habitat, and by confronting crulety. The HSUMT protects natural habitat in prepetury and seeks to ensure that animals living on protected lands are not hunted or trapped. The Trust maintains a portfolio of more than 112 permanent wildiff animals living the sanctuaries correctly and the protection of the produces threatening to atminish and their habitat — will always be prohibited Staff members work with landowners committed to providing permanent protection for their properties and the animals living there. Sometimes that involves transferring the land to the HSWLT for protection At other times, it involves permanent conservation agreements, or conservation easierinst, which establish restrictions on how the land can be used to ensure that it will always be a safe home for wildlife. The HSWLT last well as limited financial participation for property acquisition, maintenance, enhancement, and protection. The HSWLT staff as well as limited financial participation for property acquisition, maintenance, enhancement, and protection. The HSWLT has been involved in 30 such projects, involving two million acress in total The Fund for Animals BiHMf3-261374 (FFA). Finance 2005, is the entity responsible for most HSUS animal care facilities including, for 2015, the Cleveland Annoy Biack Beauty Ranch in Murchson,
I	Prevent All Soring Tactics (PAST) Act (CONTINUED)

Return	Explanation
Reference	Explanation
AFFILIATE DESCRIPTIONS (CONTINUED)	AFFLATE DESORIPTIONS (2 OF 2) Humane Society International BM 62-1789484 (FSI) Founded in 1991, HSI educates audiences world wide about compassion toward animals, carries out direct animal care, rescue, and dissater response, provides technical and scientific support to local partners, and seeks to increase the priority given to animal protection issues by policy-makers, industry, and ovid society worldwide. HSIs occe campagns focus on the humane management of street animals via sterilization and vaccination in much of Asia, an end to the confinement of farmianimals in battery cages and gestation crates in India, Brazili, Mexico, and essewhere, a phase-out of animal testing for human and environmental hazard and risk assessment, a hat to the killing of seals for commercial purposes, the cessation of shark finning and shark fin soup consumption, and the restriction of mercy release programs that encourage the capture and subsequent release of wild animals. HSI works aggressively against the literiot global wildlife trade (via participation in CITES and other activities), advances efforts to stop commercial whaling (via thermational Whaling Commission), and seeks to improve wideling protection mechanisms in international trade negotiations. HSI also campagns against the trapping and franching of animals for fur garments, and promotes wildlife contraception as a humane way to manage wildlife populations (porticularly elephanis) without the stress of capture and translectation or onling in addition, HSI responds to cases of companion animal suffering (e.g. rescuing dogs fronthe dog meat trade in Asia of humane way to manage wildlife populations; (populations) expendicularly and characteristic and trade in Asia of humane way to manage wildlife populations (populations) expendicularly and characteristic and trade in Asia of humane and trade in the public above programs. Every exell-HSI organces an international trade as and furnal care. Expo animal supports when the street animals and trade in the public above progra

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

**Related Organizations and Unrelated Partnerships** 

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

2015

OMB No 1545-0047

DLN: 93493181009496

Open to Public Inspection

**Employer identification number** 

► Attach to Form 990. Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

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

The Humane Society of the United States				53-02253	390			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Par					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	Dı	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organiza	tions Complete if t	ho organization an	swored "Ves" or	a Form 990 Da	het TV Ju	no 34 hosauso it	had on	
or more related tax-exempt organizations during the		ne organization an	sweled les of	1 FUIIII 990, Pa	11 ( 1 V , 11	ne 34 because it	nau on	=
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 5120 ontrol tity?
							Yes	
See Additional Data Table							<u> </u>	
								<u> </u>
Ear Danamucul, Daduction Act Notice and the Instructions for Earm 000		Cat No E01	2EV			Schodulo D / For	000) 3	215

lle R (Form 990) 2015													Page :
III Identification of Related ( because it had one or more i						ation answ	ered "Ye	s" on	Form	990, Part I	V, lır	ıe 34	;
<b>(a)</b> Name, address, and El related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	Gene mana part	(k) Percent owners
					514)			Yes	No			No	
IV Identification of Related (34 because it had one or mo							ation ansv	wered	"Yes'	" on Form 9	€90, I	Part	IV, line
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)		total Share e of	(g) of end- year ssets		(h) ercentage ownership	Section (b) cont	(i) on 512 (13) trolled tity?	
											Yes		No

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end- of-year assets	Percentage ownership	Section 512 (b)(13) controlled entity?		
								Yes	No	_
									+	
										1
	·			•			Schedu	le R (Form 9	90) 20	<u> </u>

Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
<b>f</b> Dividends from related organization(s)				<b>1</b> f		No
<b>g</b> Sale of assets to related organization(s)				1g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
$ \  \   \textbf{I} \  \   \textbf{Performance of services or membership or fundraising solicitations for related organization} (\textbf{s}) \  \   \textbf{.} \  \   \textbf{.} \  \   $				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses				1р		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
<b>s</b> Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	volved	
ee Additional Data Table						

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

revenue) that was not a related organization. See instructions r													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											l	1	I
												$\vdash$	
												<u> </u>	

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

**Software ID:** 15000238 **Software Version:** 2015v2.1 **EIN:** 53-0225390

**Name:** The Humane Society of the United States

Form 990, Schedule R, Part II - Identification of Relation (a)  Name, address, and EIN of related organization	ated Tax-Exempt Or (b) Primary activity	(c) Legal domicile	(d) Exempt Code section	<b>(e)</b> Public charity status	THE HUMANE SOCIETY OF THE US  THE HUMANE SOCIETY OF THE US	(g) Section 51 (b)(13)
		(state or foreign country)	section	(if section 501(c) (3))	entity	controlled entity?
DORIS DAY ANIMAL LEAGUE 2100 L ST NW WASHINGTON, DC 20037 95-4117651	ANIMAL WELFARE	CA	501(c)(4		SOCIETY OF THE	Yes
FRIENDS OF HUMANE SOC INTL'L FOR THE PROTECTION & CONSERVATION OF ANIMALS 1250 RENE-LEVESQUE BLVD STE 2500 WEST MONTREAL CA	ANIMAL WELFARE	CA			SOCIETY OF THE	Yes
HUMANE SOCIETY INTERNATIONAL 2100 L ST NW WASHINGTON, DC 20037 52-1769464	ANIMAL WELFARE	DC	501(c)(3	7	SOCIETY OF THE	Yes
HUMANE SOCIETY INTERNATIONAL CANADA 460 ST CATHERINE WEST SUITE 506 MONTREAL, QUEBEC H3B1A7 CA	ANIMAL WELFARE	CA			SOCIETY OF THE	Yes
HUMANE SOCIETY INTERNATIONAL INDIA 112 SAFAL PEGASUS NR PRAHLADNAGAR AUDA GAR FEET RD AHMEDABAD, GUJARAT IN	ANIMAL WELFARE	IN			SOCIETY OF THE	Yes
HUMANE SOCIETY INTERNATIONAL LATIN AMERICA 250 MTS OESTE DEL MALL SAN PEDRO OFICENTRO SAN JOSE SE1 1NP CS	ANIMAL WELFARE	CS			SOCIETY OF THE	Yes
HUMANE SOCIETY INTERNATIONAL UK 5 UNDERWOOD ST LONDON N1 7LY UK	ANIMAL WELFARE	UK			SOCIETY OF THE	Yes
HUMANE SOCIETY OF HONG KONG LIMITED 3C WING YEE COMMERCIAL BLDG 5 WING KUT ST HONG KONG CH	ANIMAL WELFARE	СН			SOCIETY OF THE	Yes
HUMANE SOCIETY OF THE UNITED STATES CALIFORNIA BRANCH 2100 L ST NW WASHINGTON, DC 20037 94-6050420	ANIMAL WELFARE	CA	501(c)(3	7	SOCIETY OF THE	Yes
HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH INC 2100 L ST NW WASHINGTON, DC 20037 22-1671626	ANIMAL WELFARE	NJ	501(c)(3	7	SOCIETY OF THE	Yes
HUMANE SOCIETY UNIVERSITY 2100 L ST NW WASHINGTON, DC 20037 27-0263498	ANIMAL WELFARE EDUCATION	DC	501(c)(3	2	SOCIETY OF THE	Yes
HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION INC 2100 L ST NW WASHINGTON, DC 20037 22-2768664	ANIMAL WELFARE	NY	501(c)(3	7	SOCIETY OF THE	Yes
SOUTH FLORIDA WILDLIFE CENTER INC 3200 SW 4TH AVE FORT LAUDERDALE, FL 33315 23-7086391	ANIMAL WELFARE	FL	501(c)(3	9	SOCIETY OF THE	Yes
THE FUND FOR ANIMALS 200 W 57TH ST NEW YORK, NY 10019 13-6218740	ANIMAL WELFARE	NY	501(c)(3	7	SOCIETY OF THE	Yes
THE HUMANE SOCIETY WILDLIFE LAND TRUST 2100 L ST NW WASHINGTON, DC 20037 52-1808517	ANIMAL WELFARE	DC	501(c)(3	7	SOCIETY OF THE US	Yes
HUMANE SOCIETY INTERNATIONAL EUROPE BASTION TOWER 5 PLACE DU CHAMP DE MARS 1050 BRUSSELS BE	ANIMAL WELFARE	BE			SOCIETY OF THE	Yes
PROJECT CHIMPS 589 PALISADE DRIVE 503 BRUNSWICK, GA 31523 47-1439557	ANIMAL WELFARE	OR	501(c)(3	7	SOCIETY OF THE	Yes
HUMANE SOCIETY INTERNATIONAL MEXICO VICENTE SUAREZ 73 COLONIA CONDESA DELEGACION CUAUHTEMOC CP 06140 CUIDAD DE MEXICO MX	ANIMAL WELFARE	MX			OF THE UNITED	Yes

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization Transaction Amount Involved Method of determining amount type(a-s) ınvolved HUMANE SOCIETY INTERNATIONAL В 5,350,623 PROGRAM GRANT **(1)** HUMANE SOCIETY INTERNATIONAL CANADA В (1) 861,492 PROGRAM GRANT HUMANE SOCIETY INTERNATIONAL UK В (2) 622,128 PROGRAM GRANT (3) HUMANE SOCIETY INTERNATIONAL EUROPE В 61,399 PROGRAM GRANT (4) HUMANE SOCIETY INTERNATIONAL LATIN AMERICA В 484.169 PROGRAM GRANT (5) SOUTH FLORIDA WILDLIFE CENTER INC В 2,426,658 PROGRAM GRANT (6) **HUMANE SOCIETY UNIVERSITY** В 1,665,148 PROGRAM GRANT В (7) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION 5,131,014 PROGRAM GRANT PROJECT CHIMPS В 2,500,000 PROGRAM GRANT (8) (9) THE HUMANE SOCIETY WILDLIFE LAND TRUST O 368,009 SALARIES **HUMANE SOCIETY INTERNATIONAL** 0 SALARIES (10) 1,666,854 0 (11) HUMANE SOCIETY INTERNATIONAL LATIN AMERICA 56,960 SALARIES THE FUND FOR ANIMALS 0 1,910,094 SALARIES (12)0 (13)SOUTH FLORIDA WILDLIFE CENTER INC 1,697,619 SALARIES HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION 0 SALARIES (14)643,212 (15) DORIS DAY ANIMAL LEAGUE 0 83,038 SALARIES THE HUMANE SOCIETY WILDLIFE LAND TRUST Q 1,531,350 INTERCOMPANY ACTIVITY (16)(17) HUMANE SOCIETY INTERNATIONAL Q 7,534,567 INTERCOMPANY ACTIVITY (18)HUMANE SOCIETY INTERNATIONAL CANADA Q 405,238 INTERCOMPANY ACTIVITY (19) HUMANE SOCIETY INTERNATIONAL EUROPE Q 132,244 INTERCOMPANY ACTIVITY (20) HUMANE SOCIETY INTERNATIONAL LATIN AMERICA Q INTERCOMPANY ACTIVITY 116,306 THE FUND FOR ANIMALS INTERCOMPANY ACTIVITY (21) Q 5,492,711 Q (22) SOUTH FLORIDA WILDLIFE CENTER INC 1,866,814 INTERCOMPANY ACTIVITY (23) **HUMANE SOCIETY UNVERSITY** Q 493,998 INTERCOMPANY ACTIVITY (24) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION Q 1,193,281 INTERCOMPANY ACTIVITY

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization Transaction Amount Involved Method of determining amount type(a-s) involved DORIS DAY ANIMAL LEAGUE 0 2,255,882 INTERCOMPANY ACTIVITY (26) THE HUMANE SOCIETY WILDLIFE LAND TRUST 234,431 (1) R CASH TRANSFER HUMANE SOCIETY INTERNATIONAL R 1,466,833 CASH TRANSFER (2) (3) HUMANE SOCIETY INTERNATIONAL CANADA R 1,493,888 CASH TRANSFER (4) HUMANE SOCIETY INTERNATIONAL UK R 373.952 CASH TRANSFER (5) HUMANE SOCIETY INTERNATIONAL EUROPE R 158,881 CASH TRANSFER (6) HUMANE SOCIETY INTERNATIONAL LATIN AMERICA R 310,652 CASH TRANSFER (7) SOUTH FLORIDA WILDLIFE CENTER INC R 133,034 CASH TRANSFER (8) DORIS DAY ANIMAL LEAGUE R 592,340 CASH TRANSFER 1,356,909 (9) THE FUND FOR ANIMALS R CASH TRANSFER HUMANE SOCIETY UNIVERSITY R 576,018 CASH TRANSFER (10) **CASH TRANSFERS** (11) S 1,551,262 THE HUMANE SOCIETY WILDLIFE LAND TRUST (12) HUMANE SOCIETY INTERNATIONAL S 6,250,546 CASH TRANSFERS S (13)HUMANE SOCIETY INTERNATIONAL CANADA 848,471 CASH TRANSFERS THE FUND FOR ANIMALS S 6,629,936 CASH TRANSFERS (14)(15) S 3,043,068 DORIS DAY ANIMAL LEAGUE CASH TRANSFERS (16) SOUTH FLORIDA WILDLIFE CENTER INC S 1,550,572 CASH TRANSFERS (17) HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION S 538,121 CASH TRANSFERS