

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: HUMANE SOCIETY INTERNATIONAL, INC. Number and street (or P O box if mail is not delivered to street address): 2100 L STREET, NW City or town, state or country, and ZIP + 4: WASHINGTON, DC 20037

D Employer identification number: 52-1769464 E Telephone number: (202) 452-1100 F Accounting method: Cash [X] Accrual [ ] Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [ ] No [X]

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

H(c) Are all affiliates included? Yes [ ] No [X] (If "No" attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

I Group Exemption Number

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

G Website WWW.HUMANESOCIETYINTERNATIONAL.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,311,437.

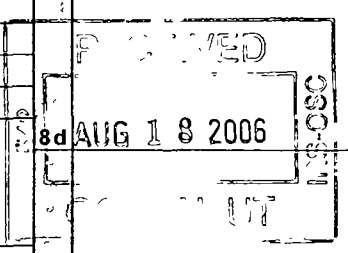
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 2,311,437. Total expenses: 4,288,787. Net assets at end of year: -9,717,925.

Revenue

Expenses

Net Assets



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

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>310,202.</u> noncash \$ <u>          </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	310,202.	310,202.	STMT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				STMT 4
25	Compensation of officers, directors, etc	140,821.	119,698.	2,816.	18,307.
26	Other salaries and wages	338,063.	282,481.	8,771.	46,811.
27	Pension plan contributions				
28	Other employee benefits	96,954.	78,986.	3,362.	14,606.
29	Payroll taxes	26,712.	22,320.	693.	3,699.
30	Professional fundraising fees	40,449.			40,449.
31	Accounting fees	36,552.	30,542.	949.	5,061.
32	Legal fees	35,908.	30,005.	932.	4,971.
33	Supplies	66,955.	55,947.	1,738.	9,270.
34	Telephone	77,393.	64,669.	2,009.	10,715.
35	Postage and shipping	161,893.	135,276.	4,203.	22,414.
36	Occupancy	55,220.	46,141.	1,434.	7,645.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	314,766.	263,015.	8,172.	43,579.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
43a	CONSUL. AND CONT. SERVICE	802,263.	670,363.	20,827.	111,073.
43b	INVESTMENT EXP & TRUSTEES	25,049.	20,931.	650.	3,468.
43c	INSURANCE AND BONDS	8,623.	7,205.	224.	1,194.
43d	REAL EST & PERSONAL PROP	3,273.	2,735.	85.	453.
43e	EDU. MAT., PUBLIC. & CAMP	99,583.	83,211.	2,585.	13,787.
43f	MAILING COSTS	1,648,108.	1,410,938.	43,837.	193,333.
43g					
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	4,288,787.	3,634,665.	103,287.	550,835.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,282,193.; (ii) the amount allocated to Program services \$ 1,057,502.  
 (iii) the amount allocated to Management and general \$ 38,466. and (iv) the amount allocated to Fundraising \$ 186,225.

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

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

What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 5</b>	<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> <u>SEE EXHIBIT 2</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ <u>310,202.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	<b>3,634,665.</b>
<p><b>b</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . . ▶</p>	<b>3,634,665.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	320,995.	45	844,306.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	721.			
	b Less allowance for doubtful accounts		47b		
			147,961.	47c	721.
	48a Pledges receivable				
	b Less allowance for doubtful accounts		48a		
				48b	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51a	
				51b	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		2,865.	53	10,842.
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)			55a	
				55b	
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis	NONE				
b Less accumulated depreciation (attach schedule)			57a		
	NONE		57b		
58 Other assets (describe <input type="checkbox"/> STMT 6 )		29,655.	58	78,180.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		501,476.	59	934,049.	
Liabilities	60 Accounts payable and accrued expenses	38,873.	60	40,363.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 7 )		2,556,727.	65	10,611,611.
	66 <b>Total liabilities.</b> Add lines 60 through 65		2,595,600.	66	10,651,974.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted	-2,094,124.	67	-9,812,671.	
	68 Temporarily restricted		68	94,746.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		-2,094,124.	73	-9,717,925.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		501,476.	74	934,049.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	2,311,437.
<b>b</b>	Amounts included on line a but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	2,311,437.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	2,311,437.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	4,288,787.
<b>b</b>	Amounts included on line a but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	4,288,787.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	4,288,787.

**Part V Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ANDREW N. ROWAN, PH.D WASHINGTON, DC 20037	CHAIR/DIRECTOR 0-10	NONE	NONE	NONE
G. THOMAS WAITE, III WASHINGTON, DC 20037	TREASURER/DIRECTOR 0-10	NONE	NONE	NONE
PATRICIA FORKAN WASHINGTON, DC 20037	PRESIDENT 0-10	NONE	NONE	NONE
MURDAUGH S. MADDEN WASHINGTON, DC 20037	SEC./GEN COUNSEL/DIR 0-10	NONE	NONE	NONE
JANET D. FRAKE WASHINGTON, DC 20037	ASST. SEC./TREASURER 0-10	NONE	NONE	NONE
NEIL W. TRENT WASHINGTON, DC 20037	EXECUTIVE DIRECTOR 40	117,677.	23,144.	NONE
WAYNE PACELLE WASHINGTON, DC 20037	DIRECTOR 0-10	NONE	NONE	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 4
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations SEE STATEMENT 9
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a 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?
80b If "Yes," enter the name of the organization and check whether it is [X] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions)
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</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 in Part III)		
	82b N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85n below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b>	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b>	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders	87a	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
<b>90 a</b>	List the states with which a copy of this return is filed CA, CT, DC, FL,		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	NONE
<b>91 a</b>	The books are in care of CONTROLLER Telephone no 202-452-1100 Located at 2100 L STREET, NW WASHINGTON, DC ZIP + 4 20037		
<b>b</b>	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)? If "Yes," enter the name of the foreign country Exhibit 4 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country Exhibit 4	91c	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	4,507.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .			18	-2,990.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				1,517.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,517.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

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

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

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

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

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

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

Please Sign Here

Signature of officer: D. Thomas Wade, III Date: 8/11/06  
 Type or print name and title: G. Thomas Wade, III, Treasurer

Paid Preparer's Use Only

Preparer's signature: Margaret Allen Bradshaw, CPA Date: 8/11/06 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_  
 Firm's name (or yours if self-employed): GRANT THORNTON LLP EIN: \_\_\_\_\_  
 address and ZIP + 4: 2010 CORPORATE RIDGE, SUITE 400 Phone no: \_\_\_\_\_  
MCLEAN, VA 22102 703-847-7500



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

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

**Supplementary Information - (See separate instructions.)**

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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HUMANE SOCIETY INTERNATIONAL, INC.

Employer identification number

52-1769464

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one. If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . . ▶		NONE		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 10		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

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

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

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

Schedule A (Form 990 or 990-EZ) 2005

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . .		X
b Do you have a section 403(b) annuity plan for your employees? . . . . .		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )**

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 7 of the instructions )

NOT APPLICABLE

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group      Check **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -      The lobbying nontaxable amount is -		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$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		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

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

See the instructions for lines 45 through 50 on page 11 of the instructions )

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

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

DESCRIPTION -----	AMOUNT -----
EXCHANGE RATE LOSS	-2,990.
TOTAL	----- -2,990. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
REALLOCATION OF BEGINNING NET ASSETS	5,646,451.
TOTAL	----- 5,646,451. =====



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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

RECIPIENT NAME AND ADDRESS

AMOUNT

GRANTS PAID

SEE EXHIBIT 1

NONE

310,202.

TOTAL CONTRIBUTIONS PAID

310,202.

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ANDREW N. ROWAN, PH.D COMPENSATION:	NONE	NONE	NONE
G. THOMAS WAITE, III COMPENSATION:	NONE	NONE	NONE
PATRICIA FORKAN COMPENSATION:	NONE	NONE	NONE
MURDAUGH S. MADDEN COMPENSATION:	NONE	NONE	NONE
JANET D. FRAKE COMPENSATION:	NONE	NONE	NONE
NEIL W. TRENT COMPENSATION:	119,698.	2,816.	18,307.
WAYNE PACELLE COMPENSATION:	NONE	NONE	NONE
TOTALS	119,698.	2,816.	18,307.

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

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

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CAPITAL ASSETS - HSI AUSTRALIA	78,180.
TOTALS	----- 78,180. =====

o

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO/FROM GENERAL FUND	10,611,611.
TOTALS	----- 10,611,611. =====

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

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
------------------	--------------	---	------------------------------------

HUMANE SOCIETY OF THE UNITED STATES 53-0225390 ANDREW N. ROWAN, PH.D WASHINGTON, DC 20037	185,854.	27,916.	NONE
--	----------	---------	------

HUMANE SOCIETY OF THE UNITED STATES 53-0225390 G. THOMAS WAITE, III WASHINGTON, DC 20037	165,231.	28,076.	NONE
---	----------	---------	------

HUMANE SOCIETY OF THE UNITED STATES 53-0225390 PATRICIA FORKAN WASHINGTON, DC 20037	183,000.	23,199.	NONE
--	----------	---------	------

HUMANE SOCIETY OF THE UNITED STATES 53-0225390 MURDAUGH S. MADDEN WASHINGTON, DC 20037	54,000.	4,720.	NONE
---	---------	--------	------

HUMANE SOCIETY OF THE UNITED STATES 53-0225390 JANET D. FRAKE WASHINGTON, DC 20037	83,920.	11,714.	NONE
---	---------	---------	------

HUMANE SOCIETY OF THE UNITED STATES 53-0225390 WAYNE PACELE WASHINGTON, DC 20037	203,231.	20,097.	NONE
---	----------	---------	------

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

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT - AND OTHER ALLOWANCES
	875,236.	115,722.	NONE

GRAND TOTALS

875,236. 115,722. NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
SHERRILL GRANT J1. RUHUI RAHAYU I #50, RING ROAD INDONESIA,	PROGRAM COORDINATOR	51,602.
TOTAL COMPENSATION		----- 51,602. =====



SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
MISCELLANEOUS			1,829.		1,829.
TOTALS			1,829.		1,829.

Humane Society International, Inc.  
 Federal Form 990  
 Gifts to Other Societies  
 For the Year Ended December 31, 2005

ADVOCATE'S FOR ANIMAL RIGHTS	\$500	P O BOX N-1496	44 TUCK-A-WAY ROAD	NASSAU BAHAMAS	VA 22204	USA
AIGHAN STRAY ANIMAL HELPER	\$2,000	C/O PAMI LA CONSTABLE	3823 SOUTH 14TH STREET	ARLINGTON	WA 98116	USA
ANIMAL AID UNLIMITED	\$5,000	4508 S W MASSACHUSETTS STREET	ATTN TRIKA ABRAMS MYERS	SEATTLE		USA
ANIMAL CONCERN'S RESEARCH AND EDUCATION SOCIETY	\$5,000			SINGAPORE	INDIA	
ANIMAL HELP FOUNDATION	\$2,000					
ARCA BRAZIL	\$1,000					
Aruba Animal Shelter	\$400	ASSOCIATION C/O JONI SIRORO	ANIMAL CONTROL 1628 STRAWWILLOW	ATTN KIM JOHNSON	AR 72401	USA
ASSOCIACION DE RESCATADORES DE FAUNA	\$4,000			SWITZERLAND		UK
ASSOCIATION DES AMIS DU MARWAR	\$10,000	ANIMALS PROTECTION TRUST				
COMPASSION IN WORLD FARMING	\$2,802	TRUST				
SOY DOG HOME	\$1,000					
HELP IN SUFFERING	\$11,500					
BAHAMAS HUMANE SOCIETY	\$1,000	P O BOX N 242	CHIPPINGHAM NASSAU	NEW PROVIDENCE	BAHAMAS	
ASOC HUMANA PROTECCION ANIMAL DE COSTA RICA	\$10,000		APARTADO 71-3000-ATTN L SCHNOG	HEREDIA	COSTA RICA	
ASOC HUMANA DE COSTA RICA	\$40,000	ATTN KARIN HOAD 510 # 479	P O BOX 025216	MIAMI	FL 33102-5216	USA
KATHMANDU ANIMAL TREATMENT CTR	\$575					
KOHN FOUNDATION	\$750	C/O ELIEN S KOHN	566 S MEADOW VISTA DR	EVERGREEN	CO 80439	USA
GABELA CHRISTINA	\$500	PO BOX 15469		WILMINGTON	DE 19850-5469	USA
NATIONAL COUNCIL OF SPCA'S	\$2,100	50 CLARK ROAD		FLORANTIA ALBERTON	1449	SA
GRUPACION CULTURAL AMOR A LOS ANIMALES	\$1,000					
AMIGOS DE LOS ANIMALES	\$10,000	LAIKEMETI 1-58160				
REFUGIE DE THIERNAY	\$2,500	8000 MORGAN TERRITORY ROAD				
ROMANIA ANIMAL RESCUE INC	\$1,000					
I ARTHVOICEL RUSSIA	\$692	PO BOX 10675				
ARUSHA SPCA	\$20,000	26-15-200 MAIN ROAD				
SPCA VISAKHA - INDIA	\$43,883					
YAYASAN YUDIISTHIRA SWARGA	\$50,000					
TSUNAMI MEMORIAL ANIMAL WELFARE TRUST	\$1,000					
UGANDA SOCIETY FOR THE PROTECTION AND CARE OF ANIMALS	\$4,000					
LDWINI WIKI	\$4,000					
WORLD ANIMAL NET INC	\$4,000	19 C HILSTNUT SQUARE				
WORLD SOCIETY FOR THE PROTECTION OF ANIMALS UK	\$25,000	89 ALBERT MIBANKMENT				
YAYASAN PENCINTA TAMAN NASIONAL	\$30,000					
				BANGKOK	THAILAND	
				HOSTON	MA 02110-2205	
				LONDON	SI 1 7TP	UK
Humane Society International Total	\$310,202					

Humane Society International, Inc.  
EIN: 52-1769464  
Form 990  
Program Service Accomplishments

Exhibit 2

Please note that this 990 covers the activities of the entity incorporated as Humane Society International. The organization is an affiliate of The Humane Society of the United States (The HSUS). Other affiliates that have an international reach include the Center for Respect for Life and the Environment (CRLE) and EarthVoice International, Inc. For a combined report of the financial activities and status of The HSUS and its affiliates, interested persons may look at the organization's Annual Report on [www.hsus.org](http://www.hsus.org).

HSI coordinates the work of The HSUS around the globe and address issues such as inhumane treatment of companion and farm animals, illegal trade in wildlife, threats to endangered species, slaughter of marine mammals, and the use of animals in research and testing. HSI has relationships with international agencies and works actively on various treaty and international agreements affecting animals and their habitats. The HSUS has Category I A General Consultative Status with the United Nations.

Humane Society International's External Affairs division works at the highest levels of international organizations and national governments, including the United Nations, European Union, World Trade Organization and Earth Charter.

**Program Expense:** \$3,634,665

**Gifts and Grants:** \$310,202

HUMANE SOCIETY INTERNATIONAL  
EIN: 52-1769464  
12/31/2005

<b>NAME OF ORGANIZATION</b>	<b>EXEMPT</b>	<b>NONEXEMPT</b>
THE HUMANE SOCIETY OF THE UNITED STATES	X	
HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
THE NAT'L ASSOC FOR HUMANE AND ENVIRONMENTAL EDUCATION	X	
CENTER FOR RESPECT OF LIFE AND THE ENVIRONMENT	X	
EARTHVOICE INTERNATIONAL	X	
EARTHKIND USA	X	
THE FUND FOR ANIMALS	X	
HUMANE SOCIETY LEGISLATIVE FUND	X	
HUMANE SOCIETY OF HONG KONG LIMITED		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL UK		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL GERMANY		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL FRANCE		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL, INC. (AUSTRALIA)		(INT'L NFP CORP)
GLOBAL ALLANCE FOR HUMANE SUSTAINABLE DEVELOPMENT		(INT'L NFP CORP)

Humane Society International  
Form 990  
12/31/05

52-1769464

Part VI – Other Information

Question 91 b – List of Foreign Countries:

Hong Kong  
United Kingdom  
Germany  
France  
Australia

Question 91 c – List of Foreign Countries:

Hong Kong  
United Kingdom  
Germany  
France  
Australia

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

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

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

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

- The books are in the care of ▶ CONTROLLER

Telephone No ▶ 202 452-1100      FAX No ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2005 or  
▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

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

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ \_\_\_\_\_

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

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