UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

ANIMAL WELFARE INSTITUTE, et al.,))
Plaintiffs,))
v.	/ Case No: 03-2006 (EGS/JMF)
FELD ENTERTAINMENT, INC.,))
Defendant.	,))

DEFENDANT FELD ENTERTAINMENT, INC.'S PETITION FOR ATTORNEYS' AND EXPERT WITNESS FEES

FEE PETITION EXHIBIT 11

(Pet., Ex. 11)

AWI 2011 FORM 990 EXCERPTS

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

Form 990 (2011)

A	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	gJ	UN 30, 2012		
В	Check if applicable	C Name of organization		D Employer identifi		
	Addres			*		
	Name change	Doing Business As		13-5	655952	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone numbe		
	Termin- ated Amend	900 PENNSYLVANIA AVE S.E.	Juno		337 2332	
_	lreturn	City or town, state or country, and ZIP + 4		G Gross receipts \$	7,167,006.	
L	Application pendin	WASHINGTON, DC 20003		H(a) Is this a group re	eturn	
	portani	F Name and address of principal officer: CATHY LISS		for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No	
		mpt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)	
		e: > WWW.AWIONLINE.ORG		H(c) Group exemptio	n number >	
		organization: X Corporation	Year o	of formation: 1951	M State of legal domicile: DC	
P	_	Summary				
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ ${\hbox{{\tt ALLE'}}}$	VIA	TE THE SUFF	ERING OF	
rne		Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	ssets.	
ove		Number of voting members of the governing body (Part VI, line 1a)			7	
g	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7	
SS	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	••••••	5	40	
vitie	6	Total number of volunteers (estimate if necessary)	••••••	6	3	
cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
				Prior Year	Current Year	
Ф	8	Contributions and grants (Part VIII, line 1h)		4,915,780.	3,388,254.	
ž	9 1	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		421,677.	186,785.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,669.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,398,126.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		323,842.	243,374.	
	14	Benefits paid to or for members (Part IX, cclumn (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,858,553.	1,971,107.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 47,763.		· 1174,在《台灣》		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,159,666.	2,579,618.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,342,061.	4,794,099.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,056,065.	-1,166,957.	
Net Assets or			Be	ginning of Current Year	End of Year	
Set	20	Total assets (Part X, line 16)		14,894,472.	13,619,470.	
t As	21	Total liabilities (Part X, line 26)		51,834.	81,074.	
2	22	Net assets or fund balances. Subtract line 21 from line 20		14,842,638.	13,538,396.	
-		Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			ny knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.		
		Signature of officer IANAIERO UUT	1	Date		
Sig			•	Duto		
He	re	CATHY LISS, PRESIDENT Type or print name and title				
			T	Date Check	PTIN	
Pai	d	Print/Type preparer's name Preparer's signature RICHARD TERRANO	- 1	16/24//L If self-emplo		
	parer	Firm's name ROSENBERG, NEUWIRTH & KUCHNER, CPA	D	Firm's EIN	13-3574605	
	Only	Firm's address 2 PENN PLAZA FLOOR 4	, =	7 /	TO 0014000	
NEW YORK, NY 10121 Phone no. 212-330-						
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		, none not L	X Yes No	

Form 990 (2011) ANIMAL WELFARE INSTITUTE
Part X Balance Sheet

13-5655952 Page 11

Par	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			488,187.	1	194,483.
	2	Savings and temporary cash investments			2,099,731.	2	1,163,584.
	3	Pledges and grants receivable, net				3	
- 1	4	Accounts receivable, net			6,440.	4	42,057.
	5	Receivables from current and former officers, dir					
		employees, and highest compensated employee	s. Cor	mplete Part II			
		of Schedule L			and the second and county. According to the second to the	5	The Proof Control of C
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instruc			in the commence of the manufacture of the control o	6	Account of the analysis of the second of the
ats	7	Notes and loans receivable, net		[7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges				9	
1	1077	Land, buildings, and equipment: cost or other	Ι				
1	iva	basis. Complete Part VI of Schedule D	100	6 301 300			
					5,910,634.	PERMENT	5,840,725.
		Less: accumulated depreciation			6,389,480.		
	11	Investments - publicly traded securities			0,303,400.		6,378,621.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	14 004 470	15	12 (10 470		
	16	Total assets. Add lines 1 through 15 (must equa			14,894,472.	16	13,619,470.
	17	Accounts payable and accrued expenses	41,344.	17	73,074.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
iab		highest compensated employees, and disqualifi	ed pe	rsons. Complete Part II		KUB	
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X of			
	-	Schedule D			10,490.	_	8,000.
	26	Total liabilities. Add lines 17 through 25			51,834.	26	81,074.
		Organizations that follow SFAS 117, check h	ere 🕨	▶ X and complete			
es		lines 27 through 29, and lines 33 and 34.					
Ë	27	Unrestricted net assets			14,267,369		13,039,831.
3ala	28	Temporarily restricted net assets			475,269		398,565.
P.	29				100,000	29	100,000.
五		Organizations that do not follow SFAS 117, o	heck	here 🕨 🔔 and			
ъ		complete lines 30 through 34.			Erker .		
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or e	quipm	ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome	, or other funds		32	
ž	33	Total net assets or fund balances			14,842,638		
	34	Total liabilities and net assets/fund balances			14,894,472	. 34	13,619,470.
							Form 990 (2011)

orm	990 (2011) ANIMAL WELFARE INSTITUTE	13-5655	<u> 952</u>	Page	<u> 12</u>
Par	Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		3,627		
2	Total expenses (must equal Part IX, column (A), line 25)		1,794		
3	Revenue less expenses. Subtract line 2 from line 1		1,166		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 14	4,842	2,63	38.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-137		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 13	3,538	3,39	96.
Par	Tinancial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		—т	l	
d	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule Types" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ne audit, nedule O. ed on a	2a 2b	X X	X
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Act and OMB Circular A-133?		3a		X
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
a	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
	or addition of the controlled of the document of the controlled of the controlled of the document of the controlled of the document of the controlled of the		Form	990 (2011)

FFA 2011 FORM 990 EXCERPTS

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

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

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

Open to Public Inspection

	Hevenue				
For	the 2	C Calcillat year, or tax year to g	ending		-ties number
Cho		C Name of organization		D Employer identifica	ation nuniber
	licatite:				
والسلاه	hange hange	THE FUND FOR ANIMALS, INC.		Duina	w Dada
	emak hange	Doing Business As			y Reda
	eturn eturn	Number and shaet for F.D. box it mains not democrat to discovery	Room/suite	E Telephone number	146-2006
ولسسا	iamin- iled	200 MEGI 3711 DIXEL	705		8,490,267.
1lr	Amonded Wish	City of town, state of country, and 211 14		G. Gross receipts \$	
	Applica-	NEW YORK, NY 10019		H(a) is this a group ret	Yes X No
•	pending	F Name and address of principal officer:MICHAEL MARKARIAN		for affiliates?	==
		SAME AS C ABOVE			uded? Yes No
1 Ta	x-exen	opt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527		ist. (see instructions)
J W	ebsite:	▶ WWW.FUNDFORANIMALS.ORG		H(c) Group exemption	number P
K Fo	ım of o	rganization: X Corporation Trust Association Other	L Year	of formation: 196/1M	State of legal domicile: NY
Par	111 5	Summary			
	1 B	riefly describe the organization's mission or most significant activities: ${ m { extbf{TO}}}$ ${ m { extbf{O}}}$	PERATI	ANIMAL CARI	<u> </u>
ğ	F	ACTITUTES AND ADVOCATE FOR ANIMAL PROTE	CTTON.		
٤)	2 C	heck this box if the organization discontinued its operations or dispose	osed of mor	e than 25% of its net as	sets.
8	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	<u>5</u> 5
Ö	4 - N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	
SS	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	292
ξ	6 T	otal number of volunteers (estimate if necessary)		6	
Activities & Governance	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			0.
4	bN	let unrelated business taxable income from Form 990-T, line 34	······	7b	0.
		***************************************	-	Prior Year	Current Year
ام	8 0	Contributions and grants (Part VIII, line 1h)		5,790,868.	8,210,239.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	7,144.
8	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		172,520.	35,286.
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		364,110.	237,598.
	12 7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,327,498.	8,490,267.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		162,469.	29,000.
	14 8	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ŋ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) [_	2,191,989.	
Exponses	1fia l	Professional fundraising fees (Part IX, column (A), line 11e)	L	96,663.	105,846.
8	ь	Total fundraising expenses (Part IX, column (D), line 25) 472,	445.		1 055 040
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,962,330.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,413,451.	
	19	Revenue less expenses. Subtract line 18 from line 12	<u>.</u>	914,047.	1,625,490.
Sor			1	Beginning of Current Year	End of Year
SE	20	Total assets (Part X, line 16)		7,695,312.	
Assets d Balar	21	Total liabilities (Part X, line 26)		118,714.	
푈	22	Net assets or fund balances. Subtract line 21 from line 20		7,576,598.	9,202,088.
P	art II	Signature Block			
Unc	ter pena	alties of perjury, I declare that I have examined this return, including accompanying sched	ules and state	ements, and to the best of n	ny knowledge and bellet, it is
true	e, correc	ct, and complete. Declaration of preparer (other thanlofficer) is based on all information of	which prepa	rer has any knowledge.	
		1 1 2 1 m		Date Date	· 2 /;
Sig	រូប	Signature of officer		Vale	•
He	re	G THOMAS WAITE III, TREASURER			
		Type or print name and title		I Date I must	T DTIN
		Print/Type preparer's name Preparer's signature.	m	Date Check	Privacy
Pai	id	JAMES SWEENEY GARET. JUNE	~ (H)	10/15/13 self-emple	Redaction
	parer	Fum's name MCGLADREY LLP		Firm's EIN ▶	Reauction
	e Only	Firm's address 8000 TOWERS CRESCENT DR. STE 5	(00		
	•	VIENNA, VA 22182-6205		Phone no.	703-336-6400
M:	av the 1	IRS discuss this return with the preparer shown above? (see instructions)		*************	X Yes No
17/6		LUA E-Day-mad Daybatlan Act Notice and the senarate instru	ctions		Form 990 (2011)

Form 990 (2011) THE FUND FOR ANIMALS,

Privacy Redaction

Page 11

						(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing					1	
		Savings and temporary cash investments				180,834.	2	310,639
1		Pledges and grants receivable, net				618,117.	3	2,277,755
- 1		Accounts receivable, net				667,945.	4	369,678
ı	5	Receivables from current and former officers, dire	ectors, trustees	, key				
	•	employees, and highest compensated employees						
- [of Schedule L					5	
- 1	6	Receivables from other disqualified persons (as o	defined under s	ection				
١	Ū	4958(f)(1)), persons described in section 4958(c)(
ĺ		employers and sponsoring organizations of section						
		employees' beneficiary organizations (see instruc	ctions)			The state of the s	6	
2	7	Notes and loans receivable, net			1		7	
139GF	7	Inventories for sale or use					8	
۱ ۲	8	Prepaid expenses and deferred charges				11,705.	9	270
- 1	9	•					1. 3 4.	
ı		Land, buildings, and equipment: cost or other	lanal 6.	991.1	96.			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	100 1	744	152.	4,134,637.	10c	5,246,744
	b	Less: accumulated depreciation	1001 - 7	, , , .		57200,007.	11	,
	11	Investments - publicly traded securities					12	
	12	Investments - other securities. See Part IV, line 1					13	
1	13	Investments - program-related. See Part IV, line 1					14	
	14	Intangible assets				2,082,074.		1,133,149
	15	Other assets. See Part IV, line 11				7,695,312		9,338,235
	16	Total assets. Add lines 1 through 15 (must equa				118,714.		136,147
	17	Accounts payable and accrued expenses	110,714.	18				
	18	Grants payable					19	
	19	Deferred revenue						
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete F	Part IV of Sched	dule D	•••••	erenterale and extende to the contract	21	10 to 16 50 to 15 50 50 50 50 50 50 50 50 50 50 50 50 50
Liabilities	22	Payables to current and former officers, director	rs, trustees, key	employee	s,		3.75	
용		highest compensated employees, and disqualified					48.57	
		of Schedule L					22	
	23	Secured mortgages and notes payable to unrela					23	
	24	Unsecured notes and loans payable to unrelated			•••••		24	<u> </u>
	25	Other liabilities (including federal income tax, pay						
	l	parties, and other liabilities not included on lines	3 17-24). Comple	ete Part X	of	1	l	1
		Schedule D				110 714	25	126 147
	26	Total liabilities. Add lines 17 through 25				118,714.	26	130,147
		Organizations that follow SFAS 117, check he	ere ▶ LXLla	and comp	lete			
S		lines 27 through 29, and lines 33 and 34.				7 020 726	300	0
ဋ	27	Unrestricted net assets				7,038,726		9,202,088
쮩	28	Temporarily restricted net assets				537,872	+	3,202,000
ᅙ	29	Permanently restricted net assets				പ്രസംബങ്ങന് സംവിക്ക് വർ വാദ്യക്ക് ന	29	micros and the second
3	ì	Organizations that do not follow SFAS 117, cl	heck here	an الـــا	d			
p		complete lines 30 through 34.					.	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds					30	
Ass	31	Paid-in or capital surplus, or land, building, or eq					31	
ē	32	Retained earnings, endowment, accumulated in				7 576 500	32	0 202 000
Z	33	Total net assets or fund balances				7,576,598		
	34	Total liabilities and net assets/fund balances	,			7,695,312	34	9,338,235 Form 990 (201

	Privacy Redaction				
	990 (2011) THE FUND FOR ANIMALS,			Pag	₁₈ 12
Par	t XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response to any question in this Part XI				X
		•			
1	Total revenue (must equal Part VIII, column (A), line 12)		3,49		
2	Total expenses (must equal Part IX, column (A), line 25)		, 864		
3	Revenue less expenses. Subtract line 2 from line 1		.,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 7	7,57	5,5	<u>98.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	,20	2,0	<u>88.</u>
Pa	rt XIII Financial Statements and Reporting	-			
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother			7.4.7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a	, ,		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		- 1	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	9 90 (2011)

BORN FREE USA UNITED WITH API 2011 FORM 990 EXCERPTS

Form 990 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 2011 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2011 calendar year, or tax year beginning 2011, and ending D Employer Identification Kumber Check if applicable BORN FREE USA UNITED WITH API 94-6187633 Address change P.O. BOX 22505 Name change Telephone number SACRAMENTO, CA 95822 Initial return (916) 447-3085 Terminated 2,144,061 Amended return G Gross receipts \$ F Name and address of principal officer His) is the a group return for affiliates? Application pending H(b) Are all affiliates included? If No,' attach a list (see instructions) Tax-exempt status X 501(e)(3) 501(e) () **◄** (insert no.) 4947(a)(1) or 527 WWW.BORNFREEUSA.ORG Website: > K(c) Group exemption number 🟲 Form of organization. X Corporation Trust Association Other► L Year of Formation 1968 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities. BORN FREE USA UNITED WITH ANIMAL PROTECTION_INSTITUTE WORKS_TO_ALLEVIATE_THE_UNNECESSARY_SUFFERING_OF_WILD_ANIMALS_ **Governance** IN_CAPTIVITY, RESCUE INDIVIDUAL ANIMALS IN_NEED. PROTECT WILDLIFE = INCLUDING. HIGHLY_ENDANGERED_SPECIES_=_IN_THEIR_NATURAL_HABITATS, AND_ENCOURAGE_COMPASSION Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) ... 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Ö. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,530,371 1,469,050. 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 123,180. 82,733. 94,252. 42,867. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,655,971. 1,686,482. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grafits and similar amounts paid (Part IX, column (A), lines 1-3) 13,384. 97,968. 2012 13 Graffis and similar amounts paid that IX, column (A), line 4)

14 Benefits part to britar members (Part IX, column (A), line 4)

15 Salates, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX) column (A), line 11e)

17 Total fundraising expenses (Part IX, column (O), line 25)

18 Other expenses (Part IX, column (O) lines 11a-11d, 11f-24e) 750,909. 763,649. ക 60,000. 63,561 ঞ 347,496. SEP 972,978 1,155,137. Total expenses Subject 1347 (must equal Part IX, column (A), line 25)
Revenue less expenses Subject line 18 from line 12 800,832 2,076,754. SCANNED act line 18 from line 12 -144,861 -390,272 Beginning of Current Year **End of Year** 2,707,165 3,051,015. Total assets (Part X, line 16) 208,139 Total liabilities (Part X, line 26) 121,134 21 ij 2,499,026 2,929,881 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penetibes of penjury. I declare that I have grammed this return, including accommanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer gater than officer) is based on all integration of which preparer has any knowledge. Sign ROBERTS 4DAM PRis ISE Here EXECUTIVE VICE PTIN Print/Type preparer's name Prepa Check 8-24-12 MICHEL P00453363 CPA **Paid** MICHELLE O. NELSON, CPA self-emplryed MANN, URRUTIA, NELSON, CPAS & ASS Preparer **Use Only** Firm's EIN - 20-0276349 ► 2901 DOUGLAS BLVD, SUITE 290 Phone no (916) 774-4208 ROSEVILLE, CA 95661-3824

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

9-17

X Yes

TEEA0113L 08/18/11

No

Form 990 (2011)

Form 990 (2011) BORN FREE USA UNITED WITH API 94-6187633 Page 11 Part X Balance Sheet (A) Beginning of year (B) End of year 448,256. 262,939 1 2 81,316 2 120,469. 3 Pledges and grants receivable, net . 3 4 16,325 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)... 6 Notes and loans receivable, net...... 7 9,106 8 7,938. Prepaid expenses and deferred charges.... 58,099 55,252. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,887,704 . 10b **b** Less: accumulated depreciation 1,100,114. 844,643. 787,590. 10c 11 Investments - publicly traded securities... 1,744,804. 1,267,616. 11 Investments - other securities. See Part IV. line 11. 33,783. 12 12,809. 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 3,051,015. 121,134. Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 2,707,165. 17 17 119,158. 18 18 19 88,981. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 121, 134 208,139. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > | X | and complete lines 27 through 29 and lines 33 and 34. 919,542. 2,507,944. 27 Unrestricted net assets .. . 27 Temporarily restricted net assets. . . . 390,588. 28 548,135. Permanently restricted net assets 31,349. 29 31,349. Ö Organizations that do not follow SFAS 117, check here > \int and complete lines 30 through 34.

BAASolution 3,051,015. 34 2,707,165.

Solution 3,051,015. 34 2,707,165.

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2,499,026.

2,929,881

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Capital stock or trust principal, or current funds...

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances.

Form	990 (2011) BORN FREE USA UNITED WITH API	94-6187633		Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			. X
_					
1	Total revenue (must equal Part VIII, column (A), line 12)			86,4	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2,0	76,7	<u>54.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3	90,2	<u>:72.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,9	29,8	181.
5	Other changes in net assets or fund balances (explain in Schedule O) . SEE . SCHEDULE Q	5		40,5	83.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6	2.4	99,0)26.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				i
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				;
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
t	Were the organization's financial statements audited by an independent accountant?		2b	X	
•	of 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
•	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	e issued on a	ł		
	X Separate basis Consolidated basis Both consolidated and separate basis				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		х
	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	36		
BAA			Form	1 990	(2011)

HSUS 2011 FORM 990 EXCERPTS

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

B Check Colors Business As Design Business Business Business As Design Business	A F	or the	2011 calendar year, or tax year beginning and e	nding				
Display Dis			C Name of organization	<u> </u>	D Employer identific	cation number		
This subman should be provided to street address) Doing Business AS		-						
Doing Business As Number and street (or P.O. box if mall is not delivered to street address) Room/sulls E Telephone number 202-452-1100 STREET, NP 202-452-		_ichang	THE HUMANE SOCIETY OF THE UNITED STATES					
Number and street (Of Y.U. bot if mails not ceaveled to Steel address) Committee Commi	느	Tichendi						
City or town, state or country, and 2IP + 4 MARITIMOTOR, DC 20037 American Marita Mari	<u></u>	Jreturn		loom/suite	E Telephone numbe	•		
City of Youn, State of Courney, and 2P + 4 Part Part	Ļ	-1010Q	2200 2 01/0201, 000		202-45			
Tax-exempt status: X 901(c)3 501(c)4 4 (insert no.) 4947(e)(1)10 322 Hg) Are all affidiates included? Yee No. No. Association Trust Association Hg) Are all affidiates included? Yee No. No. Association Hg) Are all affidiates included? Yee No. No. Association Hg) Are all affidiates included? Yee No. No. Association Hg) Are all affidiates included? Yee No. No. Association Hg) Are all affidiates included? Yee No. No. Association Hg) Are all affidiates included? Yee No.		_Ireturn	City or town, state or country, and ZIP + 4		G Gross receipts \$	233,265,000.		
Figure 2 Figure 3	L	Juon	WASHINGTON, DC 20037		H(a) is this a group re			
Tax-exempt status: \$ 501(c)(3) 501(c)(1)		Printin	F Name and address of principal officer. WAYNE PACELLE					
Websita: ► WRW. FUNDAMESOCIETY.ORD Trust Association Other Vezer of formation: 1254 Misted rings of the programmation: 1254 Misted rings of the programmation: 1254 Misted rings of the programmation of t					H(b) Are all affiliates inc	No Yes No		
Form of organization: Liz. Corporation				527				
Briefly describe the organization's mission or most significant activities: THE NUMANE SOCIETY OF THE UNITED STATES SEERS TO PREVIOUS AND BRING AN RID TO CRUBLITY TO ANTINALS TN Chock this box In the organization discontinued its operations or disposed of more than 25% of its not assets. Number of independent voting members of the governing body (Part VI, fine 1b) Number of independent voting members of the governing body (Part VI, fine 1b) Number of independent voting members of the governing body (Part VI, fine 1b) Number of independent voting members of the governing body (Part VI, fine 1b) Number of independent voting members of the governing body (Part VI, fine 2a) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Number of independent voting members of the governing body (Part VI, fine 2b) Net unrelated business taxable income from Form Form Form Form Form Form Form F								
Briefly describe the organization's mission or most significant activities: THE MUNANE SOCIETY OF THE UNITED STATES SERES TO PRIVERY AND BRING AN RID FO CRUELTY TO ANTIMALS TN Check this box				L Year	of formation; 1954 N	State of legal domicile: DB		
2 TATES SERIES TO PREVENT AND BRING AN BBD TO CROBLEY TO ANTHALS IN 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a)	Pe							
b Net unrelated business taxable income from Form 990-T, the 34	8				ETY OF THE UNITED)		
b Net unrelated business taxable income from Form 990-T, the 34	ğ							
b Net unrelated business taxable income from Form 990-T, the 34	5	ł	The state of the s	ed of more				
b Net unrelated business taxable income from Form 990-T, the 34	ğ							
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b Net unrelated business taxable income from Form 990-T, the 34	Ġ.							
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, class 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising less (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue loss expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total sabetities (Part X, line 16) 22 Total assets (Part X, line 16) 21 Total sabetities (Part X, line 26) 22 Net assets or fund belances. Subtract line 21 from line 20 23 Print III Signature Block 24 Index penalties of perjury, I declare that I haper expansed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of Marks IIII, TREASURER AND CPO 25 Print III Signature Block 26 Print III Signature Block 27 Females Book Prints and Complete (other than officer) be based on all information of which preparer has any knowledge. 28 Print III Signature Block 29 Firm's address Book Propager's signature Prints and Expenser's signature Firm's address Book Prints Available Prints IIII Firm's Expenser's signature Firm's address Book Prints Available Prints Block 20 Prints Available Block 21 Firm's address Book Prints Available Prints Block 22 Prints Block 23 Prints Block 24 Prints Block 25 Prints Block 26 Prints Block 27 Prints Block 28 Prints Block 28 Prints Block 29 Prints Block 29 Prints Block 29 Prints Block 20 Prints Block 21 Prints Block 22 Prints	Ą		•					
8 Contributions and grants (Part VIII, line 1h) 131, 213, 883, 122, 743, 378, 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, cokumn (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, cokumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue · add lines 8 through 11 (must equal Part VIII, cokumn (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, cokumn (A), lines 1:3) 14 Benefits paid to or for members (Part IX, cokumn (A), lines 1:3) 15 Salaries, other compensation, employee benefits (Part IX, cokumn (A), lines 5:10) 16 Professional fundraising less (Part IX, cokumn (A), lines 11e) 17 Other expenses (Part IX, cokumn (A), lines 11e) 18 Total fundraising expenses (Part IX, cokumn (A), line 11e) 22, 877, 726. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Signalture Block 26 Tribuhas Mairs III, Treasurer and life 27 Foreigner's signalties 28 Firm's address 29 Boot Towers Cresscent Dr. Ster 500 29 PrintType preparer's name 20 Type or print name and life 20 Type or print name and life 21 Firm's name 22 PrintType preparer's name 23 PrintType preparer's name 24 PrintType preparer's name 25 PrintType preparer's name 26 PrintType preparer's name 27 Firm's address 28 Boot Towers Cresscent Dr. Ster 500 29 Phone no. 703-336-6400 20 Phone no. 703-336-6400 20 Phone no. 703-336-6400			Vet unrelated business taxable income from Form 990-1, lare 34					
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17 Other expenses (Part X, Column (A), lines 113-110, Trizate) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 126, 361, 401. 127,772,207. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 215, 161, 305. 217, 017, 288. 21 Total liabilities (Part X, line 26) 22 Add (004. 33, 801, 458. 22 Net assets or fund belances. Subtract line 21 from line 20. 187, 515, 301. 183, 215, 830. 183, 215, 830. 183, 215, 830. 184, 185 185, 186 187, 515, 301. 183, 215, 830. 183, 215, 830. 184, 185 185, 185 186, 361, 401. 197, 772, 207. 22, 342, 419. 215, 161, 305. 217, 017, 288. 217, 017, 288. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 227, 646, 004. 33, 801, 458. 3800. 183, 215, 830. 183,	8				4,616,481.	4,343,746.		
17 Other expenses (Part X, Column (A), lines 113-110, Trizate) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 126, 361, 401. 127,772,207. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 215, 161, 305. 217, 017, 288. 21 Total liabilities (Part X, line 26) 22 Add (004. 33, 801, 458. 22 Net assets or fund belances. Subtract line 21 from line 20. 187, 515, 301. 183, 215, 830. 183, 215, 830. 183, 215, 830. 184, 185 185, 186 187, 515, 301. 183, 215, 830. 183, 215, 830. 184, 185 185, 185 186, 361, 401. 197, 772, 207. 22, 342, 419. 215, 161, 305. 217, 017, 288. 217, 017, 288. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 218, 161, 305. 217, 017, 288. 227, 646, 004. 33, 801, 458. 3800. 183, 215, 830. 183,	ğ		Fortal fundraising expenses (Part IX, column (D), line 25) 22,877,7	26.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 126, 361, 401. 127, 772, 207. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total sasets or fund balances. Subtract line 21 from line 20 22 Not assets or fund balances. Subtract line 21 from line 20 23 Revenue less expenses. Subtract line 21 from line 20 24 Total sasets or fund balances. Subtract line 21 from line 20 25 Revenue less expenses. Subtract line 21 from line 20 26 Total assets (Part X, line 16) 27 Fact line 18 period balances. Subtract line 21 from line 20 28 Not assets or fund balances. Subtract line 21 from line 20 29 Not assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Total sasets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 16) 25 Date line 19 Total liabilities (Part X, line 16) 26 Date line 19 Total liabilities (Part X, line 16) 27 Fact line 19 Total liabilities (Part X, line 16) 28 Date line 19 Total liabilities (Part X, line 16) 29 Date line 19 Total liabilities (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 21 from line 20 22 Not assets or fund balances. Subtract line 21 from line 20 22 Not assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 16) 24 Total liabilities (Part X, line 16) 25 Date line 19 Total liabilities (Part X, line 16) 26 Date line 19 Total liabilities (Part X, line 16) 27 Date line 19 Total liabilities (Part X, line 16) 28 Date line 19 Date line 19	ŭ				80,293,873.	78,891,212.		
19 Revenue less expenses. Subtract line 18 from line 12 22, 342, 419, 5, 805, 451.			• • • • • • • • • • • • • • • • • • • •		126,361,401.	127,772,207.		
Total assets (Part X, line 16) 215, 161, 305. 217, 017, 288. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 187, 515, 301. 183, 215, 830. Part II Signature Block 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. Sign Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Firm's name MCGLADREY LLP Use Only VIENNA, VA 22182-6205 Phone no. 703-336-6400					22,342,419.	5,805,451.		
Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block 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. Sign Firm's part III, Treasurer and CPO Type or print name and title Preparer 's signature of Officer Print/Type preparer's name Preparer 's signature of Officer Prim's name HCGLADREY LLP Prim's EIN 42-0714325 Phone no. 703-336-6400	8							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date G. THOMAS WAITE III, TREASURER AND CPO Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Firm's name MCGLADREY LLP Firm's name MCGLADREY LLP Firm's address 8000 TOWERS CRESCENT DR. STB 500 VIENNA, VA 22182-6205 Phone no. 703-336-6400	캶		Total assets (Part X, line 16)		215,161,305.	217,017,288.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date G. THOMAS WAITE III, TREASURER AND CPO Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Firm's name MCGLADREY LLP Firm's name MCGLADREY LLP Firm's address 8000 TOWERS CRESCENT DR. STB 500 VIENNA, VA 22182-6205 Phone no. 703-336-6400	**	21	Total liabilities (Part X, line 26)		27,646,004.	33,801,458.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date G. THOMAS WAITE III, TREASURER AND CPO Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Firm's name MCGLADREY LLP Firm's name MCGLADREY LLP Firm's address 8000 TOWERS CRESCENT DR. STB 500 VIENNA, VA 22182-6205 Phone no. 703-336-6400	꽃등				187,515,301.	183,215,830.		
Sign Here G. THOMAS WAITE III, TREASURER AND CPO Type or print name and title Print/Type preparer's name Print/	R	rt II	Signature Block					
Sign Here G. THOMAS WAITE III, TREASURER AND CPO Type or print name and title Print/Type preparer's name JAMES SWEENEY Preparer Firm's name ### MCGLADREY LLP Firm's address ### 8000 TOWERS CRESCENT DR. STB 500 VIENNA, VA 22182-6205 Phone no. 703-336-6400						y knowledge and belief, it is		
Firm's name MCGLADREY LLP Preparer Use Only G. THOMAS WAITE III, TREASURER AND CFO Type or print name and title Preparer's signature Preparer Firm's name MCGLADREY LLP Firm's address 8000 TOWERS CRESCENT DR. STE 500 Phone no. 703-336-6400	true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.			
Firm's name MCGLADREY LLP Preparer Use Only G. THOMAS WAITE III, TREASURER AND CFO Type or print name and title Preparer's signature Preparer Firm's name MCGLADREY LLP Firm's address 8000 TOWERS CRESCENT DR. STE 500 Phone no. 703-336-6400			Please of Aller		Data / 1	412-		
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Use Only Firm's address 8000 TOWERS CRESCENT DR. STE 500 Phone no. 703-336-6400				71.		<u> </u>		
VIENNA, VA 22182-6205 Phone no. 703-336-6400) 	(1 min 3 cm			
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Form 990 (2011)
Part X | Balance Sheet

THE HUMANE SOCIETY OF THE UNITED STATES

53-0225390

Page 11

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	• • • • • • • • • • • • • • • • • • • •		7,409.	1	6,600.
	2	Savings and temporary cash investments			21,607,092.	2	23,403,868.
	3	Pledges and grants receivable, net	9,939,838.	3	9,929,680.		
	4	Accounts receivable, net			4,918,241.	4	4,955,450.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Coi	nplete Part II			
		of Schedule L				5	·
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing	등 기업상 회사 기업을 보고 있다.		
		employers and sponsoring organizations of sect	ion 50	I(c)(9) voluntary			
45		employees' beneficiary organizations (see instru	ctions			6	
Assets	7	Notes and loans receivable, net		Г		7	
Ass	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges			552,009.	9	718,800.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,087,889.			1994 1995
	Ь	Less: accumulated depreciation		9,684,081.	13,147,925.	10c	12,403,808.
	11	Investments - publicly traded securities			150,935,351.	11	158,175,691.
	12	Investments - other securities. See Part IV, line				12	-
	13	Investments · program-related. See Part IV, line				13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11	•••••	T	14,053,440.	15	7,423,391.
	16	Total assets. Add lines 1 through 15 (must equ	215,161,305.		217,017,288.		
	17	Accounts payable and accrued expenses			8,664,945.		9,359,666.
	18	Grants payable			<u> </u>	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director				7	
abil		highest compensated employees, and disqualifi					
Ë		of Schedule L		ľ		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				 -	
		parties, and other liabilities not included on lines	•				
		Schedule D			18,981,059.	25	24,441,792.
	26	Total liabilities. Add lines 17 through 25			27,646,004.	26	33,801,458.
		Organizations that follow SFAS 117, check he					
ģ		lines 27 through 29, and lines 33 and 34.	,				The state of the s
ဦ	27	Unrestricted net assets			138,009,419.	27	134,776,460.
<u>a</u>	28	Temporarily restricted net assets			18,336,013.	28	16,336,810.
Ω Ω	29				31,169,869.	29	32,102,560.
Ë		Organizations that do not follow SFAS 117, c					
ğ		complete lines 30 through 34.					
ş	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			-	31	
ž A	32	Retained earnings, endowment, accumulated in			· · · · · · · · · · · · · · · · · · ·	32	
ž	33	Total net assets or fund balances			187,515,301.	33	183,215,830.
	34	Total liabilities and net assets/fund balances			215,161,305.	34	217,017,288.
	<u></u>				, ,		Form 990 (2011)

Form **990** (2011)

Form	990 (2011) THE HUMANE SOCIETY OF THE UNITED STATES	53-0225390		Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	133	,577	658.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,207.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,805	451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187	,515	301.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-10	,104	922.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	183	, 215	830.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	· · · · · · · · · · · · · · · · · · ·			<u>Lx.</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	,		Maria II.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			3.00 m
	separate basis, consolidated basis, or both:				
	Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		$ldsymbol{le}}}}}}}}}$
			Form	990 (2011)