Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

This Form is Open to Public Inspection

A F	or the 1	999 calendar year, OR tax year period beginning		and ending				
B c	heck It. Change lof	Please Use IRS			D Employer iden	D Employer identification number		
	address		NATIONAL, INC		52-176	9464		
F	]initial retum Final metum	type. Number and street (or P.O. box if mail is n Specific 2100 L STREET NW	ot delivered to street address	Room/suite	E Telephone nur (202)4	mber		
	Amenda return (required a	tions.   Gity or town, state or country, and ZIP+4	7		F Check ▶ □	if exemption application is pending		
	for state reporting)	WASHINGTON, DC 2003		] earlies 4047/a\/1\ nanaya	nnt aberitable true			
		organization - X Exempt under 501(c) ( 3 )						
		tion 501(c)(3) exempt organizations and 4947(a						
		a group return filed for affiliates?	Yes 🔼 No			algit group		
(0)		, enter the number of affitiates for which this		exemption number (GEN)	Cash X			
(-1		is filed:		J Accounting method:  Other (specify)	_ Casn	Accrual		
		separate return filed by an organization covered by a group ruling  if the organization's gross receipts are norm			a return with the II	DC: but		
		ed a Form 990 Package in the mail, it should file a return				no, out		
		990-EZ may be used by organizations with gross				nd of year		
		Revenue, Expenses, and Changes in			11 42.00,000 at 61	10 01 Juli		
e de la constante de la consta	1	Contributions, gifts, grants, and similar amounts receive		<u></u>				
	l	Direct public support		$ _{1a} _{366,9}$	94.			
	, b			4 4 4 4 4				
398	_ C	Government contributions (grants)						
	d			Stmt	1			
4		(cash \$1,696,049 - noncash \$		)	1d	1,696,049.		
~	2	Program service revenue including government fees at	ne 93)	2				
3	3	Membership dues and assessments						
=	4	Interest on savings and temporary cash investments		2,153.				
~	5	Dividends and interest from securities						
ij	6 a	Gross rents						
	b	Less: rental expenses		6b				
:ર્ફ	2	Net rental income or (loss) (subtract line 6b from line 6	6c	<u> </u>				
Revenue Carifornia	7	Other investment income (describe	<del></del> -	<del>,</del>	)7			
ڇڙ	8 a	Gross amount from sale of assets other	(A) Securities	(B) Other				
		than inventory	· · · · · · · · · · · · · · · · · · ·	8a				
	l	Less: cost or other basis and sales expenses		8b				
	_ C	Gain or (loss) (attach schedule)		8c				
	_	Net gain or (loss) (combine line 8c, columns (A) and (I	5))		81			
	9	Special events and activities (attach schedule) Gross revenue (not including \$	of contributions					
	a	reported on line 1a)		ga				
	h	Less: direct expenses other than fundraising expenses						
	C	Net income or (loss) from special events (subtract line			90			
		Gross sales of inventory, less returns and allowances				<del></del>		
		Less=gosFotdoods=gold						
	C	Gioss profit of (loss) from sales of inventory (attach so	hedule) (subtract line 10b fro	om line 10a)	10c			
	11 5	Other revenue (from Part VISING 103)			11	393.		
	27	Total lever(0e) radd lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	(c. and 11)		12	1,698,595.		
10	1300	Program services (from line 44, column (B))			13	1,080,920.		
Se	14	-Management and general (from line 44, column (C))	***************************************		14	163,072.		
Expenses	15	Fundraising (from line 44 column (D))			15	456,569.		
Щ	18	-Payments to affiliates (attach schedule)			16			
	17	Total expenses (add lines 16 and 44, column (A))	17	1,700,561.				
Ø	18	Excess or (deficit) for the year (subtract line 17 from lin	ie 12)		18	<1,966.>		
Net Assets	19	Net assets or fund balances at beginning of year (from	<u>19</u>	<713,599.>				
-&	20	Other changes in net assets or fund balances (attach ex				715,565.		
	21	Net assets or fund balances at end of year (combine lin	es 18, 19, and 20)		21	0.		

For Paperwork Reduction Act Notice, see page 1 of the separate instructions. 923001 12-14-99

Form 990 (1999)

1	7	_	$\sim$	Δ	_	л
		n	ч	ш	n	ш

P	art II Functional Expenses (4) or	janiza Janiz	ations and section 4947(a)(1	n (A). Columns (B), (C), and I) nonexempt charitable tru	ists but optional for others.	ii ao ifoj(a) anu
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)		222 211	022 011	n: -: 4	
	cash \$232,011 noncash \$	22	232,011.	232,011.	Statement 4	
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24	140.006	140 006		•
25		25	140,036.	140,036.		0.
	Other salaries and wages	26	102,531.	102,531.		<u> </u>
27	Pension plan contributions	27				
28	Other employee benefits	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
31	Accounting fees	31		45.410		
32	Legal fees	32	17,618.	17,618.		
	Supplies	33	15,545.			<u></u>
34	Telephone	34	21,997.	21,997.		
35	Postage and shipping	35	12,529.			<u></u>
36	Occupancy	36	24,044.	24,044.		<u> </u>
37	• • • • • • • • • • • • • • • • • • • •	37				
38	Printing and publications	38		<del></del>		
39	Travel	39	115,768.	115,768.		_
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42		<u> </u>		
43	Other expenses (itemize):					
2	·	43a				
t	l	43b				
	·	43c			<u> </u>	
C	Good Ole Length 2	43d		200 041	1.60.070	45C 5C0
		43e	1,018,482.	398,841.	163,072.	456,569.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,700,561.	1,080,920.	163,072.	456,569.
	parting of Joint Costs Did you report in column (B)					
fun	draising solicitation?				► L	Yes X No
if "Y	es," enter (i) the aggregate amount of these joint cos	ts\$	;(	(ii) the amount allocated to	Program services \$	;
(11)	the amount allocated to Management and general \$		; and (	(iv) the amount allocated to	o Fund <u>raising \$</u>	
	art    Statement of Program Servi		<u>Accomplishments</u>			
	at is the organization's primary exempt purpose?				<u></u>	D 0!
	TERNATIONAL AFFILIATE C					Program Service Expenses
All c	rganizations must describe their exempt purpose achievement evements that are not measurable. (Section 501(c)(3) and (4) or	s in a ganiza	clear and concise manner, State itlons and 4947(a)(1) nonexempt o	the number of clients served, pr charitable trusts must also enter	iblications issued, etc. Discuss the amount of grants and	(Required for 501(c)(3) and (4) orga., and 4947(a)(1) trusts; but optional for others.)
	cations to others.)					truets; but optional for others.)
а	TO PROVIDE TRAINING, MA					
	ASSIST ANIMAL PROTECTIO	אזי	EFFURTS AND	EDUCATION EN	DEAVORS	[
	IN FOREIGN COUNTRIES.				232,011.)	1 000 000
_				Grants and allocations \$	232,011.)	1,080,920.
b			<del>.</del>			•
_				arants and allocations \$	<u></u>	
C						
			<del></del>			
				Pronto and allocations &		
d		-		Frants and allocations \$		<u> </u>
u						
					<del></del>	
			/0	Frants and allocations \$		
e	Other program services (attach schedule)		·	rants and allocations \$		
$\overline{}$	Total of Program Service Expenses (should equal li	ne 44			<b>&gt;</b>	1,080,920.
9230	<u>-</u>	-				

Page 3

Part IV Balance Sheets (B) Note: Where required, attached schedules and amounts within the description column (A) should be for end-of-year amounts only. Beginning of year End of year 45 Cash - non-interest-bearing 45 46 46 Savings and temporary cash investments 47 a Accounts receivable 47h b Less: allowance for doubtful accounts 47c 48 a Pledges receivable ..... 48a b Less: allowance for doubtful accounts 48b 48c 49 49 Grants receivable 50 Receivables from officers, directors, trustees, 50 and key employees ..... 51 a Other notes and loans receivable \_\_\_\_\_\_\_ 51a b Less: allowance for doubtful accounts \_\_\_\_\_\_ 51b 51c 52 52 Inventories for sale or use 53 53 Prepaid expenses and deferred charges 54 54 Investments - securities 55 a Investments - land, buildings, and equipment: basis \_\_\_\_\_\_\_55a b Less; accumulated depreciation \_\_\_\_\_\_\_\_55b 55c 56 Investments - other b Less: accumulated depreciation \_\_\_\_\_ 57b 57c Other assets (describe 58 58 0. Total assets (add lines 45 through 58) (must equal line 74) 59 59 Accounts payable and accrued expenses 60 60 61 Grants payable \_\_\_\_\_ 61 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 63 64a 64 a Tax-exempt bond liabilities 713,599. 64b b Mortgages and other notes payable Other liabilities (describe 65 65 713,599. 0. Total Ifabilities (add lines 60 through 65) .... Organizations that follow SFAS 117, check here 🕨 🔲 and complete lines 67 through 69 and lines 73 and 74. **Net Assets or Fund Balances** 67 Unrestricted 67 68 Temporarily restricted 68 69 69 Permanently restricted ..... Organizations that do not follow SFAS 117, check here X and complete lines 70 through 74 <713,599. Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Ō. 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; <713,599.><sub>73</sub> column (A) must equal line 19 and column (B) must equal line 21) Total liabilities and net assets / fund balances (add lines 66 and 73)

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return			Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return						
а	Total revenue, gains, and other support per audited financial statements	a	1,700,561.	aT	otal expenses and lo udited financial state	sses per ments	<b>&gt;</b>	$\begin{vmatrix} a & 1 \end{vmatrix}$	700,561.
b	Amounts included on line a but not on			אַ מון	mounts included on ne 17, Form 990:	line a but not on	•••••		
41	line 12, Form 990: Net unrealized gains			(1) [	lonated services nd use of facilities	•			
W	on investments \$ 1,966.			1	rior year adjustment				
(2)	Donated services			r	eported on line 20,				
	and use of facilities \$			1	orm 990	\$			
(3)	Recoveries of prior year grants\$			1	.osses reported on ne 20, Form 990	e			
(4)	Other (specify):			1	ne 20, ronn 950 Other (specify):	. \$			
	•			1		\$			
	Add amounts on lines (1) through (4)	b	1,966.		ldd amounts on lines	(1) through (4)	₹	b	700 ECT
C d	Amounts included on line 12, Form	C	1,090,393.		ine a minus line þ Imounts included on	line 17 Form	▶	C 1,	700,301.
u	990 but not on line a:				90 but not on line a				
(1)	Investment expenses not included on			1	nvestment expenses ot included on				
	line 6b, Form 990\$			l	пе 6b, Farm 990	.\$			
(2)	Other (specify):			(2) (	Other (specify):				
_	Add amounts on lines (1) and (2)			}   —	Add amounts on lines	\$			
	Total revenue per line 12 Form 000	ļ		] <sub>0</sub> 1	otal expenses per lin	e 17. Form 990		1	700 561
D.	(line c plus line d)  List of Officers, Directors,	le Fri	stees, and Key i	- \ \	line c plus line d)	e even if not compen	<u> </u>	<u>  B                                   </u>	700,301.
8.58			,	(B) Title	and average hours		(D) Con	tributions to	(E) Expense account and
	(A) Name and address			, .	week devoted to position	(II not paid, enter	plans	& deferred pensation	other allowances
ΡĀ	UL G. IRWIN			PRES	IDENT				
				, Part	TIME	0.	1	0.	0.
AN	DREW N. ROWAN				PRESIDEN				
	~======================================						}	^	
$\overline{c}$	THOMAS WAITE III			1	TIME SURER	0.	<del> </del>	0.	0.
<u>-</u> -					BONER				
					TIME	0.	<u> </u>	0.	0.
ΜU	RDAUGH S. MADDEN	- <b>-</b>		SECR	ETARY/GEN	ERAL COUN	SEL		
				PART	TIME	0.		0.	0.
JA	NET FRAKE		<del></del>		. SECRETA		RER		
				Ĺ			1	200	
NE	IL W. TRENT				TIME UTIVE DIR	71,136.	3	,388.	0.
77.77	III M. IKENI			H'VEC	OIIVE DIN	ECIOR			
				FULL	TIME	68,900.	7	498.	0.
		<b>-</b>							
	<del></del>		<del></del>	<del> </del>					<del> </del>
		<b>-</b>		}					1
		_		<u> </u>			<u> </u>		
				}			1		
		<del>-</del> -							
		_	<del></del>		<del></del>	<del></del>	<u> </u>		<del>, , , , , , , , , , , , , , , , , , , </del>
<b>_</b> _				<u> </u>					
				l					tmt 5
	Did any officer, director, trustee, or key employee re organizations, of which more than \$10,000 was pro						and all i No	viateu	CIII C 3 Form 990 (1999)

- 4		
64		Page 5
	Yes	No
76		X
77		X
8a		X
8b	ļ	
79		X
	X	200000000000000000000000000000000000000
Oa		000000000000000000000000000000000000000
63800.	pasassi.	x
110		~-
20	["""	ΙX
12a		
За	<u>X</u>	_
3b	X	
	├ <del></del> -	X
42	 	
14b_	L	L
15a		
	<del></del>	<del> </del> -
15b		
86		
(M)		
834		
2000-20 1172-aa	100000000000000000000000000000000000000	0000000000
15g_		<del></del>
15h '		[
15h		
****		
88		Х
	0000 XX	
	erene (Orb	X
<u>gb</u>	اـــــــــــــــــــــــــــــــــــــ	12
		_
		0.
		Ō.
<u> </u>		
0b		4
-1	100	
<u>0</u> 3'	7_	
	<b>▶</b> □	
1/1	Δ	
4/ /	- X	

Pa	Other information		<u>res</u>	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	Ĺ	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	<u> </u>	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement;			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If 'Yes,' enter the name of the organization See Statement 6			
	and check whether it is exempt OR nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81 81a 0	•		
b	Did the organization file Form 1120-POL for this year?	81b	<u> </u>	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a		<u>X</u>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II. (See instructions for reporting in Part III.)	_		
83 a		83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b	L	<u> </u>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
đ	Section 162(e) lobbying and political expenditures 85d N/A	_		
6	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	<u> </u>	
ħ	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year? $N/A$	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	_		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	-		
87	501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 87a N/A	-		
þ	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 876 N/A	_		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			٦,
	If "Yes," complete Part IX	88	****	X
89 a	501(c)(3) organizations. Enter: Amount of tex imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X_
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			Λ
	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA	T		4
b	Number of employees employed in the pay period that includes March 12, 1999	90b		4
		n 1	1 ^ ^	
91	The books are in care of ► CONTROLLER Telephone no. ► 202-45	<u> </u>	100	
	Located at ► 2100 L STREET NW, WASHINGTON, DC ZIP +4 ►2	003	7	
				,
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here		ຸ►∟	
923041	and enter the amount of tax-exempt interest received or accrued during the tax year > 92	N/2		
923041 91-31-6	70 712177 70056 1999.05210 HUMANE SOCIETY INTERNATIONA	Form	990 (	1999)
	* * * * * * * * * * * * * * * * * * *	700	OC	Τ.

Part VII Analysis of Incom	e-Producing Ad					
Enter gross amounts unless otherwise			ed business income		ded by section 512, 513, or 514	(E)
indicated.	1	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	]_	Code	Amount	slan code	Amount	function income
(a)				<u> </u>		
(b)						
(c)				<u> </u>		
(d)						
(8)				<u>L</u>		
(f) Medicare/Medicald payments						
(g) Fees and contracts from governm	ent agencies			<u> </u>		
94 Membership dues and assessments				<u> </u>	<u></u>	
95 Interest on savings and temporary				1		
cash investments				11	2,153.	
96 Dividends and interest from securities				<u> </u>	<u></u>	·
97 Net rental income or (loss) from real	estate:					
(a) debt-financed property						
(b) not debt-financed property				<u> </u>		
98 Net rental income or (loss) from pers		<u> </u>		<u> </u>		
99 Other investment income						
100 Gain or (loss) from sales of assets	j			j		]
other than inventory						
101 Net income or (loss) from special eve	onts			.		
102 Gross profit or (loss) from sales of in	ventory			ļ		
103 Other revenue:						
a MISCELLANEOUS	{		<u>-</u>	ļ	ļ <u> </u>	393.
b			<u> </u>	<del> </del>	<del> </del>	<del></del>
B				<del> </del>	<del> </del>	<u></u>
d				<del> </del>		
8 104 Subtotal (add columns (B), (D), and	<del></del>			10000000	2 152	393.
104 Subtotal (add columns (B), (D), and (	E))		0.		<u> </u>	1
105 TOTAL (add line 104, columns (B), (I	)), and (E))			· · · · · · · · · · · · · · · · · · ·	······	2,340.
Note: (Line 105 plus line 1d, Part I, sh	ould equal the amou	int on line	12, Part I.	* D		
Part VIII Relationship of A						
Line No. Explain how each activity for exempt purposes (other than				ımpoi	rtantly to the accomplishment	ot the organization's
103a MISCELLANEOUS		300n parpe	1303).			
1050 MIDCHEDANGOOD	THCOIM.				<del>_</del>	
			<del> </del>		<del></del>	<del> </del>
<del></del>	<del></del>				·	
	·. <del>-</del>	<del></del> -				
	<del></del>		<del></del>	-	<del> </del>	· <u> </u>
Part IX Information Regar	ding Taxable S	ubsidiar	ies (Complete this Part i	f the "Y	es" box on 88 is chacked.)	_ <del></del>
Name, address, and employer identification	_ <del></del>				T	End-of-year
number of corporation or partnership	ownership interest	l Na	ture of business activities		Total income	assets
N/A		<del></del>				
	%	<del></del>				
	%		<del></del>		<del></del>	<del></del>
			<del></del>		<del> </del>	<del></del>
					ements and to the heat of my know	<del></del>

Treasurer

#### **SCHEDULE A** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

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

OMB No. 1545-0047

1999

Employer identification number

52 1769464 HUMANE SOCIETY INTERNATIONAL, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one, If there are none, enter "None.") (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation more than \$50,000 NONE Total number of other employees paid over \$50,000. Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions, List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

18520622 712177 70056

1999.05210 HUMANE SOCIETY INTERNATIONA 70056

Pa	rt IV-A Support Schedule (C Note: You may use th	complete only if you che le worksheet in the inst	ecked a box on line 10 ructions for converting	), 11, or 12 above.) Us g from the accrual to th	e cash method of he cash method of	i accounting. accounting.
begi	ndar year (or fiscal year aning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 	Giffs, grants, and contributions received. (Do not include unusual grants. See line 28.)	91,818.	482,381.	1,619,441.	1,282,61	4. 3,476,254.
<u> 16</u>	Membership fees received			<u> </u>		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business				ĺ	
	activities not included in line 18				<u> </u>	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other Income. Attach a schedule. Do not Include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	91,818.	482,381.	1,619,441.	1,282,61	4. 3,476,254.
24	Line 23 minus line 17	91,818.		1,619,441.	1,282,61	4. 3,476,254.
25	Enter 1% of line 23	918.	4,824.	<del></del>	<del></del>	
25	Organizations described in lines 10					6a 69,525.
b						
	governmental unit or publicly suppor	rted organization) whose t	total gifts for 1995 throug	gh 1998 exceeded the am	nount shown	165 145
	in line 26a. Enter the sum of all these	excess amounts		see stateme	nt / ▶ 2	165,445.
	Total support for section 509(a)(1) to	not: Enter line GA column	(a)		▶ 2	8c 3,476,254.
	Add: Amounts from column (e) for li		10	1		
٦	Treat throughts train column (c) for in		26	165,4	45. <b>▶</b> 2	8d 165,445.
8	Public support (line 26c minus line 2					88 3,310,809.
t	Public support percentage (line 266	(numerator) divided by	line 26c (denominator))			
27	Organizations described on line 12:	a For amounts include	ed in lines 15, 16, and 17	that were received from	a "disqualified person	ı," attach a list to show the name
	of, and total amounts received in eac	h year from, each "disqua	lified person." Enter the s	um of such amounts for	each year. N/A	
	(1998)					
þ	For any amount included in line 17 th		• • •		•	•
	that was more than the larger of (1)					
	Individuals.) After computing the diffe		nt received and the large	r amount decribed in (1)	or (2), enter the sum	of these differences (the
	excess amounts) for each year: N			(4000)		2051
	(1998)	(1997)		(1996)		195)
E	Add: Amounts from column (a) for li	nac. 15		1R		
•	17	nes. 10 20		21	<b>▶</b> [2	7c N/A
d	Add: Amounts from column (e) for line 17Add: Line 27a total	20 il hns	ne 27b total		2	7d N/A
e	Public support (line 27c, total minus	line 27d total)		······	2	7e N/A
1	Total support for section 509(a)(2) to	st: Enter amount on line 2	23, calumn (e)	► 2 <u>7</u> f	N/A	
g	Public support percentage (line					7g N/A %
<u>h</u>	Investment income percentage	•		==	. —	7h N/A %
28 L	Inusual Grants: For an organization	described in line 10, 11,	or 12, that received any u	inusual grants during 19	95 through 1998, atta	ich a list (which is not open to
þ	ublic inspection) for each year showin hese grants in line 15. (See instruction	e l	utor, the date and amoun	<del>-</del>	<del>-</del>	ture of the grant. Do not include

None

Page 4

Pa	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_ 		
32	Does the organization maintain the following:	_ _		
u <u>r</u> a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	10000000000	/2007/2000 
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C				
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
33 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	— 33a		
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
ď	Scholarships or other financial assistance?	334		
е	Educational policies?	339		
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
94 -	December a constitution receives any file societies of the constitution of the constit	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to gueb aid over here revelved or evened of 2.			
Ŋ	Has the organization's right to such aid ever been revoked or suspended?	1 340		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	25,00000		822(980)
-	1975-2 C.B. 587, covering racial pondiscrimination? If "No " attach an explanation	25	1	

Schedule A (Form 990) 1999

••										
	nedule A (Form 990) 1999	HUMANE SOCIE			INC.	<u> </u>		<u> 52-</u>	1769464 <u> </u>	Page 5
P	art VI-A Lobbying								3.T / 7.	
_		ed ONLY by an eligible organi		8)					N/A	<u> </u>
		ganization belongs to an affilia								
Ch	eck here 🕨 b 💹 If you ch	jecked "a" above and "limited	control" provisions apply.	<del>_</del>	$\overline{}$			т	(6)	
	Li	imits on Lobbying E	xpenditures		]	S)		,	(b) To be completed for	
	(The ter	rm "expenditures" means amo	unts paid or incurred)			Affiliated g	ւսսի ան	112	electing organization	ons
	_ <del></del>	<del></del> <del>_</del> _				N/I	<u> </u>			
36	Total lobbying expenditures t	to influence public opinion (gi	assroots lobbying)		36					
37		to influence a legislative body			37					
38	Total lobbying expenditures (	(add lines 36 and 37)	***************************************		38					
39	Other exempt purpose expen	ditures			39					
40	Total exempt purpose expend	ditures (add lines 38 and 39)	********		40					<del></del>
41	Lobbying nontaxable amount	t. Enter the amount from the f	ollowing table -							
	If the amount on line 40 is -	The lobbyin	g nontaxable amount is -							
	Not over \$500,000	20% of the am	ount on line 40							
	Over \$500,000 but not over \$1,000	0,000 \$100,000 plus	15% of the excess over\$500,0	000						
	Over \$1,000,000 but not over \$1,5	500,000 \$175,000 plus	10% of the excess over \$1,000	0,000	41	*************************	VIII TORONO E CONTRA CO			Securitaria
	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									
42	Grassroots nontaxable amou				42					
43		. Enter -0- if line 42 is more th			43					
44	Subtract line 41 from line 38	. Enter -0- if line 41 is more th	an line 38		44		ar/orcossoc	0.000(000)		
				dwa a						
	Caullon: If there is an amo	ount on either line 43 or lin	e 44, you must ille For	m 4/20.				<u> </u>		<u> </u>
			Voca Averaging Deviced i	Indos Costian El	n4/6\					
		4 (Some organizations that ma	-Year Averaging Period I			nta all of the fir	ua aalum			
			ow. See the instructions f			ste an or the m	va Golati	1115		
_	<del></del>								<u> </u>	
			Lobbying Exp	penditures Durin	1g 4-Yea	ir Averaging i	Period		N/A	Į
Ca	lendar year (or	(a)	(b)	(c)			(d)	(d)		
	cal year beginning In) 🕒	1999	1998	1997	7		1996		Total	
45	Lobbying nontaxable			1						
	amount						<del></del>	····	<u></u>	<u>0.</u>
46	Lobbying ceiling amount									
_	(150% of line 45(e))								<u> </u>	_0.
47	Total lobbying					ì				_
_	expanditures			<u> </u>				<del></del>	<u> </u>	0.
48	Grassroots nontaxable			ŀ		1			}	_
	amount			1 000 000 000 000 000 000 000 000 000 0	00000000000	990 (8000) 40303	\$3000000000000000000000000000000000000	9803805380		0.
49	Grassroots ceiling amount									^
_	(150% of line 48(e))								<u> </u>	0.
50	Grassroots lobbying			1						Λ
	expenditures art VI-B Lobbying	A chiniba ba Alexade d	ing Dublic Obesit						<del></del>	0.
2.53		ACTIVITY BY NOTHING that did		ies					N/A	
Dir	During the year, did the organization attempt to influence national, state or local legislation, including any attempt to								21/ 2	<u> </u>
	uence public opinion on a legis		-	, motoring utly	acompi		Yes	No	Amount	
	Volunteers		-							
b	Paid staff or management (in	clude compensation in expen	ses reported on lines c th	rough h)						
	• ,	•	•	- ,			_			

0.

Schedule A (Form 990) 1999

c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h)

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

Schedule A (Form 990) 1999	HUMANE SO	CIETY INT	ERNATIONAL,	INC.	<u> 52-1769464</u>	Page 6
Part VII Information	Regarding Trans	sfers To and	Transactions and	Relations	nips With Noncharitable	

	Exempt Organiza	ations				
61 Di		ectly or indirectly engage in any of t	the following with any other	organization described in section		
50	)1(c) of the Code (other than se	ection 501(c)(3) organizations) or in	ı section 527, relating to po	litical organizations?		<del></del> _
a Tr	ansfers from the reporting orga	anization to a noncharitable exempt	organization of:		Ye	
						<u>X</u>
			,		. [a(ii)	X
	her transactions:				F/0	x
						$\frac{\hat{x}}{x}$
					' <del></del>	X
					·	$+\frac{x}{x}$
					·	$+\frac{x}{x}$
					·	X
	•	nailing lists, other assets, or paid er			·	X
		-		Iways indicate the fair market value of the	·· L	
		given by the reporting organization.				
tra	insaction or sharing arrangeme	ent, show in column (d) the value of	the goods, other assets, or	services received:	N/	A
(a)	(b)	(G)		(a)		
Line no.	Amount Involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and	sharing arrang	jements ————
	<del>                                     </del>			<del></del>	<del></del>	
		<del></del>		<del> </del>		
	<del> </del>	<del>-</del>				
			<del></del> _	<del></del>		
<del></del>	<del></del>					
		<del></del>		<del></del>		
			<del>_</del>		<del></del>	
		_ <u>'</u>				
	<del></del>			<del> </del>		
	<del></del>	_ <del>_</del>	<del></del>		<del></del> -	
Co	de (other than section 501(c)( Yes," complete the following so	3)) or in section 527?		anizations described in section 501(c) of the	] Yes	X No
	(a) Name of orga	nnization	(b) Type of organization	(c) Description of relations	1 <b>i</b> p	— <del>-</del>
				<del>                                     </del>		
	<del></del> _					
			.— <u> </u>			
		<del></del>		<u> </u>	<del></del>	
	<del>_</del>	<del></del>	<del></del>			
			<u> </u>	<del></del>	<u> </u>	
		<del></del>		<del></del>		
		<del></del>	<u> </u>			
	<del></del>		<u> </u>			
		·	<del></del>			
_						
				6-4-3	ula A /Farm O	1001 4000

Form 990 Other C	hanges in Net A	Assets or Fund	Balances	Statement	2
Description				Amount	
NET APPRECIATION IN FAIL PRIOR PERIOD ADJUSTMENT	1,966. 713,599. 715,565.				
Total to Form 990, Part					
Form 990 Other Expenses				Statement	3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraisir	nq
INDIRECT COSTS ALLOCATION CONSULTANTS EDUCATIONAL PROGRAMS INVESTMENT AND	619,641. 263,931. 128,279.	263,931. 128,279.	163,072.		
TRUSTEE FEES INSURANCE AND BONDS	5,270. 1,361.	5,270. 1,361.			
Total to Fm 990, ln 43	1,018,482.	398,841.	163,072.	456,56	59 <b>.</b>
Form 990	Cash Grants an	d Allocations		Statement	<u> </u>
Classification Donee's	Name Don	ee's Address	Donee's Relationsh	ip Amour	ıt
SEE STA	TEMENT 8		None	232,01	.1.

### HUMANE SOCIETY INTERNATIONAL, INC. FORM 990 DECEMBER 31, 1999

#52-1769464

### PART II, LINE 22

STATEMENT 8

HSI Australia	(58,984.10)
Uganda SPCA	50.00
Asoc Humani de Costa Rica	200.00
Conference on International Trade of Endangered Species	500.00
UIPA-Uniao Internacional Protetora de Animais	1,000.00
US China Environmental Fund	3,100.00
Species Survival Network	5,000.00
Eleuthera Animal Rescue Association	5,000.00
Abaco Animals Require Friends	5,300.00
Zimbabwe National SPCA	7,500.00
Johannesburg SPCA	12,500.00
Asoc Humani Proteccion Animale	15,000.00
Johannesburg SPCA	(596.00)
Captial Area Humane Society	150.00
Direct Link	186.00
Animales S.O.S.	275.00
Amigos de los Animales	300.00
SOPRAMA, Santa Cruz	460.00
Paz Animal	710.00
Sociedade Educativa Defensorada Fauna e Flora	1,000.00
Fundacion Vidanimal Cali	1,240.00
Jamaica SPCA	1,400.00
Philippine Animal Welfare Society	1,700.00
Animales S.O.S.	1,735.00
The Saga Society	1,765.00
Animal Defense Association	2,155.00
National Council of SPCAs	3,185.00
Uganda SPCA	3,400.00
Asoc Humani de Costa Rica	49,999.92
HSI Australia	161,780.00
Asoc Humani de Costa Rica	5,000.00
Total	232,010.82

# Application for Extension of Time To File

	ne 1998)	Certain Excise, Income, Information, and Other Returns	OMB No. 1545-0148
•	7	, ' File a separate application for each return.	0.000 710. 10 10 0140
Internal R	nt of the Treasury evenue Service	Name	Employer identification number
Please ty	/pe or	HUMANE SOCIETY INTERNATIONAL, INC.	52 1769464
print. File		Number, street, and room or suite πο. (or P.O. box πο. if mail is πot delivered to street address)	
copy by	and one the due		
date for	filing	2100 L STREET NW	
your ret	urn.	Gity, town, or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20037	
Note: C	Camamia isa	ome tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, an	
	•	e Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.	5
		ension of time until August 15 2000, to file (check only one);	
	Form 706-0		
<u> </u>	Form 706-G		Form 8613
	☑ Form 990 o ☑ Form 990-B		Form 8725
<b>;</b>	_ Form 990-P		Form 8831
		in does not have an office or place of business in the United States, check this box	. —
		r 1999 , or other tax year beginning and ending	
	_	for less than 12 months, check reason: Initial return Final return Change in acc	ounting period
		ı of time to file been previously granted for this tax year?	
		yyou need the extension	
		NAL TIME IS NECESSARY TO COMPLETE THE FINANCIAL STAT	
A	TIT TIET	MS HAVE BEEN RESOLVED, A COMPLETE FORM 990 WILL BE F	TTED.
_			<del></del>
5a lft	his form is for	Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,	
		3, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.	
b Ift	his form is for	Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
est	timated tax pay	rments made. Include any prior year overpayment allowed as a credit\$ _	
		ubtract line 5b from line 5a. Include your payment with this form, or deposit with FTD	N/A
	nbou ii tedriie	d\$ Signature and Verification	N/A
Under pe	enalties of perio	Signature and Verification ury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my	knowledge and belief.
it is true,	correct, and c	omplete; and that I am authorized to prepare this form.	
	00/	) Accept / AAA	ate ►5/13/00
Signatur		Pun Wordson Title CPY	ate ► 0//3/00
		E COPY. The IRS will show below whether or not your application is approved and will return the copy.	
		ant - To Be Completed by IRS	
		ed your application. Please attach this form to your return.  proved your application. However, we have granted a 10-day grace period from the later of the date	
		ne due date of your return (including any prior extensions). This grace period is considered a valid	
		for elections otherwise required to be made on a timely return. Please attach this form to your return.	$\mathcal{I}$
		proved your application. After considering your reasons stated in item 4, we cannot grant your request for	ク/の)n
an e	extension of tin	ne to file. We are not granting the 10-day grace period.	
We We	cannot conside	er your application because it was filed after the due date of the return for which an extension was requested.	
L Othe	ər;		<del></del>
			Date
		511444	Duto
f you want	a copy of this	form to be returned to an address other than that shown above, please enter the address to which the copy should be	ient.
Please	Name THOMAS	S HAVEY LLP	
Type or	Number, str	eet and room or suite no. (or P.O. box no. if mail is not delivered to street address) 7TH STREET, N.W.	
Print	City, town, o	r post office, state, and ZIP code. For a foreign address, see instructions.	
	117757177	101011 20 2000	

15

For Paperwork Reduction Act Notice, see separate instructions.

Form 2758 (Rev. 6-98)